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:	CAMEDED	NIE 1.	COMMI	眶文	LOSB	MST 3.
Name of Filing Committee, Candidate or Lobby FILEN AS OF KAREN GELO	1 Sporho	7_						
sireet Address: Stronger Road	1							
City:	<u> </u>		State:		Zip Code	:		
TYPE OF STHESDAY 1.	2ND FRIDA	y 2.	30 DAY	3.	AMENDAN	er .		
REPORT PRIMARY	PRE-PRIMA 2ND FRIDA		POST PRIMAP	ev 6.	REPORT?	YE		NO
(place X to	PRE-ELECTI		POST ELECTR	3N	REPORTE	YE	9	NO
the right of ANNISAL 7.	YEAR		FLING METH		PAPEI	4	DISKE	TTE
Name of Office Sought by Candidate:			DATE OF	*****************	District Number	Office Code	Party Code	County Code
					1	(SEE INSTR	UCTIONS 1	OR CORE
					F	A OFFICE		
Summary of Receipts and Expenditures from:	9 19 301	6 To	/	AC/G		201		
A. Amount Brought Forward From Last F		\$ 4	1 054 11	U	100	2017 JAN 27 PM	\approx	
B. Total Monetary Contributions and Reco			500.0	<u>/ </u>			RECEIVED	
C. Total Funds Available (Sum of Lines A	A and B)	\$ [5454.4	4		7 P		
D. Total Expenditures (From Schedule III))	\$	3.278.7	5	PAR	ri ====	3	
E. Ending Cash Balance (Subtract Line D	from Line C)	\$	2,175. 1	79	က်	69		
F. Value of In-Kind Contributions Received	ved (From Sched	ule il) \$	Q			<u> </u>		
G. Unpaid Debts and Obligations (From S	chedule IV)	\$	<u> </u>		<u> </u>			
PART I — If this is a Committee report		AFFIDAVIT SE			entellacette soc	*********		
I swear (or affirm) that this report, including							dge and be	lief true,
Swear (or affirm) that this report, including correct and complete. Sworn to and subscribed before me this 27 day of ANNARY Signature My commission expires 12 2 MO. C			1	י ח	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
27 day of JANUARY	20	<u> 17</u>	()	Mila	11. Ha	4/62		
20	wo letu	tres	M	Signature	· Hall	mitting Re	eport	
Signature My commission expires 17 7	29 2020	, [610		Printed Nan	ne 6 - 10 1	83	
,	DAY YR.	- }	Area Cod	ie		rytime Tele	phone Num	ber
PART 8 - If this is a report of a Cand	idale e Autoriz	ed Committe	e candidate s	nall sign he	ue.			
I swear (or affirm) that to the best of my kno (P.L. 1333, No. 320) as amended.	owledge and belief	this political c	ommittee has no	ot violated a	my provisio	ns of the A	ct of June	3, 1937
Sworn to and subscribed before me this		(-, -,	Lau	10 9/0	(0) 5	ack	1.	
27 day of JANUARY	- 11/-/	2	- Proceedings	Sign	ature of Car	ndidate,	<u> </u>	
Signature	ed White	res }	<u>rak</u>	n do	O SO Printed Nar	MCIU	<u>ح</u>	
My commission expires 17 2 MO. 1	-9 202 DAY YR.	<u>o</u>	Area Co	de	6.90	ytime Tele	phone Nun	nber
		_			*** ***			
P.L. 1333, No. 320) as amended. Sworn to and subscribed before me this 27 day of JAJUARY Signature My commission expires 12 2 MO. 1	of State		•		_			
DSEB-502 (7-99)	-	- -						

SCHEDULE I

PAGE 2 OF ____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Karen Guld Synchez	Reporting Peri	-	то <u>Ю/3//16</u>
L. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBL	TTOR
TOTAL for the Reporting Period	i (1)	\$	Q
2 CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)		
Contributions Received from Political Committees (Part A)		\$	\wedge
All Other Contributions (Part B)		\$	\sim
TOTAL for the Reporting Period	(2)	\$	Q
			· · · · · · · · · · · · · · · · · · ·
3. CONTRIBUTIONS OVER \$250.00 FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	Q
All Other Contributions (Part D)		\$	500.00
TOTAL for the Reporting Period	i (3)	\$	500.00
4 OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ETC	: (F)	IOM PART EI
TOTAL for the Reporting Period	4 (4)	\$	& The state of the
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.)		\$	500.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Sinh	# ?		From <u>(</u>	1/9/16	то 19/31/16
THERES IF THE CARE				DATE	//	AMOUNT
Full Name of Contributing Committee	· <u></u>		N20	DAY.	YEAR	\$
Mailing Address			MO.	. QAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	Mic	DAY	YEAR	\$
Full Name of Contributing Committee	1		MC	DAY	YEAR	
Mailing Address			Mic	DAY	YEAR	\$
maning Address						\$
City	State	Zip Code (Plus 4)	MO	DAY.	YEAR	\$
Full Name of Contributing Committee		- 	SMC	DAY	YEAR .	
						\$
Mailing Address			3970	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	3000	ĐAY	YEAR	A
		-	***************************************			\$
Full Name of Contributing Committee			MES	. DAY	72-AH	\$
Mailing Address			MEG	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MEC	DAY	VEAR	
						\$
Full Name of Contributing Committee			****	DAY	YEAR	\$
Mailing Address			MC	DAY	YEAR	\$
	State	Zip Code (Plus 4)		DAY		•
City	Sidic	-	******			\$
Full Name of Contributing Committee			3543	DAY	YEAR	\$
Mailing Address				DAY	YEAR	
						\$
City	State	Zip Code (Plus 4	NAC	DAY	YEAR	\$
Full Name of Contributing Committee		1	MI		SEAR.	\$
) DAY		4
Mailing Address						\$
City	State	Zip Code (Plus 4) <u>Ka</u>	O DAY	YEAR	\$
Full Name of Contributing Committee		<u> </u>	33337	0.000 BB 02450	XEAR.	
				DAY		\$
Mailing Address						\$
City	State	Zip Code (Plus 4) NE	Q DAY	YEAR	\$
	<u> </u>				1	PAGE TOTAL
Enter Grand Total of Part A on S	Schedule	l, Detailed Sum	mary Pa	ge, Secti	on 2.	s 🚫

AKIR

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate			Rep	orting Period	, e. la . / /.
Friends of Karen G	eld Sinch	02			6 To 12/31/16
				DATE / /	AMOUNT
Full Name of Contributor			MO	DAY YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MO	DAY YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY YEAR	
		-			\$
Full Name of Contributor	•		560	DAY YEAR	\$
Mailing Address	·		MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4)	840	DAY YEAR	
		-			\$
Full Name of Contributor	191 191 191		MG	DAY YEAR	\$
Mailing Address	<u></u>		Mo	DAY YEAR	
					\$
City	State	Zip Code (Plus 4)	MC.	EAY YEAR	\$
Full Name of Contributor			MO.	DAY YEAR	
					\$
Mailing Address	·· — -		MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4)	940	DAY YEAR	
		-			\$
Full Name of Contributor			MO.	DAY YEAR	\$
Mailing Address		· · · · · · · · · · · · · · · · · · ·	36 5	DAX	\$
City	State	Zip Code (Plus 4)	a en	DAY YEAR	
		_			\$
Full Name of Contributor			MO.	DAY	s
Mailing Address			MO.	DAY	
moning records					1 \$
City	State	Zip Code (Plus 4)	MQ	DAY YEAR	
		_			\$
Full Name of Contributor			MG.	DAY YEAR	\$
Mailing Address	 			DATE	s
City	State	Zip Code (Plus 4)		QAY VEAR	
					\$
Full Name of Contributor			MG.	DAY YEAR	\$
Mailing Address			M/G.	DAY YEAR	•
		7:- C-2: C			\$
City	State	Zip Code (Plus 4)	34-0	DAY YEAR	s
					PAGE TOTAL
man of Donald Taxable of Donald Day	- C-b	Detailed Summe	B (S4: 0	La X

PART C

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		î		rting Period	
Friends of Karen Geld Sanchez				m <u>9//9/ /@</u>	To 12/31/16
<u> </u>				ATE	AMOUNT
Full Name of Contributing Committee			MO	AY YEAR	\$
Mailing Address			Mass I	DAY YEAR	\$
City	State	Zip Code (Plus 4)	BACO C	PAST YEAR	\$
Full Name of Contributing Committee			34 0	YEAR	\$
Mailing Address			MO I	AY YEAR	\$
City	State	Zip Code (Plus 4)	86G. C	AY YEAR	\$
Full Name of Contributing Committee				JAY YEAR	\$
Mailing Address			16G.	AV YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$
Full Name of Contributing Committee			ME.	2.388	\$
Mailing Address			MCO	DAY YEAR	\$
City	State	Zip Code (Plus 4)	MO	ZAY YEAR	\$
Full Name of Contributing Committee			MG.	VAX ZEA/	\$
Mailing Address			MG	DAY YEAR	\$
City	State	Zip Code (Plus 4)	840	DAY YEAR	\$
Full Name of Contributing Committee				DAY YEAR	\$
Mailing Address				DAY YEAR	\$
City	State	Zip Code (Plus 4)		DAY YEAR	\$
Full Name of Contributing Committee				DAY YEAR	\$
Mailing Address	State	Zip Code (Plus 4)		DAY YEAR	\$
City	State			DAY YEAR	\$
Full Name of Contributing Committee				DAY YEAR	\$
Mailing Address	State	Zip Code (Plus 4)		FAST YAG	\$
City	State	21p Code (Fitts 4)	##G.	DAY YEAR	\$
Enter Grand Total of Part C	on Schedule I	Detailed Summa	rv Page S	ection 3	S A

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				Reporting		12/21/11	
Friends of Koren Geld		From 9/19/16 To 12/31/16					
				DATE	,	AMOUNT	
Full Name of Contributor	iki		19	16	10	\$ 500,00	
Malling Address 5(10 Luntern Lane			MO		¥EAE	\$	
Philadelphia	State //	Zip Code (Plus 4)	##G.	DAY	YEAR	\$	
Emplayer Name Kuduleh (Yawke LLC)	/ - 12 - 1		Occupa	tion HOVNUL			
Employer Mailing Address/Principal Place of Business 350 Stully Parkival Cool	Blde	1.30 Sinte 110 A		ir Bell,	PA.	19432	
Full Name of Contributor	0		865	EAY	YEAR	\$	
Mailing Address			366 0.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) -	3465.	DAY	YEAR	\$	
Employer Name	<u>-</u>		Оссира	tion			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			Mic	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	8ATO	ĐAY	YEAR	\$	
Employer Name	<u>. </u>		Occupation				
Employer Mailing Address/Principal Place of Business			!				
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	MC	EAY	YEAR	\$	
Mailing Address	<u>.</u>		840	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	840	DAY	YEAR	\$	
Employer Name	<u>. </u>	<u> </u>	Occup	ation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	- 		MG	D/AV	YEAR	\$	
Mailing Address		···	\$6 0		YEAR	\$	
City	State	Zip Code (Plus 4)	Mac	BAY	YEAR	\$	
Employer Name	1		Oceur	estion	<u> </u>		
Employer Mailing Address/Principal Place of Business			3			1-0	

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

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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.

FITHINGS OF KAREN CHILD	Since	hez_		R	eporting From <u>(</u>	Period	16 To 12/3//
						/ /	
III Name							
lailing Address		· · · · · · · · · · · · · · · · · · ·					
ity	State	Zip Code	(Plus 4)	NE Ç	DAY	YEAR	Amount \$
Receipt Description			- 	<u> </u>			3
ult Name							
Mailing Address							
City	State	Zip Code	(Plus 4)	ма	DAY	YEAR	Amount \$
Receipt Description		 .					
Full Name						-	
Mailing Address		·····			•		
City	State	Zip Code	(Plus 4)	MG.	DAY	YEAR	Amount \$
Receipt Description	L				<u> </u>		
Full Name	-		· · . ·			-12	
Mailing Address							
Monthly Address							
City	State	Zip Code	(Plus 4) —	MC),	DAY	YEAR	\$
Receipt Description				L	<u>I</u> .	_[
Full Name							
Mailing Address							
	I sime I	7:a Cada	(Plus 4)			TEAR	« Amount
City	State	Zip Code	- (FIGS 4)				\$
Receipt Description			<u> </u>				
Full Name					<u> </u>		
Mailing Address							
City	State	Zip Code	e (Plus 4)	MC	CAY	YEAR	Amount \$
Receipt Description		<u> </u>	 			1	
							IPAGE TOTAL
							PAGE TOTAL

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

s V

SCHEDULE II

PAGE _____ OF ____

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	Reporting Peri	iod /	
Friends of Karen Geld Sanchez	From <u>4//</u>	9/14	To <u>14/31/16</u>
		7	,
00000000 PD0=2850 VALUE-AF	era an ar i	ece pi	- CONTRIBUTOR
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S		1	-, 0.00
TOTAL for the Reporting Perio	od (1)	\$	
			
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	SO OU TROP	A PARS	*1
TOTAL for the Reporting Perio	od (2)	\$	
		 	· · · · · · · · · · · · · · · · · · ·
		_	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRI	OM PART G	à	
TOTAL for the Reporting Perio	od (3)	\$	ļ
		<u></u>	
			
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS			₩
REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	
and 3; also enter our rage 1, heport the rage, and			

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	· /		[reporting /		16 - 12/2///
Friends of Kuran Greld.	arsh	<u> </u>				<u>ю</u> то <u>/2/3///е</u>
			_	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:	11			ļ	<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	.
Marring Address			" I'MO.	Januar I	LITEAN, N	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	.
		-		<u> </u>		\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	· MO.	DAY	YEAR	*
		-	mo.	DATE	TEAR	\$
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:				<u>. I</u>	<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	<u> </u>
			1			\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
						\$
Description of Contribution:	_			<u></u>		
Full Name of Contributor			. Mo∍	DAY	YEAR	
						\$
Mailing Address			MO	DAY	YEAR.	\$
City	State	Zip Code (Plus 4)	NO.	ĎAY	YEAR	
						\$
Description of Contribution:					<u> </u>	
Enter Grand Total of Part F on Schee	dule II,	, In-Kind Contribu	itions D	etailed		PAGE TOTAL
Summary Page, Section 2.						\$ /\

PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting Period				
Friends of Karen Gel	1 S	ourth 2		From _	9/19/	16 to 12/31/16		
				DATE		AMOUNT		
Full Name of Contributor			Mid	DAY	YEAR	\$		
Mailing Address	Mailing Address				YEAS	\$		
City	State	Zip Code (Plus 4)	\$40	DAY	YEAR	\$		
Employer of Contributor			Occupation	on .	<u></u>	12. 1.		
Employer Mailing Address/Principal Place of Business			Descripti	on of Cor	ntribution			
Full Name of Contributor	_		MO	DAY.	YEAR	\$		
Mailing Address			M 5	DAY	YE AR	\$		
City	State	Zip Code (Plus 4)	Me	DAY	EXEAR.	\$		
Employer of Contributor	<u> </u>	<u> </u>	Occupati	on	<u> </u>			
Employer Mailing Address/Principal Place of Business			Descripti	on of Co	ntribution			
Full Name of Contributor			MC.			\$		
Mailing Address	Mailing Address				YEAR	\$		
City	State	Zip Code (Plus 4)	MG.	DAY	XEA5	\$		
Employer of Contributor	<u> </u>	<u></u>	Occupati	on .	<u>.l</u>	<u> </u>		
Employer Mailing Address/Principal Place of Business			Description of Contribution					
Full Name of Contributor			B#12.	DAY	YEAR	\$		
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MG.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	\$60.	DAY	YEAR	\$		
Employer of Contributor	.L	<u> </u>	Occupati	on				
Employer Mailing Address/Principal Place of Business			Descript	ion of Co	ntribution			
Full Name of Contributor			w.c	DAY	YEAR	\$		
Mailing Address			\$60.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MC.	OAY	ASPAR.	\$		
Employer of Contributor			Occupat	ion				
Employer Mailing Address/Principal Place of Business			Descript	ion of Co	ontribution			
						Inter Port		

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



SCHEDULE III

STATEMENT OF EXPENDITURES

lame of Filing Committee or Candidate		Reporting Period
Karen Geld Sarrhez		From 4/14/16 To 12/31/16
ANTIL CITIES COLLECT		
o Whom Paid		09 22 1/4 \$ 17,84
Karn Greld Sanchez Adding Address		Description of Expenditure
356 Evergreen Rd.		Junch of Cathy hourence
	State Zip Code (P	Plus 4)
Tenki ntown	JA 19046	MO DAY YEAR Amount
Mailing Address		pay TEAR Amount \$ /C. CC
Mailing Address		Description of Expenditure
3510 Exergition Rd.	State Zip Code (F	Plus 4)
TenkintruN	PH 19046-	
Te Whom Paid		10 10 16 \$ 50.00
Mailing Address		Description of Expenditure
Mailing Address 1/3 E Main St.		50 th Apprincisary Giala
City //	State Zip Code 6	
To Whom Paid		Amount
To Whom Paid FOLOAS of Mutt Brudfel	X	10 1E 16 \$ 2,500
Mailing Address		Description of Expenditure
City	State Zip Code ((Pius 4)
		- Chick # 166
To Wearn Paid		10 10 16 \$ 100.00
Mailing Address		Description of Expenditure
Mailing Address 10.0. Box 130		
City A	State Zip Code (
To Whom Pails C	1//+ 1/9/00	Mito CLAY WEAR Amount
Norte AFC-CIO		/C W /G \$ /00-CC
Mailing Address		Description of Expenditure
City	State Zip Code	(Pius 4)
		- Check # 168
To Whom Paid		/O 23 /6 \$ 50.00
Mailing Address		Description of Expenditure
1139, Mainst	State Zip Code	(Pins 4)
Homstown	State Zip Code	
		Amount
	cution Foundation	Description of Expenditure
Mailing Address		
City	State Zip Code	
Huington	PA 19001	- Check #170 PAGE TOTAL
		A Service of the serv
Enter Grand Total of Expenditures	on Page 1, Report (Lover Page, item D. $\$ \angle_{j} \forall j \neq 0$

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting	Period	
Friends of Paier Geld Saix	11/2			From _6	9//9/	<u>/6</u> то <u>/2/3//ю</u>
June Stelle Stelle	· u		- 1		/ /	
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address Den Ochts			10	24	16	Amount \$ 175.00
Mailing Address BOX 69/			Description	on of Exp	enditure	
City /	State	Zip Code (Plus 4)	 			
Itersham P	1 PA	19044-	Chic	K#	171	
		<u> </u>	мо		YEAR	Amount
Met Whistle Bar & Grill Matting Address			// Description	08	16	\$ 67.94
300 Martinahouse Kd.			,	on of Exp	enditure	
Tenkintown	State	Zip Code (Plus 4)	5/4	etion	Night	't
To Whom Paid Victory (Gold Sanch)			MO.	DAY	YEAR	Amount 7.8/
Kuren Geld Sarchez Mailing Address		·	Description	on of Exp	enditure	\$ ///
356 Excigreen Rd.			del			
Jenkintown	State	Zip Code (Plus 4)	bre	akfa	st W/	Elmer Iteinel
To Whom Paid			MO.	DAY	YEAR	Amount \$ 28 20
Karen Geld Sanchez			Description	101 EXP	V6	\$ 28 ac
35t Evergitin Rd.			1 :	bit	enditor 6	
	State	Zip Code (Plus 4)	1			
Jenkintravi	PA	19046-	105	lage		
Network Solutions Webgug Mailing Address	<u>v</u>		мо. /2	02.	YEAR	Amount \$ 31.98
Mailing Address			Descriptio	n of Exp	enditure	
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid Solations July hour	C 1)		MO.	DAY	YEAR	Amount 99.98
To Whom Paid Wetnerk Schutions Webping Mailing Address	e-		12 Descriptio	』な n of Expe	enditure	\$ 19.98
)			1	·		
City	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>		Mo.	: DAY	YEAR	Amount
					110000	\$
Mailing Address			Description	n of Expe	nditure	
City	State	Zip Code (Plus 4)				
To Miles David		-				
To Whom Paid			MO.	DAY	YE AR	Amount \$
Mailing Address		····	Description	n of Expe	nditure	4
City	C4-4-	Zin Code /Dine Al	 			
	State	Zip Code (Plus 4) —				
	1					PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1, I	Report Cover Pa	age, Iter	n D.		\$ 300.91
•	_ ,	-	-			- 300.71

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Secton to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate	uh -	F	Reporting From	9/19/1	16 TO 12/31/16
Friends of Kairn Geld San	VYIUZ		om	1.116	
					Outstanding Balance of De
ame of Creditor		-			\$
Mailing Address	DATE DEBT INCURRED	840		YEAR	
ity		State	Zip Code —	(Pius 4)	
escription of Debt		<u></u>			
ame of Creditor					Outstanding Balance of De
Mailing Address	DATE DEBT INCURRED	MC	<u>27</u> 5	YEAR	
Dity	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of De
Mailing Address	DATE DEBT	960	CAY	EAR	
Sity	INCURRED	State	Zip Code	(Plus 4)	1
Description of Debt					<u>I</u>
Name of Creditor			· · · · · · · · · · · · · · · · · · ·	1,000	Outstanding Balance of Di
		27/102/55		e 2000000000000000000000000000000000000	\$
Mailing Address	DATE DEBT INCURRED	MC	CAY	YEAR	
City	, INCORRED	State	Zip Code	e (Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of D
Mailing Address	DATE DEBT INCURRED	MG	DAY	VE SU	-
City	INCURRED	State	Zip Cod	ie (Plus 4)	
Description of Debt			L		F
Name of Creditor					Outstanding Balance of D
Mailing Address	DATE	a de	GAY	YE 36 9	\$
City	INCURRED	State	Zip Coc	de (Plus 4)	-
Description of Debt			1		
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Pag	ge 1, Report Cove	r Page.	Item G.	,	s 🌋