

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST THOMAS C. ZIFFEL										
STREET ADDRESS 2791 FISCHER RD.										
CITY HATFIELD				STATE PA		ZIP CODE 19440				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION		
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY		MONTGOMERY COUNTY				REP.		MO. DAY YEAR		
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY		CONTROLLER						11 3 2015		
<input type="checkbox"/> 30 DAY POST-PRIMARY		DATES OF REPORTING PERIOD			MO. DAY YEAR		TO		MO. DAY YEAR	
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION		10 20 15			11 23 15				FOR OFFICE USE ONLY	
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD:			\$		Φ			
<input type="checkbox"/> 30 DAY POST-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$		Φ			
<input type="checkbox"/> ANNUAL REPORT		AMENDMENT REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>			
		TERMINATION REPORT?		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

3rd DAY OF December 2015

Kathleen Anne Croll
SIGNATURE

MY COMMISSION EXPIRES Sept. 29 2018
MO. DAY YR.

Thomas C. Ziffel
SIGNATURE OF PERSON SUBMITTING REPORT

THOMAS C. ZIFFEL
PRINTED NAME

215 412-5757
AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 KATHLEEN ANNE CROLL, Notary Public
 Whippan Twp., Montgomery County
 My Commission Expires Sept. 29, 2018

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER