

# 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 <input checked="" type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: LINDA M. HEE	
Street Address: 1519 EDGE HILL ROAD	
City: ARLINGTON	State: PA Zip Code: 19001 -

TYPE OF REPORT  (place X to the right of report type)	1. 4TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	AMENDMENT REPORT?	YES	NO
	4. 4TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT?	YES	NO
	7. ANNUAL REPORT	YEAR: 2015		FILING METHOD: <input checked="" type="checkbox"/> CHECK ONE	PAPER	DISKETTE

Name of Office Sought by Candidate: _____	DATE OF ELECTION MO. DAY YEAR 11 07 2015	District Number: _____	Office Code: _____	Party Code: DEM
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Summary of Receipts and Expenditures from:	FROM	DAY	YEAR	To	FROM	DAY	YEAR
	01	01	2015		12	31	2015
A. Amount Brought Forward From Last Report				\$	.00		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	.00		
C. Total Funds Available (Sum of Lines A and B)				\$	.00		
D. Total Expenditures (From Schedule III)				\$	500.00		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	(500.00)		
F. Value of In-Kind Contributions Received (From Schedule II)				\$	.00		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	.00		

RECEIVED  
 2016 FEB - 4 AM 10:44  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA

## 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 correct and complete.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 16

*[Signature]*  
 Signature of Person Submitting Report  
 LINDA M. HEE  
 Printed Name  
 (215) 587-0143  
 Area Code Daytime Telephone Number

KARL... Notary Public  
 My commission expires October 10, 2016  
 DAY YR

**PART II** If this is a report of a Candidate, 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, (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Candidate  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Area Code Daytime Telephone Number

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	LINDA M. HEE	1/1/2015 - 12/31/2015
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To Whom Paid	FRIENDS OF LINDA M. HEE				Date [MM/DD/YYYY]	07/21/2015	\$	500.00
House #	1519	Street Address	EDGE KILL ROAD		Description of Expenditure LOAN TO CAMPAIGN			
City	ARWINGTON	State	PA	Zip Code	19001 COMMITTEE			

To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

TOTAL 500.00