

Commonwealth of Pennsylvania
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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.} <input checked="" type="checkbox"/>		COMMITTEE ^{2.} <input type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <i>Chuck Wilson</i>											
Street Address: <i>803 Stony Creek Court</i>											
City: <i>Lansdale</i>					State: <i>PA</i>		Zip Code: <i>19446</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.} <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	ANNUAL REPORT ^{7.}		YEAR <input type="checkbox"/>		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: <i>Montgomery County Treasurer</i>					DATE OF ELECTION MO. DAY YEAR <i>11 03 2015</i>			District Number	Office Code <i>0TH</i>	Party Code <i>REP</i>	County Code <i>46</i>
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from: <input type="checkbox"/>						MO. DAY YEAR <i>10 20 2015</i>		To		MO. DAY YEAR <i>11 23 2015</i>	
A. Amount Brought Forward From Last Report						\$		<i>- 0 -</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)						\$		<i>- 0 -</i>			
C. Total Funds Available (Sum of Lines A and B)						\$		<i>- 0 -</i>			
D. Total Expenditures (From Schedule III)						\$		<i>767.50</i>			
E. Ending Cash Balance (Subtract Line D from Line C)						\$		<i>- 0 -</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 *2nd* day of *November* 20*15*

 Notary Public
 My Commission Expires *Sept. 8, 2017*
 MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES 2017
 MO. DAY YR.

Chuck Wilson
 Signature of Person Submitting Report

 Printed Name
215 Area Code *362-7943* Daytime Telephone Number

PART II - If this is a report of a Candidate's 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 _____ day of _____ 20____

 Signature
 My commission expires _____ MO. DAY YR.

 Signature of Candidate

 Printed Name
 _____ Area Code _____ Daytime Telephone Number

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Chuck Wilson</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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To Whom Paid <i>ATRO</i>	MO.	DAY	YEAR	Amount
Mailing Address <i>287 Huron Avenue</i>	<i>10</i>	<i>22</i>	<i>2015</i>	\$ <i>75.00</i>
City <i>Elkins Park</i>	Description of Expenditure <i>Fundraiser</i>			
State <i>PA</i>	Zip Code (Plus 4) <i>19027</i>			
To Whom Paid <i>Springfield Township Republican Comm.</i>	MO.	DAY	YEAR	Amount
Mailing Address <i>27 Haws Avenue</i>	<i>10</i>	<i>29</i>	<i>2015</i>	\$ <i>45.00</i>
City <i>Flourtown</i>	Description of Expenditure <i>Fundraiser</i>			
State <i>PA</i>	Zip Code (Plus 4) <i>19031</i>			
To Whom Paid <i>Conshohocken Republican Committee</i>	MO.	DAY	YEAR	Amount
Mailing Address <i>311 West 11th Avenue</i>	<i>10</i>	<i>30</i>	<i>2015</i>	\$ <i>35.00</i>
City <i>Conshohocken</i>	Description of Expenditure <i>Fundraiser</i>			
State <i>PA</i>	Zip Code (Plus 4) <i>19388</i>			
To Whom Paid <i>USPS</i>	MO.	DAY	YEAR	Amount
Mailing Address <i>1000 W. Valley Road</i>	<i>VARIOUS</i>			\$ <i>612.50</i>
City <i>Southeastern</i>	Description of Expenditure <i>Postage - AB Chasers</i>			
State <i>PA</i>	<i>10/20/15 - 10/27/15</i>			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			

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

PAGE TOTAL
\$ *767.50*