

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: ▶		Report Filed By: ▶		CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Mark Levy</i>						
Street Address: <i>PO Box 176</i>						
City: <i>Norrisstown</i>				State: <i>PA</i>	Zip Code: <i>19404 - 0176</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 ^{7.} <input checked="" type="checkbox"/>	YEAR <input type="checkbox"/>	FILING METHOD <input type="checkbox"/> CHECK ONE ▶	PAPER <input type="checkbox"/>	DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: <i>Prothonotary</i>				DATE OF ELECTION		District Number
				MO. DAY YEAR		Office Code
				<i>11 3 2015</i>	<i>N/A</i>	<i>OTH D&H 46</i>
				(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from: ▶			MO. DAY YEAR	To	FOR OFFICE USE ONLY	
			<i>11 24 2015</i>	<i>12 31 2015</i>		
A. Amount Brought Forward From Last Report			\$ <i>67.00</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <i>750.00</i>			
C. Total Funds Available (Sum of Lines A and B)			\$ <i>817.00</i>			
D. Total Expenditures (From Schedule III)			\$ <i>702.50</i>			
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <i>114.50</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>			

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 *21st* day of *January* 20 *16*

[Signature] } Signature of Person Submitting Report
Michele Lockman
 Printed Name *Michele Lockman*
 Area Code *215* Daytime Telephone Number *740-5411*

My commission expires *July 27 2019*

NOTARIAL SEAL
COMMONWEALTH OF PENNSYLVANIA

PART II - If this is a report of a Notary Public Authorized Committee, candidate shall 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 *21st* day of *January* 20 *16*

[Signature] } Signature of Candidate
Mark Levy
 Printed Name *Mark Levy*
 Area Code *267* Daytime Telephone Number *738-6536*

My commission expires *July 27 2019*

NOTARIAL SEAL
COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280
 NORRISTOWN BORO, MONTGOMERY COUNTY
 My Commission Expires Jul 27, 2019

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Mark Heug	Reporting Period From 11/24 To 12/31/2015
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	750.00
TOTAL for the Reporting Period	(2)	\$

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

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

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.)	\$ 750.00
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DSEB-502 (7-99)

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

\$ 0

DSEB-502 (7-99)

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

PAGE TOTAL \$ 0

DSEB-502 (7-99)

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 Mark Levy</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ <i>0</i>

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 Mark Levy</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
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	DATE	AMOUNT
Full Name of Contributor <i>Michael Hinkson</i>	MO. <i>12</i> DAY <i>08</i> YEAR <i>15</i>	\$ <i>750.00</i>
Mailing Address <i>1908 Midfield Ave.</i>	MO. DAY YEAR	\$
City <i>Fasterville</i> State <i>PA</i> Zip Code (Plus 4) <i>19053 -</i>	MO. DAY YEAR	\$
Employer Name <i>PSI</i>	Occupation	
Employer Mailing Address/Principal Place of Business		

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

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

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

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

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ <i>750.00</i>

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 Mark Levey</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

PAGE TOTAL \$ <i>0</i>

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 Mark Leug</i>	Reporting Period From <i>11/04/15</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)	\$ <i>0</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <i>0</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>0</i>

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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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Mark Levy</i>	Reporting Period From <i>11/24/15</i> To <i>12/31/15</i>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		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 Mark Leug</i>	Reporting Period From <i>11/24/15</i> To <i>10/31/15</i>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

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

PAGE TOTAL
\$ 0

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Mark Levy	Reporting Period From 11/24/15 To 12/31/15
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To Whom Paid Whitemarsh liberty	MO. 12	DAY 10	YEAR 15	Amount \$ 23.75
Mailing Address		Description of Expenditure gas expense		
City Lafayette Hill	State PA	Zip Code (Plus 4) -		

To Whom Paid A + +	MO. 12	DAY 11	YEAR 15	Amount \$ 195.00
Mailing Address 500 W. Germantown Ave.		Description of Expenditure Campaign cell		
City Plymouth Mtg	State PA	Zip Code (Plus 4) -		

To Whom Paid A + +	MO. 12	DAY 14	YEAR 15	Amount \$ 87.47
Mailing Address 500 W Germantown Ave		Description of Expenditure Campaign cell		
City Plymouth Mtg	State PA	Zip Code (Plus 4) -		

To Whom Paid from the Boat	MO. 12	DAY 14	YEAR 15	Amount \$ 38.56
Mailing Address 517 Germantown Ave		Description of Expenditure meeting expense		
City Lafayette Hill	State PA	Zip Code (Plus 4) -		

To Whom Paid Starbucks	MO. 12	DAY 21	YEAR 15	Amount \$ 23.90
Mailing Address 519 W Germantown Pike		Description of Expenditure meeting expense		
City Plymouth Mtg	State PA	Zip Code (Plus 4) -		

To Whom Paid Whitemarsh liberty	MO. 12	DAY 30	YEAR 15	Amount \$ 20.49
Mailing Address		Description of Expenditure gas expense		
City Lafayette Hill	State PA	Zip Code (Plus 4) -		

To Whom Paid Out back	MO. 12	DAY 31	YEAR 15	Amount \$ 52.25
Mailing Address 302 W Ridge Pike		Description of Expenditure meeting expense		
City Conshohocken	State PA	Zip Code (Plus 4) -		

To Whom Paid BANK OF AMERICA	MO.	DAY	YEAR	Amount \$ 18.00
Mailing Address address requested		Description of Expenditure service fee		
City	State	Zip Code (Plus 4) -		

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

PAGE TOTAL
\$ 459.42

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Mark Levy	Reporting Period From 11/24/15 To 12/31/15
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To Whom Paid	MO.	DAY	YEAR	Amount
Mark Levy	11	09	15	\$ 243.08
Mailing Address 3051 Mitchell Court		Description of Expenditure REIMBURSEMENT		
City Lafayette Hill	State PA	Zip Code (Plus 4) 19444 -		
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)		
		-		
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
\$ 243.08

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 FRIENDS OF MARK HEUG	Reporting Period From 11/24/15 To 12/31/15
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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**