

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only* if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Jeane Boy</i>					
STREET ADDRESS <i>765 Behrman Pike</i>					
CITY <i>Amble</i>		STATE <i>PA</i>	ZIP CODE <i>19002</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
	DATE OF ELECTION				
6TH TUESDAY PRE-PRIMARY					MO. DAY YEAR <i>11 3 15</i>
2ND FRIDAY PRE-PRIMARY					FOR OFFICE USE ONLY
30 DAY POST-PRIMARY	DATES OF REPORTING PERIOD				
6TH TUESDAY PRE-ELECTION	MO. DAY YEAR		MO. DAY YEAR		
2ND FRIDAY PRE-ELECTION	<i>6 9 15</i>		<i>10 19 15</i>		
30 DAY POST-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: \$		<i>0</i>		
ANNUAL REPORT	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		<i>0</i>		
	AMENDMENT REPORT?		YES	NO	
	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR EXPENDITURES OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Dianna Dillio, Notary Public
 Norristown Boro, Montgomery County
 My Commission Expires March 16, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SWORN TO AND SUBSCRIBED BEFORE ME THIS 23 DAY OF October

Dianna Dillio SIGNATURE
 MY COMMISSION EXPIRES 3 16 2016
 MO. DAY YR.

Jeane Boy SIGNATURE
 PRINTED NAME
 AREA CODE 215 DAYTIME TELEPHONE NUMBER 290-9500

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER