

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 <b>THOMAS C. ZIFFEL</b>																										
STREET ADDRESS <b>2791 FISCHER RD.</b>																										
CITY <b>HATFIELD</b>			STATE <b>PA</b>	ZIP CODE <b>19440</b>																						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>MONTGOMERY COUNTY CONTROLLER</b>			DISTRICT NO.	PARTY <b>REP.</b>		DATE OF ELECTION																			
	<table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>24</td><td>15</td></tr> </table> DATES OF REPORTING PERIOD TO <table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table>			MO.	DAY	YEAR	11	24	15	MO.	DAY	YEAR						<table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>3</td><td>2015</td></tr> </table>		MO.	DAY	YEAR	11	3	2015	FOR OFFICE USE ONLY
MO.	DAY	YEAR																								
11	24	15																								
MO.	DAY	YEAR																								
MO.	DAY	YEAR																								
11	3	2015																								
6TH TUESDAY PRE-PRIMARY	1																									
2ND FRIDAY PRE-PRIMARY	2																									
30 DAY POST-PRIMARY	3																									
6TH TUESDAY PRE-ELECTION	4																									
2ND FRIDAY PRE-ELECTION	5																									
30 DAY POST-ELECTION	6																									
ANNUAL REPORT	7	<input checked="" type="checkbox"/>																								
		AMENDMENT REPORT?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>																			
		TERMINATION REPORT?		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>																			
		CASH BALANCE AT END OF REPORTING PERIOD:		\$	<b>φ</b>																					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	<b>φ</b>																					

**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 <u>1<sup>st</sup></u> DAY OF <u>February</u> 20 <u>16</u> <u>Kathleen Anne Croll</u> SIGNATURE MY COMMISSION EXPIRES <u>Sept. 29</u> 20 <u>18</u> MO. DAY YR.	<u>Thomas C. Ziffel</u> SIGNATURE OF PERSON SUBMITTING REPORT <u>THOMAS C. ZIFFEL</u> PRINTED NAME <u>215</u> <u>412-8787</u> AREA CODE DAYTIME TELEPHONE NUMBER
---	---

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 KATHLEEN ANNE CROLL, Notary Public  
 Whippen 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
--	---