CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer identification		t must be clear and	Report	rt			W. 1.		rus ga ne	2.	in a few	BYIST	3.
Number:	nittee, Candidate or Lot	Abbasile#	Filed			CANDIDATE	X	COMM	(FIEE	1'	LUB	3XIP.1	
Stewartt. (Greenleaf, Tr.												
417 Bartra	m hoad												
city: Willow Grove					Sta	PA		Zip Cod			-		
TYPE OF REPORT	PRE-PRIMARY	1. 2ND FRIDA PRE-PRIMA	IARY.	2.	30 DA POST	AY PRIMARY	3.	AMENON REPORT?	MENT	YES	2000 A 2000	NO *	X
(place X to	OTH TUESDAY PRE-ELECTION	4. 2ND FRIDA PRE-ELECT	consistency popular dynamics	5.	30 DA POST	AY ELECTION	6.	TERMINA REPORTA	Secondarial of the hand delicated at	YES		NO	χ
the right of report type)	ANNUAL REPORT	7× YEAR	201	3		METHÓD CHECK ONE		PAPE	E ff	X	DISK	ênjê	
Name of Office Sough	nt by Candidate:					TE OF ELEC	. 1916 , 3, M ill Dec Welger's	District Number	Offic Code		Party Code		unty ode
Montanmen	· Carotic Cov	tallar			MO.	DAY	YEAR	None .	076	`. I ~	REP	4	
1. Tom gones	y County Con	(totte)					·	<u> </u>		INSTRUC			
		MO. DAY Y	YEAR	1	MÖ.	DAY	YEAR	F	FOR OF	FICE	USE C	NEY	3,00 5 9
Summary of Re and Expenditure		11 26 201		То	<u>μ</u>	3/ 20		1		10	25	· · · · · · · · · · · · · · · · · · ·	
A. Amount Brough	it Forward From Las	st Report		\$ 0	,			İ		. (7014 JAH 28	Carrier and	
B. Total Monetary	Contributions and R	Receipts (From Sch	nedule I)	\$ 13	373.9	94		1	1	19	皇)
C. Total Funds Ava	ailable (Sum of Line:	s A and B)			3 73.9			1	ကက္		28	Participants R II	ort.
D. Total Expenditur	ires (From Schedule	, 100)		1	3 73.5			İ		7m 20	3	E de la constante de	7 D.
E. Ending Cash Bal	lance (Subtract Line	D from Line C)		\$ O]		ST.	8: 4.	e seeks meet Be I seek en s	17,
F. Value of In-Kin	nd Contributions Rec	ceived (From Scher	dule II)	\$ 0					. (Cris	12	٠	
G. Unpaid Debts ar	nd Obligations (From	n Schedule IV)		\$ 0									
			AFFIDAV					4-14	10 Table 200	A RELIGIO	or or second		
	s a Committee repo hat this report, includin	ort treasurer sign	here.	f this i	is a Ca	andidate re LYAMA .;:e,	port, ca	indidate s	ign her	(9.	545 VI (4		AM ST
correct and complete. Sworn to and subscr	ribed before me this	STEP	NOTAF HANIE A. Hain Typ., I	. DISE, N	Notary Pu	ublic ,	are ii.	he best v.	my xiic)MienA-	Janu €.	alter	ue,
2744 day o	January	My Con			April 23,	2017 //	1	of Person Si		, nant			
Suphani	& Bride						ewart.	J. Gre	eenlaaf		rt		
7	Signature	23-2017	***************************************			1,~	ſ	Printed Nar					_
My commission exp	MO.	DAY YR.		<u> </u>	A	rea Code		***************************************	ファー/ Daytime 1			nber	
	is a report of a Ca	Author	-23 A	S210+47		ALCONOMIC SERVICE	TO SECURE	- "LANGE OF GET		age and the	en. 350 (1944)	S. T. H. W.	1445 A 1880 C.
	hat to the best of my I								ons of th	he Act	of June	a 3, 19:	37
·	ribed before me this												
day or	л	20	٥	.] .									
i				ļ			Signa	ature of Ca	indidate				
	Signature			[-			1	Printed Nam	ime				
My commission exp	MO.	DAY YR.		J		Area Code			Daytime 3	Telephi	one Nur	mhar	

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page		
Name of Filing Committee or Candidate	Reporting Peri	
Stewart Greenleaf. Ir.	From 1(1)	-6/13 то 12/31/13
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR L	ESS PER CONT	RIBUTOR
TOTAL for the Reporting Pe	eriod (1)	\$ <i>O</i>
	71.57(11.11.12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PA	(RT B)	
Contributions Received from Political Committees (Part A)		\$ <i>O</i>
All Other Contributions (Part B)		\$ 0
TOTAL for the Reporting Pe	eriod (2)	\$ 0
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D		1. Supply 1. Sup
Contributions Received from Political Committees (Part C)		\$1373.94
All Other Contributions (Part D)		\$ 0
TOTAL for the Reporting Pe	eriod (3)	\$1373.94
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	D CHECKS, ETC	. (FROM PART E)
TOTAL for the Reporting Pe	eriod (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.)		\$1373.94

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		Reporting Period				
Stowart Greenle	af In			From <u>l</u>	1/26(1.	3 To (2/31/13
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
·				 : * 7		\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	<u></u>	-			7	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			140	- Basa	VE AD	4
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
	1 6	7:- 6-1-20-2				9
City	State	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO	DAY	YEAR	*
Tall realise of contributing committee						\$
Mailing Address			MO.	DAY	YEAR	\$
Citý	State	Zip Code (Plus 4)		=		•
	3(2(4)	_	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	***************************************
! · ·		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address				DAY	YEAR	4
maring Averess			MO.	UAT	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		"	MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	ė
	<u> </u>	-	MO.	NAU"	YEAR	\$
Full Name of Contributing Committee			NaU.			\$
Mailing Address			MO.	DAY	YEAR	\$
1	State	Zip Code (Plus 4)			- Care	<u> </u>
City	2/8/4	- Lib cong (Line 4)	MO.	DAY	YEAR	\$
					<u> </u>	PAGE TOTAL
Enter Grand Total of Part A on	Schedule I,	Detailed Summar	y Page,	Section	n 2.	s <i>O</i>
						~ ~

PART B

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.)

(Exclude contribu	ations from	n political comm	ittees re	ported	in Part	A.)
Name of Filing Committee or Candidate			R	eporting		
Stewart Greenle	of Jo			From _	112611	3 то <u>ОВИ//З</u>
y to be the discount	ωι , <u>γ</u> γ γ			DATE		AMOUNT
Full Name of Contributor			Mo.	DAY	YEAR	·
Mailing Address					TO DESCRIPTION	\$
Malling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	,
		-		<u> </u>		\$
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			m in MO. mg	DAY"	YEAR	Ψ
Full Name of Confridutor					I LEGO	\$
Mailing Address	,	—	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				·
ony	3.816		MO	DAY	YEAR	\$
Full Name of Contributor			MÖ.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	
		–				\$
Full Name of Contributor			MÓ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
•					72-01	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
	<u></u>	-	_[\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<u> </u>
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address		• •	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			1,100		1	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address					32m2 m	₩
merring regulars			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$.
		· · · · · · · · · · · · · · · · · · ·				PAGE TOTAL

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

DSEB-502 (7-99)

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.

. Stowart accentent	CITE			From		То
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY レフ	YEAR 13	\$ 1373.94
Fricy Us of Stewart Greenleaf Mailing Address			MO.	DAY	YEAR	
P.O. Box155						\$
Willow GALZ	State PA	Zip Code (Plus 4) 19090 -0155	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-
						\$
Full Name of Contributing Committee	•		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee	1		MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	•		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	, , , , , , , , , , , , , , , , , , ,
		_				\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
	<u></u>					\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				}	ł	PAGE TOTAL
Enter Grand Total of Part C on Sci	hedule	Detailed Summar	v Page	Section	n 3.	\$ 1373.94

Name of Filing Committee or Candidate

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			F	Reporting		
Stewart Greenleaf, Tr.				From	11/26/	13 To 12/3///3
				DATE		AMOUNT
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO,	DAY	YEAR	\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business			1 , ,	. 10-5		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		1	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	<u> </u>		Occupat	tion	<u> </u>	
Employer Mailing Address/Principal Place of Business		M	<u> </u>			
Full Name of Contributor		*************************************	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Employer Name		·	Occupat	tion	<u></u>	,
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Employer Name	<u></u>		Occupa	tion		
Employer Mailing Address/Principal Place of Business			. *			Add to the second secon
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
ску	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupa	tion		
Employer Mailing Address/Principal Place of Business						
Enter Grand Total of Part D on Sche	dule I,	Detailed Summar	y Page	, Sectio	n 3.	PAGE TOTAL \$ 17

DSEB-502 (7-99)

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.

ne of Filing Committee or Candidate			Reporting Pe	/. // \
stewart Greenleaf Jr.			From II	126(c) to 12/31/13
Name				
iling Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ty	State	Zip Code (Plus 4)	MO. DAY	YEAR AMOUNT
		, -		\$
ceipt Description				
II Name		- 100 1		
illing Address				
ming Address				
ty	State	Zip Code (Plus 4)	MO. DAY	YEAR Amount
sceipt Description				-
ıl Name				
ailing Address				
ty	State	Zip Code (Plus 4) —	MO. DAY	YEAR Amount
oceipt Description				

il Name				
ailing Address				
ty	State	Zip Code (Plus 4)	MO. DAY	YEAR Amount
· ·	3.0.0	_	WO. 521	\$
sceipt Description			· · · · · · · · · · · · · · · · · · ·	
III Name				
ailing Address				
lty	State	Zip Code (Plus 4)	MO. DAY	YEAR: Amount
		-		\$
eceipt Description				
uii Name		•		
ailing Address				
City	State	Zip Code (Plus 4)	MO. DAY	YEAR AMOUNT
eceipt Description				\$
stock, page throat				
		•		PAGE TOTAL
Enter Grand Total of Part E on S	chedule !	Detailed Summa	ry Page Section	4 \$ 0

SCHEDULE II

PAGE 8 OF 11

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 Period
Stewart Greenloof, Jr.	From 11/126/13 To 12/31/13
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE	E OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the Reporting	Period (1) \$ <i>O</i>
2 NEWAD CONTRIBUTIONS DECEMED - VALUE OF REAL T	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 T	10 \$250.00 (FROM PART F)
TOTAL for the Reporting	Period (2) \$ <i>O</i>
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250,00	0 (FROM PART G)
TOTAL for the Reporting	T 2
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1 and 3: also enter on Page 1. Report Cover Page Item F.)	1, 2, \$ ()

AUE ____Ur_IL__

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting		
Stewart Greenleaf, Ir.				From	11/26/1.) To 12/31/13
				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:	1	1	. <u>l</u>	. 		
				The state of the s		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
						9
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	!	<u> </u>				<u></u>
Full Name of Contributor	- ` `.		MO.	DAY	YEAR	
						\$
Mailing Address			· MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
	1	<u> </u>	<u> </u>	<u></u>	<u> </u>	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Maille Address			1			9
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		-	<u>. I</u>			4
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
						3
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		_	<u> </u>		<u> </u>	3
Description of Contribution.						
Full Name of Contributor			MO:	DAY	YEAR	\$
Maille Address			MO.	DAY	YEAR	
Mailing Address			MIU.		IEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>		1		L	<u> </u>
Enter Grand Total of Part F on Sche	dule	I. In-Kind Contribut	tions [etailed		PAGE TOTAL
Summary Page, Section 2.						\$ ()

SCHEDULE II PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Repor	orting Period	*****
Stewart Greenleaf, Jr. From	om 11/26/13	To 12/31/13

				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Malling Address		, <u>, , , , , , , , , , , , , , , , , , </u>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	Mo.	DAY	YEAR	\$
Employer of Contributor	Occupation	on				
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
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	on		
Employer Mailing Address/Principal Place of Business	0.00		Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO,	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor	ı		Occupati	on	I	
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	-
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descripti	on of Cor	itribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAÝ	RASY	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati			
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor		
						DAGE TOTAL

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

PAGE TOTAL

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Re	porting F	Period	
Stewart Greenleaf, Jr.						3 το <u>12/3//3</u>
To Whom Paid The Boyer Smith Hatel Mailing Address			MO.	DAY 13	YEAR /3	Amount \$ 991.70
Mailing Address			Descriptio	n of Expe	nditure =	Vania Society
SOI bexington Avenue	State]	Zip Code (Plus 4)	Longin	ng [01]	Chrsyn	runia siciety
NewYork	NY	0017 -				
To Whom Paid U.S. Postal Service Mailing Address			MO.	DAY	YEAR	Amount \$ 322.00
Mailing Address			Descriptio	n of Expe	nditure	
City	State	Zip Code (Plus 4)	Pusta	ge_		
WillowGave		9090 -				
To Whom Paid Office Max Mailing Address 300 N. York Road City			MO.	DAY	YEAR	Amount \$ 13.2 4
Uttice /lax Meiling Address			Description	n of Expe		Φ 17.0 1
300 N. York Road	- I a	7:- 6-2- (D) 4)	Laber	5		
WillowLave	I _ I	Zip Code (Plus 4) 9090 —				
			MO.	DAY	YEAR	Amount
To Whom Paid U.S. Postal Service Mailing Address			Description	n of Expe	13	\$46.00
Mailting Madrass			lostag			
Willow Gove	1 ~ 1	Zip Code (Plus 4)				
To Whom Paid	17- 1	7070	MO.	DAY	YEAR	Amount
						\$
Mailing Address			Description	on of Expe	enature	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
						\$
Mailing Address			Description	on of Exp	enditure	
Сіту	State	Zip Code (Plus 4)	†		**	
		-			YEAR	Amount
To Whom Paid			MO.	DAY	YEAR	\$
Mailing Address			Description	on of Exp	enditure	
City	State	Zip Code (Plus 4)	 			
		_				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
СНУ	State	Zip Code (Plus 4)	-			
		-				
	on Dega 1 R			_		PAGE TOTAL

PAGE 1 - OF 12

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	ommittee or Candidate			Reporting Period			
Stewart Greenleaf, Ir.				From 11/26/13 To 12/31/13			
Treat oregrical, 11.							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR			
City	`	State	Zip Code	(Plus 4)			
Description of Debt							
ame of Creditor					Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR			
City	1	State	Zip Code	(Plus 4)			
Description of Debt							
Name of Creditor					Outstanding Balance of Debt		
Mailing Address	DATE DEBT	Mo.	DAY	ÝEAR			
City	INCURRED	State	Zip Code	(Plus 4)			
Description of Debt							
Name of Creditor			···	,	Outstanding Balance of Debt		
Mailing Address	DATE DEBT	MO.	DAY	YEAR			
City	INCURRED	State	Zip Code	(Plus 4)			
Description of Debt		tL					
Name of Creditor					Outstanding Balance of Debt		
Mailing Address	DATE DEBT	MO.	DAY	YEAR	4		
City	INCURRED	State	Zip Code	(Plus 4)			
Description of Debt		11					
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT	MO.	DAY	YEAR			
City	INCURRED	State	Zip Code	 (Plus 4) -	The state of the s		
Description of Debt		<u> </u>					
					PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				\$ 0 .			