

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	LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST V. Scott Zeleny						
STREET ADDRESS 220 Rise Lane						
CITY Haverford		STATE PA	ZIP CODE 19041			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	ment. city commissioner		46	REP	MO.	DAY
	6TH TUESDAY PRE-PRIMARY		1		11	03
	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				X		
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
MO. DAY YEAR		MO. DAY YEAR		RECEIVED		
11 24 2015		12 31 2015		2016 FEB - 2 AM 11:21		
CASH BALANCE AT END OF REPORTING PERIOD: \$		0		OFFICE OF VOTER SERVICES		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0		MONTG. CO. PA		
AMENDMENT REPORT?		YES	NO	X		
TERMINATION REPORT?		YES	NO	X		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' 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

27th DAY OF January 2016

[Signature]
SIGNATURE

MY COMMISSION EXPIRES 01-15-2017
MO. DAY YR.

[Signature]
SIGNATURE OF PERSON SUBMITTING REPORT

V. Scott Zeleny
PRINTED NAME

610 256-4120
AREA CODE DAYTIME TELEPHONE NUMBER

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