

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ¹ <input type="checkbox"/>		COMMITTEE ² <input checked="" type="checkbox"/>		LOBBYIST ³ <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Joe Gale</i>											
Street Address: <i>628 Lantoll Road</i>											
City: <i>Plymouth Meeting</i>				State: <i>PA</i>		Zip Code: <i>19462</i>					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ¹		2ND FRIDAY PRE-PRIMARY ²		30 DAY POST PRIMARY ³		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION ⁴		2ND FRIDAY PRE-ELECTION ⁵		30 DAY POST ELECTION ⁶		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT <input checked="" type="checkbox"/>		YEAR: <i>2015</i>		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: <i>Montgomery County Commissioner</i>				DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
				MO. DAY YEAR <i>11 33 2015</i>			<i>0TH</i>	<i>Rep</i>	<i>46</i>		
							SEE INSTRUCTIONS FOR CODES				
Summary of Receipts and Expenditures from:			MO. DAY YEAR <i>11 24 2015</i>			To			MO. DAY YEAR <i>12 31 2015</i>		
A. Amount Brought Forward From Last Report						\$ <i>3560.20</i>					
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ <i>2000.30</i>					
C. Total Funds Available (Sum of Lines A and B)						\$ <i>5560.20</i>					
D. Total Expenditures (From Schedule III)						\$ <i>863.00</i>					
E. Ending Cash Balance (Subtract Line D from Line C)						\$ <i>4697.20</i>					
F. Value of In-Kind Contributions Received (From Schedule II)						\$ <i>0</i>					
G. Unpaid Debts and Obligations (From Schedule IV)						\$ <i>0</i>					
FOR OFFICE USE ONLY											

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

11 day of *January* 20 *16*

Jennifer M Nelson
Signature

My commission expires *June 10 2019*
COMMONWEALTH OF PENNSYLVANIA DAY YR.

Charles Gehret
Signature of Person Submitting Report

Charles Gehret
Printed Name

267 *249-9176*
Area Code Daytime Telephone Number

PART II - If this is a Candidate's report, candidate shall sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937.

Sworn to and subscribed before me this

11 day of *January* 20 *16*

Jennifer M Nelson
Signature

My commission expires *June 10 2019*
COMMONWEALTH OF PENNSYLVANIA DAY YR.

Joseph C. Gale
Signature of Candidate

Joseph C. Gale
Printed Name

484 *941-1202*
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL Department of State • Bureau of Commissions, Elections and Legislation
 JENNIFER M NELSON North Office Building • Harrisburg PA 17120-0029 • (717) 787-5220
 Notary Public
 WEST CONSHOHOCKEN BORO, MONTGOMERY CNTY
 My Commission Expires Jun 10, 2019

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of JOE GABE</i>	Reporting Period From <i>11/24/15</i> to <i>12/31/15</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>250.00</i>
TOTAL for the Reporting Period	(2) \$ <i>250.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>1750.00</i>
All Other Contributions (Part D)	\$ <i>0</i>
TOTAL for the Reporting Period	(3) \$ <i>1750.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (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>2,000.00</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.

Name of Filing Committee or Candidate <i>Friends of Joe Gale</i>	Reporting Period From <i>11/24/15</i> to <i>12/31/15</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$ 0

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.

Name of Filing Committee or Candidate <i>Friends of Joe Gale</i>	Reporting Period From <i>11/24/2015</i> to <i>12/31/2015</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <i>Duane Morris LLP Government</i>	12	29	2015	\$ 1000.00
Mailing Address <i>30 South 17th Street</i>	MO.	DAY	YEAR	\$
City <i>Philadelphia</i> State <i>PA</i> Zip Code (Plus 4) <i>19103</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee <i>Lewis Gould for Commissioner Committee</i>	12	29	2015	\$ 750.00
Mailing Address <i>935 Chestnut Rd</i>	MO.	DAY	YEAR	\$
City <i>Bryn Mawr</i> State <i>PA</i> Zip Code (Plus 4) <i>19010</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

Enter Grand Total of Part C on Schedule I Detailed Summary Page Section 3	PAGE TOTAL <i>\$ 1,750</i>
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PART D
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.)

Name of Filing Committee or Candidate <i>Friends of Joe Gale</i>	Reporting Period From <i>11/24/2015</i> to <i>12/3/2015</i>
---	--

				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					

0

PART E
OTHER RECEIPTS

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.

Name of Filing Committee or Candidate <i>Friends of Joe Gale</i>	Reporting Period From <i>11/24/2015</i> To <i>12/31/2015</i>
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Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

PAGE TOTAL
0

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Column 1

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 <i>Friends of Joe Gale</i>	Reporting Period From <i>11/24/2015</i> To <i>12/31/2015</i>
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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 <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)</i>	\$ <i>0</i>
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SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Joe Gale</i>	Reporting Period From <i>11/24/2015</i> to <i>12/31/2015</i>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Joe Gal</i>	Reporting Period From <i>11/24/2015</i> To <i>12/31/2015</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$
Occupation				\$
Description of Contribution				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$
Occupation				\$
Description of Contribution				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$
Occupation				\$
Description of Contribution				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$
Occupation				\$
Description of Contribution				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business				\$
Occupation				\$
Description of Contribution				\$

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed

PAGE TOTAL 10

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Joe Gale	Reporting Period From 11/24/2015 to 12/31/2015
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To Whom Paid WNPV 1440 Am	MO. 11	DAY 30	YEAR 2015	Amount \$65.00
Mailing Address P.O. Box 1440				
Description of Expenditure Radio Ads				
City Lansdale	State PA	Zip Code (Plus 4) 19446		

To Whom Paid Joseph M Gale	MO. 12	DAY 03	YEAR 2015	Amount \$ 400.⁰⁰
Mailing Address 628 Lantfall Road				
Description of Expenditure Reimbursement - KYW Radio Ad				
City Plymouth Meeting	State PA	Zip Code (Plus 4) 19466		

To Whom Paid WPHT 1210 CBS Radio	MO. 12	DAY 22	YEAR 2015	Amount \$ 900
Mailing Address 400 Market Street				
Description of Expenditure Radio Ads				
City Philadelphia	State PA	Zip Code (Plus 4) 19106		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 863.00

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 <i>Friends of Joe Gale</i>	Reporting Period From <i>11/24/2015</i> to <i>12/31/2015</i>
---	---

Name of Creditor					Outstanding Balance of Debt		
Mailing Address					\$		
DATE DEBT INCURRED					MO.	DAY	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					State	Zip Code (Plus 4)	
Description of Debt							

Name of Creditor					Outstanding Balance of Debt		
Mailing Address					\$		
DATE DEBT INCURRED					MO.	DAY	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					State	Zip Code (Plus 4)	
Description of Debt							

Name of Creditor					Outstanding Balance of Debt		
Mailing Address					\$		
DATE DEBT INCURRED					MO.	DAY	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					State	Zip Code (Plus 4)	
Description of Debt							

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 0