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
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

V Staff Zelov

STREET ADDRESS

320 Rose Ln

CITY

Haverford

STATE

PA

ZIP CODE

19041

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

M.O. City Commissioner

DISTRICT NO.

46

PARTY

Rep

DATE OF ELECTION

MO. DAY YEAR

11 03 2015

DATES OF REPORTING PERIOD

MO. DAY YEAR TO MO. DAY YEAR

11 24 10 15 TO 12 31 15

CASH BALANCE AT END OF REPORTING PERIOD:

$ 0

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

$ 0

AMENDMENT REPORT?

YES

NO

TERMINATION REPORT?

YES

NO

FOR OFFICE USE ONLY

OFFICE OF THE VOTER SERVICES

POLLING CO.

RECEIVED

2016 FEB - 2 AM: 21

PART I -

If this report is filed on behalf of a Political Committee or Candidates’s Committee, the Treasurer must sign here.

If this report is filed on behalf of a Candidate, the Candidate 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 21ST DAY OF JANUARY, 2016

SIGNATURE

JODI L. KELLEY, Notary Public

MY COMMISSION EXPIRES 01-15-2017

NO. OF PERSON SUBMITTING REPORT

616 256-4170

PRINTED NAME

J. SCOTT ZELOV

AREA CODE

DAYTIME TELEPHONE NUMBER

PART II -

If this report 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 ____________

NO. OF CANDIDATE

PRINTED NAME

ARE A CODE

DAYTIME TELEPHONE 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)