**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.

<table>
<thead>
<tr>
<th>FILER IDENTIFICATION NUMBER</th>
<th>REPORT FILED ON BEHALF OF</th>
<th>CANDIDATE</th>
<th>COMMITTEE</th>
<th>LOBBYIST</th>
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**NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST**

Thomas C. Zifel

**STREET ADDRESS**

2791 Fischer Rd.

**CITY**

HATFIELD

**STATE**

PA

**ZIP CODE**

19440

**TYPE OF REPORT (CHECK ONE)**

- 6th Tuesday Pre-Primary
- 2nd Friday Pre-Primary
- 30 Day Post-Primary
- 6th Tuesday Pre-Election
- 2nd Friday Pre-Election
- 30 Day Post-Election
- Annual Report

**NAME OF OFFICE SOUGHT BY CANDIDATE**

Monongahela County Controller

**DISTRICT NO.**

19440

**PARTY**

REP

**DATE OF ELECTION**

11 3 2015

**DATES OF REPORTING PERIOD**

<table>
<thead>
<tr>
<th>MO.</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>11</td>
<td>23</td>
<td>15</td>
</tr>
</tbody>
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**CASH BALANCE AT END OF REPORTING PERIOD:**

$φ

**TOTAL AMOUNT OF FILER’S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:**

$φ

**AMENDMENT REPORT?**

- YES

**TERMINATION REPORT?**

- NO

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**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidate’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 Call

Signature

My Commission Expires Sept. 29, 2018

[Signature]

[Area Code] 412-578-7

**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 ______ Day of ___________ 20__

[Area Code] ______

[Daytime Phone Number]

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

DSEB-503 (12-99)