

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		11th Dist. County Commission			
Street Address		11th Dist. Commission			
City	State	Zip Code			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
11/15		2015	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	10/1/14	11/15/15	
B. Total Monetary Contributions and Receipts (From Schedule I)		11,000.00	
C. Total Funds Available (Sum of Lines A and B)		26,000.00	
D. Total Expenditures (From Schedule III)		37,000.00	
E. Ending Cash Balance (Subtract Line D from Line C)		0	
F. Value of In-Kind Contributions Received (From Schedule II)		11,010.00	
G. Unpaid Debts and Obligations (From Schedule IV)		700.00	

**Affidavit Section**

Part I: If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.  
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 WHITNEY ROBIN DAVIS  
 Notary Public  
 NORRISTOWN BORO, MONTGOMERY CNTY  
 My Commission Expires Feb 26, 2018

*[Signature]*  
 Signature of Person Submitting report  
 Printed Name  
 Area Code      Daytime Telephone Number

Part II: If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.  
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO. 370) as amended.

Sworn to and subscribed before me this

3 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 WHITNEY ROBIN DAVIS  
 Notary Public  
 NORRISTOWN BORO, MONTGOMERY CNTY  
 My Commission Expires Feb 26, 2018

*[Signature]*  
 Signature of Candidate  
 Printed Name  
 Area Code      Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>	
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Total for the reporting period	(1)	\$	0
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>	
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Contributions Received from Political Committees (Part A)	\$	700	
All Other Contributions (Part B)	\$		
Total for the reporting period	(2)	\$	700

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>	
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Contributions Received from Political Committees (Part C)	\$	1600	
All Other Contributions (Part D)	\$		
Total for the reporting period	(3)	\$	1600

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>	
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Total for the reporting period	(4)	\$	600
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	
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PART A

# 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.

Filer Identification Number										Amount		
Full Name of Contributing Committee: <i>House of Representatives</i>										Date [MM/DD/YYYY]	\$	2500
House #	Street Address									Date [MM/DD/YYYY]	\$	
City	State		Zip Code								Date [MM/DD/YYYY]	
Full Name of Contributing Committee: <i>Senate</i>										Date [MM/DD/YYYY]	\$	2500
House #	Street Address									Date [MM/DD/YYYY]	\$	
City	State		Zip Code								Date [MM/DD/YYYY]	
Full Name of Contributing Committee: <i>Delaware State</i>										Date [MM/DD/YYYY]	\$	2500
House #	Street Address									Date [MM/DD/YYYY]	\$	
City	State		Zip Code								Date [MM/DD/YYYY]	
Full Name of Contributing Committee:										Date [MM/DD/YYYY]	\$	
House #	Street Address									Date [MM/DD/YYYY]	\$	
City	State		Zip Code								Date [MM/DD/YYYY]	
Full Name of Contributing Committee:										Date [MM/DD/YYYY]	\$	
House #	Street Address									Date [MM/DD/YYYY]	\$	
City	State		Zip Code								Date [MM/DD/YYYY]	
Full Name of Contributing Committee:										Date [MM/DD/YYYY]	\$	
House #	Street Address									Date [MM/DD/YYYY]	\$	
City	State		Zip Code								Date [MM/DD/YYYY]	
Full Name of Contributing Committee:										Date [MM/DD/YYYY]	\$	
House #	Street Address									Date [MM/DD/YYYY]	\$	
City	State		Zip Code								Date [MM/DD/YYYY]	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$

## PART B

## All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

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

Filer Identification Number: <i>1000000000000000000000000000000000</i>									
Full Name of Contributor: <i>Donald Trump</i>						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributor: <i>Donald Trump</i>						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributor: <i>Donald Trump</i>						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]		\$		
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee: <i>Donald Trump</i>						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]		\$	250	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee: <i>Donald Trump</i>						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]		\$	250	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee: <i>Donald Trump</i>						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]		\$	100	
City	State		Zip Code		Date [MM/DD/YYYY]		\$		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

Filer Identification Number: \_\_\_\_\_

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

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.

Filer Identification Number:	
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Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$

PART D

# All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

*[Handwritten Filer Identification Number]*

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

*Philip Scott Rosenberg  
240 Pauli Plaza Philadelphia 19101*

*Linda Haggard  
2005 Market St Philadelphia PA 19101*

*PHy*



SCHEDULE II

# 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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

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)		\$
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SCHEDULE II  
PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor		Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]
Description of Contribution			

Full Name of Contributor		Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]
Description of Contribution			

Full Name of Contributor		Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]
Description of Contribution			

Full Name of Contributor		Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]
Description of Contribution			

Full Name of Contributor		Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]
Description of Contribution			

SCHEDULE II  
Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: \_\_\_\_\_

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	
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To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State	Zip Code				

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.

Filer Identification Number: [Handwritten Number]

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	[Handwritten Amount]
City	State		Zip	Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City	State		Zip	Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City	State		Zip	Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City	State		Zip	Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City	State		Zip	Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City	State		Zip	Code			
Description of Debt							