CAMPAIGN FINANCE REPORT

' (NOTE: This report must be	clear and legible.	it may	be typed or print	90 10 1	JIGE OI D	IACK IIIK.			12
Filer Identification Number:	Report Filed 5		CANDIDATE	١,٠	COMMI	TEE ,	X	OBBYIST	3.
Name of Filing Committee, Candidate or Lobbyist:	M Le	M		-					
Street Address: PO BOX 1719	<u> </u>	.9							
city: Norristown			State:		Zip Code	<u>"</u>	_	عا ۱۵	>
TYPE OF STHITUESDAY 1.	AND THIUM!	2.	30 DAY POST PRIMARY	3.	AMENOM REPORT?	ENT	YES	NO	χ
REPORT PRE-PRIMARY 6TH TUESDAY 4.	AND TRIUM!	5.	30 DAY	ξ. X	TERMINA	the street of the street of the street	YES	NO	X
(place X to the right of ANNUAL 7.	YEAR		POST ELECTION		PAPE		E	DISKETTE	+
report type) REPORT			DATE OF ELEC		District I	Office	Pr	arty I C	ounty
Prothonotary				AR	Number \	Code	C		Code
mornono raid			11 3 20	15	AI 91		1	ONS FOR	CODES)
					F	OR OFF	CE LUS	E ONLY	Williams
Summary of Receipts and Expenditures from:	00 2015	To	11 33 801	5					
A. Amount Brought Forward From Last Report		\$	775.00						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1210.00						
C. Total Funds Available (Sum of Lines A and	B)	\$	1985.00						
D. Total Expenditures (From Schedule III)		\$	1917.30						
E. Ending Cash Balance (Subtract Line D from	Line C)	\$	67.70				٠		
F. Value of In-Kind Contributions Received (Fr	om Schedule II)	\$	0						
G. Unpaid Debts and Obligations (From Schedul	e IV)	\$	0						
PART - If this is a Committee report, treas	AFFIDA				Appendix	e en	A		7.75.55E
I swear (or affirm) that this report, including the atta						are the contract of	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	end belief	true,
correct and complete. Sworn to and subscribed before me this									
13t day of December	20 15	1	Michal	p h	vckM	on			
			Miche	ature of	Person St	ubmitting	Report	• •	
Signature Signature	4	}	rigit		Printed Nar	ле <i>Пъл Т</i>		{	
My commission expires JULY 27	2019	-	Area Code		<u> 74</u>	- T	541	e Number	
MO COMMONWERLTH OF			7100 0000			aytıma r	терпоп	o Hamber	
PART II - If this is a report of a California	Control Con						and the state of t	grand, et dono	
I swear (or affirm) that to the KARALSTOWN SURVINION (P.L. 1333, No. 320) as amenied. My Commission Expir	TEGMENIOCOUNT PO	itical cor	nmittee has not viol	lated an	y provisio #	ns of the	Act of	june 3, 1	937
Sworn to and subscribed below me mis-	_	_	$\neg ()$		/ ,				
151 day of December	20_15	1 -		Signa	ture of Car	ndidate			
Bisa Dollowsh	1	} _	MA	7R/	<u>U</u> Le	FVY	,		
My constraint property of Departy Manua 27	2019		267	- 1	Printed Nai つって	me /	ر آگري	36	
NOTARIAL SEAL MID. DAY	YR.	<u> </u>	Area Code	_	Ď	aytime T	elephon	e Number	
LISA J BORKOWSKI Notary Public	_								
NORRISTOWN BORO, MONTGOMED MONTGOWN of State My Commission Expire 14 No 2019 Office Build									

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee of	r Candida	te		Reporting Period	1 2 1
54.0206	2	Nurk	LOW	From 10/80/15	To 11/23/15
21/81/02	01	LICK! II	11600	11011 TO 14 X 11 X	

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	TRIBUTOR	
TOTAL for the Reporting Period	(1)	\$ 210	00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 500,00
TOTAL for the Reporting Period (2	\$ 600.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 506.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS,	ET(: (FROM	PART É
TOTAL for the Reporting Period	(4)	\$	6

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING	
THIS REPORTING PERIOD (Add and enter amount totals from	s 1210.00
Boxes 1. 2, 3 and 4; also enter this amount on Page 1, Report	10.00
Cover Page, Item B.)	

PART A

GE 0 OF 10

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Frignds of Hark	ベト	_l uly	R	porting From	Period 1	115 to 11/23/2015
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		ess complex de la majorie		\$
	3,5,0	-	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Cods (Plus 4)	.∵MO.∵	DAY	YEAR	\$
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	·		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
						\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
		-				\$
Full Name of Contributing Committee			MQ.	OAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	A PARES	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	
Сіту	State	Zip Code (Plus 4)				\$
City		-	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			2-200,535	DAY	YEAR.	\$
City	State	Zip Code (Plus 4)	ko.		YEAR	\$
Full Name of Contributing Committee			- MO-			
Mailing Address	<u> </u>		MG.	E ZAY	YEAR	
	Edak - T	Zip Code (Plus 4)				\$
City	State	∠(p Coos (*148 4)	MO.	DAY	YEAR	\$
			-			PAGE TOTAL
Enter Grand Total of Part A on Sched	ule i,	Detailed Summar	y Page,	Sectio	n 2.	\$ 0

PART B

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate			Re	eporting f	Period	La lastante
Friends of Mar	K 1	100%		From _	101 901	15 10 11 23 2015
	البسيسي			DATE		AMOUNT
Full Name of Contributor 140ward and Sharon	Rr	NDEX	MO.	BAY B.5	60R	\$ 300.00
Mailing Address 1165 Willard Rd.			MO.	DAY	YEAR	\$
City .	State	19006 (Plus 4)	MO.	DAY	YEAR	\$
			MO.	DAY	YEAR	\$ 100.00
Full Name of Contributor ACK AND Gayle W Mailing Address	015		Мо.	DAY	VEAR	\$
1184 HIGH SHEET	I State I	Zip Code (Plus 4)	MO.	DAY	YEAR	
Potstown	48	19444 -				\$
Full Name of Coibutor BRIDY			MO.	98	3015	\$ 100.06
Mailing Address 502 Vincent (Nav	1	MO.	DAY	YEAR	\$
East Norritor	AQ	Zip Code (Plus 4)	МО-	DAY	YEAR	\$
			MO.	DAY	YEAR	
Mailing Address	110		MO.	DAY	2015 YEAR	100,100
117 Chesney Land	1 64	Zip Code (Plus 4)				\$
glenside 3	State	1903X -	MO.	DAY	RASY	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
		4:- 0 12:-				\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY .	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	*YeAR	
Full Name of Contributor	<u> </u>		MO.	DAY	YEAR	\$ ¢
Mailing Address			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)				\$
City	State	Zip Code (Flus 4)	MQ.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche-	dule I,	, Detailed Summary	y Page,	Section	n 2.	\$ 500,00

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Friends of Mark	۷ ۱	NII		From $\int \int$	8/06/6	2/06/86/11 07 210
1110103 01 1110	3 1			DATE	-	AMOUNT
Full Name of Contributing Committee Elistict Louncil al	19	, C	мо. \	DAY 27	2015	s - 501.00
Mailing Address	<i>b</i> ,	nag .	Mo.	DAY	YEAR	\$
Mailing Address South hamp for Philadelp his	State	Zip Cede (Plus 4)	MO.	DAY	YEAR	
h progert wa	BY.	19154 -				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		****	1 110	l hav	YEAR	4
Full Name of Contributing Committee		÷	MO.	DAY	TEAN	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	<u> </u>	_	MO.	DAY	YEAR	. .
Full Name of Contributing Committee					1,5,4,6	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		_	Mo.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			100	DAY	VEAR	\$
Maring Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		MO.	DAY	YEAR	•
Mailing Address			MO.	DAY	YEAR	\$
					<u> </u>	\$
City	State	Zip Code (Plus 4)	MO.	Q AY	YEAR	\$
Full Name of Contributing Committee			MO.	DAN	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
	State	Zip Code (Plus 4)	<u> </u>		VP 4 5	\$
City	State	Zip Code (Fitts 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on Sched	dule l	, Detailed Summar	y Page	, Sectio	n 3.	\$ 500.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Enter Grand Total of Part D on Schedule I, Detail	ed Summar∨ Pa	ge, Section	on 3.	PAGE TOTAL
Employer Mailing Address/Principal Place of Business				
Employer Name	Occ	upation	<u> </u>	\$
	Code (Plus 4) N	IO. DAY	YEAR	
Mailing Address		IO. DAY	YEAR	\$
Full Name of Contributor	<u>.</u>	O. DAY	YEAR	
Employer Mailing Address/Principal Place of Business				
Employer Name	Occ	upation		
City State Zip C	Code (Plus 4) M	O. DAY	YEAR	\$
Mailing Address	М	O. DAY	YEAR	\$
Full Name of Contributor	M	O. DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business				101011
Employer Name	Occi			
	-	ipation	1 27 11 1	\$
	Code (Plus 4) M	O. DAY	YEAR	\$
Mailing Address		O. DAY	YEAR	\$
Full Name of Contributor	M	O. DAY	YEAR	
Employer Mailing Address/Principal Place of Business			· · · · · · · · · · · · · · · · ·	
Employer Name	Occi	pation	<u> </u>	
City State Zip C	ode (Plus 4) M	D. DAY	YEAR	\$
Mailing Address	M	D. DAY	YEAR	\$
Full Name of Contributor	M	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business				·
Employer Name	Occu	pation		
City State Zip Ci	-		i sau	\$
Mailing Address	ode (Plus 4) MC		YEAR	\$
Full Name of Contributor	MC		YEAR	\$
	MC	DATE	YEAR	AMOUNT
Friends of Hark Levy	<u> </u>		019911	
Name of Filing Committee or Candidate		Reporting F	Period	5 To 11/23/2015

DSEB-502 (7-99)

PART E OTHER RECEIPTS

PAGE _____ OF 13

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Friends of	7(0011) 14					
Name						15 to 11/23/201
siling Address						
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
ceipt Description	· ·		<u>l</u>			
II Name						
ailing Address						
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
celpt Description			1		······································	
ıll Name						
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
eceipt Description		····				\$
cerpt Description						
ili Name						
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eceipt Description			<u>,i </u>			
uli Name						
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
eceipt Description		-	1		<u> </u>	\$
ult Name						
failing Address						
ity	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$
eceipt Description						
						PAGE TOTAL

SCHEDULE II

PAGE 8 OF 15

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate From 10	80 15	то 11/23/15
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR L	ESS PEF	R CONTRIBUTOR
TOTAL for the Reporting Period (1)	\$ (0
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM	A PART	F)
TOTAL for the Reporting Period (2)	\$	6
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G	3)	
TOTAL for the Reporting Period (3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$	0

SCHEDULE II

PAGE 9 OF 15

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Hark Wy	Reporting Peri	33/15	To 11/03/2015
1,10,100 3 01			
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period		\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FKUN	PAKI	
TOTAL for the Reporting Perio	d (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250,00 (FRO	OM PART G	}	
TOTAL for the Reporting Perio	d (3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	Q

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	100	\ I N	R	eporting	Period	15 10 11/23/15
Friends of Hark	NC		<u> </u>		11001	
Full Name of Contributor			MO.	DATE	· YEAR	AMOUNT
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR .	\$
Description of Contribution:	!		_L		<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	*
Addison Addison			1	547	V=10	\$
Mailing Address			MC.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Description of Contribution:	1					
Full Name of Contributor			Mo.	DAY	YEAR	T .
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	1 1				L,	
Fuil Name of Contributor					I wastani	Y
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR	\$
Description of Contribution:	<u> </u>				<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	ĐAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			1	L	<u> </u>	
Enter Grand Total of Part F on Sche	dule II,	In-Kind Contribut	tions De	tailed		PAGE TOTAL
Summary Page, Section 2.						I \$ <i>()</i>

4GE <u>11</u> OF <u>13</u>

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	\4	V - 1 N / 1 N .	Re	eporting	199/ Beriod	10 10 11/23/15	
Friends of Hax	11	MON			1091		
				DATE		AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor		Occupation					
Employer Mailing Address/Principal Place of Business	Description of Contribution						
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY.	YEAR	\$	
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$	
Employer of Contributor	·	,	Occupation	on			
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor				on			
Employer Mailing Address/Principal Place of Business			Descripti	on of Can	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
Full Name of Contributor			MO.	DAY.	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	ntribution		
						PAGE TOTAL	
Enter Grand Total of Part G on Sche- Summary Page, Section 3.	dule I	I, In-Kind Contrib	utions D	etailed		s 0	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Hark Levy	From 1012015 To 102315
To Whom Paid Friends of Steve Halagarie Mailing Address	10 80 80 \$ 50.00
Meiling Address Address 1500 Tel Wolfe	Description of Expenditure CONDUCTOR
City State Zip Code (Plus 4)	
To Whom Paid Him ahams	MO. DAY YEAR AMOUNT 31.05
Mailing Address 40 Germantown Pike	Melting expuse
Latanette 4111 PA 19444 -	
To Whom Paid MCDC	MD: DAY YEAR Amount 10 .00
Mailing Address and fire Street	Description of Expenditure
Norristown PA -	The state of the s
To Whom Paid Keylo Dougherty for PA Malling Address	MO: DAY YEAR Amount \$5.00
Malling Address Requested	Description of Expenditure CON 1) DUTTON
City State Zip Code (Plus 4)	CO.111 NO.1104
To Whom Paid toni Roni's of Conshabeter	MO. DAY YEAR Amount 30. 64
Mailing Address 300 Ridge Pike	Description of Expenditure M-PLYING INDENSE
Con sho ho cken PA 19428 -	3
To Whom Paid White Moursh Liberty	MO. DAY YEAR Amount 10 80 0015 \$ 21.77
Mailing Address 31 Germantown Pike	Description of Expenditure ONOS IX DRIVSE
Lafagette Hill PA 19444 - 1816	7
TO WHOM PART + ++ MOBILITY	MO: DAY YEAR Amount \$ 175.00
Mailing Address 500 W. Germantown Ave	CAMPAGO CUL
Plymouth His State Zip Code (Plus 4)	
To Whom Paid From the Boot	MO DAY YEAR Amount \$ 00,80
Mailing Address SI7 Germontown Pike	meeting expense
Lateyette Hill PA 1944-	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	age, Item D. \$ 1,305,98

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period	< 1.01.6
Friends of Marklevy	From <u>101901</u>	15 To 11/88/15
To Whom Raid White Address Mailing Address	MO: DAY YEAR 1) 0 8 8015 Description of Expenditure	Amount \$ 3H,77
Mailing Address 421 German town Pite	Description of Expenditure	3 2111
	do ex be	ust
Larayette Hill PA MHHH - 1816	,	
To Whom Paid e 12enhan Democrate Comito	MO: DAY YEAR	\$ P.S. O()
Mailing Address address requised	Description of Expenditure	HÓN
City State Zip Code (Plus 4)	<u> </u>	
To When Paid	MO. DAY YEAR	Amount 14.06
Mailing Address Co. T. A. M. C. C.	Description of Expenditure	\$ 18·00
Mailing Address 885 Bethlehem Pite City State Zip Code (Plus 4)	BANK CO	
+100610MU BY 10031-		
To Whom Paiglet Blue	MO. DAY YEAR	* 17.73
Mailing Address QUH Market Stuet	Description of Expenditure	
San francisco State Zip Code (Plus 4)		
white marsh hiberty	MO. DAY YEAR	* 01,73
421 Germantown Pile	Description of Expenditure	nse
Lagagette Hill DA 19444-1816	J	
To Whom Paid Magerks Pub	MO. DAY YEAR	\$ 72.44
Mailing Address 582 5 Bethlehem Pike	Description of Expenditure DOST CAMPO	yo meeting
For + Washington PA 19034-)
To Whom Paid Willow Chove NANCP	MO. DAY YEAR	\$ 50.00
Mailing Address Charess requested	Description of Expenditure	100X
Willow MOVE PA -	- 5 3 1 0 1 0 0 1	11~
To Whom Paid Wark Levy	MO. DAY YEAR	Amount 837.03
Mailing Address 3051 Minched burt	Description of Expenditure RELYN DUT SE	
La Cayelle Will State Zip Code (Plus 4)	ELECTION E	
Enter Grand Total of Expenditures on Page 1, Report Cover Page 1	age, Item D.	* 576.72

AGE 14 01 15

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	$\overline{}$		R	eporting	Period ,	1 1 2 2 2
Friends of Mar	(by	LOVA.		From _	10/30,	113 10 11/83/15
		7				<u> </u>
To Whom Paid of Blue.			мо.	DAY	YEAR	Amount , le ()
Mailing Address Harket Stutt			Description	on of Expe	enditure	
San francisco	State	Zip Code (Plus 4)				
To Whom Paid L.S POSTAL Sex	رن نارن	·	MO.	DAY	NOIS	Amount \$ 3.00
Mailing Address			Descriptie	On of Expe	anditure 36V	
City	State	Zíp Code (Plus 4)			<u> </u>	
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	anditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	. 9
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	y
City	State	Zip Code (Plus 4)				
To Whom Paid	<u></u>		MO.	DAY	YEAR	Amount \$
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To Whom Paid			MO.	DAY	YEAR	Amount \$
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City	State	Zip Code (Plus 4) —	 			
To Whom Paid			MO.	DAY	YE 4R	Amount \$
Mailing Address			Description	on of Expe	enditura	
City	State	Zip Code (Plus 4)				
Enter Grand Total of Expenditures on Pag	ge 1,	Report Cover Pr	age, Ite	m D.		PAGE TOTAL \$ 3 4 160

AGE 10 C 12

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate	12.111	Reporting Period,	111 10 11/23/15
Friends of Hark	1500/	From 10100	10 110 0110
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	
City	The contract of the contract o	State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO. YEAR	
City		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO: DAY YEAR	
City	THE CONTRACT OF THE CONTRACT O	State Zip Code (Plus 4)	
Description of Debt			- Later and the second
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO. DAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Deb
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	
City	1 mooning	State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Deb
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	
City	meonico	State Zip Code (Plus 4)	
Description of Debt			The second secon
Enter Grand Total of Unpaid Debts on Pa	Page 1 Papart Cover	Page Itam G	PAGE TOTAL