**Commonwealth of Pennsylvania**

**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: [Redacted]

Report Filed By: [Redacted]

Name of Filing Committee, Candidate or Lobbyist: Munro, D.

Street Address: [Redacted]

City: Blue Bell

State: PA

Zip Code: 19423

**TYPE OF REPORT**

[Redacted]

**DATE OF ELECTION**

11/03/15

**FILING METHOD**

[Redacted]

Name of Office Sought by Candidate: County Commissioner

**SUMMARY OF RECEIPTS AND EXPENDITURES**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Amount Brought Forward From Last Report</td>
<td>$100,000</td>
</tr>
<tr>
<td>B. Total Monetary Contributions and Receipts (From Schedule I)</td>
<td>$0</td>
</tr>
<tr>
<td>C. Total Funds Available (Sum of Lines A and B)</td>
<td>$100,000</td>
</tr>
<tr>
<td>D. Total Expenditures (From Schedule III)</td>
<td>$100,000</td>
</tr>
<tr>
<td>E. Ending Cash Balance (Subtract Line D from Line C)</td>
<td>-$100,000</td>
</tr>
<tr>
<td>F. Value of In-Kind Contributions Received (From Schedule II)</td>
<td>$7,472.87</td>
</tr>
<tr>
<td>G. Unpaid Debts and Obligations (From Schedule IV)</td>
<td>$7000</td>
</tr>
</tbody>
</table>

**AFFIDAVIT SECTION**

I, [Name], do hereby certify under penalty of perjury under the laws of the State of Pennsylvania, that the foregoing is true and correct to the best of my knowledge.

Signature of Person Submitting Report: [Signature]

Printed Name: [Name]

Area Code: 393

Daytime Telephone Number: 433

Date: January 19, 2016

Commonwealth of Pennsylvania

Notary Seal

Notary Public

My Commission Expires:

[Notary Public Signature]

(610)

1-18-16

Notary Public

Date: January 19, 2016

Commonwealth of Pennsylvania

Notary Seal

Notary Public

My Commission Expires:

[Notary Public Signature]

(610)

1-18-16

Department of State • Bureau of Commissions, Elections and Legislation

P.O. Box 107 • Harrisburg, PA 17105 • (717) 787-0280
Commonwealth of Pennsylvania

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:

Name of Filing Committee, Candidate or Lobbyist:

Street Address:
P.O. Box 631

City:
Blue Bell

State:
PA

Zip Code:
19424

TYPE OF REPORT

[ ] PRIMARY

[ ] GENERAL

[ ] ANNUAL

[ ] YEAR

NAME OF OFFICE

[ ] COUNTY COMMISSIONER

DATE OF ELECTION

11/03/2015

DISTRICT NUMBER

OFFICE CODE

PART 1

Summary of Receipts and Expenditures from: 11/24/2015 To 12/31/2015

A. Amount Brought Forward From Last Report

B. Total Monetary Contributions and Receipts (From Schedule I)

C. Total Funds Available (Sum of Lines A and B)

D. Total Expenditures (From Schedule III)

E. Ending Cash Balance (Subtract Line D from Line C)

F. Value of In-Kind Contributions Received (From Schedule II)

G. Unpaid Debts and Obligations (From Schedule IV)

PART 2

AFFIDAVIT SECTION

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

19 of January 2016

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Rosemary V. Coccia, Notary Public
Plymouth Township, Montgomery County

Signature of Person Submitting Report

ERIC HALL

Address

Printed Name

610

Area Code 393-4338

Daytime Telephone Number

PART 3

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

19 of January 2016

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Rosemary V. Coccia, Notary Public
Plymouth Township, Montgomery County

Signature of Candidate

V. SCOTT HALL

Address

Printed Name

610

Area Code 610

Daytime Telephone Number

DSEE-502 (7-98)
### Contributions and Receipts

#### Detailed Summary Page

<table>
<thead>
<tr>
<th>Name of Filing Committee or Candidate</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Murto 2015</strong></td>
<td>From 11/24/11 to 12/31/11</td>
</tr>
</tbody>
</table>

#### 1. Unitemized Contributions and Receipts of $100.00 or Less Per Contributor

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for the Reporting Period</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### 2. Contributions $50.01 to $250.00 (From Pages A and Part B)

<table>
<thead>
<tr>
<th>Description</th>
<th>(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received from Political Committees (Part A)</td>
<td>$0</td>
</tr>
<tr>
<td>All Other Contributions (Part B)</td>
<td>$0</td>
</tr>
<tr>
<td>Total for the Reporting Period</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### 3. Contributions Over $250.00 (From Pages C and Part D)

<table>
<thead>
<tr>
<th>Description</th>
<th>(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions Received from Political Committees (Part C)</td>
<td>$0</td>
</tr>
<tr>
<td>All Other Contributions (Part D)</td>
<td>$0</td>
</tr>
<tr>
<td>Total for the Reporting Period</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### 4. Other Receipts (Refunds, Interest Earned, Returned Checks, Etc. From Part E)

<table>
<thead>
<tr>
<th>Description</th>
<th>(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for the Reporting Period</td>
<td>$0</td>
</tr>
</tbody>
</table>

#### Total Monetary Contributions and Receipts During This Reporting Period

<table>
<thead>
<tr>
<th>Description</th>
<th>(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for the Reporting Period</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1. Report Cover Page, Item B.*
# SCHEDULE III

## STATEMENT OF EXPENDITURES

<table>
<thead>
<tr>
<th>Name of Filing Committee or Candidate</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muniz 2015</td>
<td>From 11/3/15 To 12/1/15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To Whom Paid</th>
<th>Description of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grishuk Rachel Annita</td>
<td>$100.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code (Plus 4)</th>
<th>Description of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>607 Maple St</td>
<td>Grishuk</td>
<td>PA</td>
<td>19469</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

**PAGE TOTAL**

$100.00
## 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**

<table>
<thead>
<tr>
<th>Name of Filing Committee or Candidate</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Munro Louis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>From 11/30/14 To 12/31/14</td>
</tr>
</tbody>
</table>

1. **Unitemized In-kind Contributions Received: Value of $750 or Less Per Contributor**
   
   TOTAL for the Reporting Period (1) $ 0

2. **In-kind Contributions Received: Value Over $750.01 To $250.00 (From Page 1)**
   
   TOTAL for the Reporting Period (2) $ 0

3. **In-kind Contributions Received: Value Over $250.00 (From Page 2)**
   
   TOTAL for the Reporting Period (3) $ 7,427.87

**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.)

$ 7,427.87
### SCHEDULE II
### PART G
### IN-KIND CONTRIBUTIONS RECEIVED
### VALUE OVER $250.00

<table>
<thead>
<tr>
<th>Name of Filing Committee or Candidate</th>
<th>Reporting Period</th>
<th>Date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUNTIJ JOH</td>
<td>From 11/11/15 To 12/31/15</td>
<td>12/1/15</td>
<td>$74,378.70</td>
</tr>
</tbody>
</table>

#### Full Name of Contributor
- **Hallowell + Branstetter**

#### Mailing Address
- 3831 Logan St

#### City
- Camp Hill

#### State
- PA

#### Zip Code (Plus 4)
- 17011

#### Employer of Contributor

#### Occupation

#### Description of Contribution

#### Full Name of Contributor

#### Mailing Address

#### City

#### State

#### Zip Code (Plus 4)

#### Employer of Contributor

#### Occupation

#### Description of Contribution

#### Full Name of Contributor

#### Mailing Address

#### City

#### State

#### Zip Code (Plus 4)

#### Employer of Contributor

#### Occupation

#### Description of Contribution

#### Full Name of Contributor

#### Mailing Address

#### City

#### State

#### Zip Code (Plus 4)

#### Employer of Contributor

#### Occupation

#### Description of Contribution

#### Full Name of Contributor

#### Mailing Address

#### City

#### State

#### Zip Code (Plus 4)

#### Employer of Contributor

#### Occupation

#### Description of Contribution

#### Full Name of Contributor

#### Mailing Address

#### City

#### State

#### Zip Code (Plus 4)

#### Employer of Contributor

#### Occupation

#### Description of Contribution

#### Full Name of Contributor

#### Mailing Address

#### City

#### State

#### Zip Code (Plus 4)

#### Employer of Contributor

#### Occupation

#### Description of Contribution

#### Full Name of Contributor

#### Mailing Address

#### City

#### State

#### Zip Code (Plus 4)

#### Employer of Contributor

#### Occupation

#### Description of Contribution

#### Full Name of Contributor

#### Mailing Address

#### City

#### State

#### Zip Code (Plus 4)

#### Employer of Contributor

#### Occupation

#### Description of Contribution

#### Full Name of Contributor

#### Mailing Address

#### City

#### State

#### Zip Code (Plus 4)

#### Employer of Contributor

#### Occupation

#### Description of Contribution

### PAGE TOTAL

$74,378.70

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

DSEB-502 (7-99)