

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:	Report Filed By:	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Bill Whiteside</i>				
Street Address: <i>202 Somerset 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 checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.} <input checked="" type="checkbox"/>	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT ^{7.}	YEAR	FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <i>Montgomery County Prothonotary</i>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR <i>05 19 2015</i>		<i>OTH</i>	<i>REP</i>	<i>46</i>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	MO. DAY YEAR <i>01 01 2015</i>	To	MO. DAY YEAR <i>05 04 2015</i>	FOR OFFICE USE ONLY RECEIVED MAY 19 2015 10:00 AM 2015
	A. Amount Brought Forward From Last Report	\$ <i>N/A</i>		
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <i>5,750.00</i>		
	C. Total Funds Available (Sum of Lines A and B)	\$ <i>5,750.00</i>		
	D. Total Expenditures (From Schedule III)	\$ <i>1,732.07</i>		
	E. Ending Cash Balance (Subtract Line D from Line C)	\$ <i>4,017.93</i>		
	F. Value of In-Kind Contributions Received (From Schedule II)	\$ <i>- 0 -</i>		
	G. Unpaid Debts and Obligations (From Schedule IV)	\$ <i>2,000.00</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

5th day of *May* 20*15*

Virginia M. Nevedale
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal

My commission expires *Virginia M. Nevedale, Notary Public*
MO. Whitpain TWP, Montgomery County
My Commission Expires Dec 9, 2017

Edward Diasio

Signature of Person Submitting Report
 Printed Name
Edward Diasio

215 *896-7531*
 Area Code 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

7th day of *May* 20*15*

Will A. Budney
 COMMONWEALTH OF PENNSYLVANIA
 Notary Seal
Will A. Budney, Notary Public
Whitpain Twp., Montgomery County
My Commission Expires June 19, 2017

My commission expires *Will A. Budney, Notary Public*
Whitpain Twp., Montgomery County
My Commission Expires June 19, 2017

Winston W Whiteside

Signature of Candidate
 Printed Name
WINSTON W WHITESIDE

215 *803-9187*
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Bill Whiteside</i>	Reporting Period From <i>01-01-15</i> To <i>05-04-15</i>
---------------------------------------------------------------------------	-------------------------------------------------------------

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ - 0 -

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ - 0 -
All Other Contributions (Part B)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 4,500.00
TOTAL for the Reporting Period (3)	\$ 5,500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (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.)	\$ 5,750.00
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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 <i>Friends of Bill Whiteside</i>	Reporting Period From <u>01-01-15</u> To <u>05-04-15</u>
---------------------------------------------------------------------------	-------------------------------------------------------------

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

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

PAGE TOTAL \$ - 0 -

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 <i>Friends of Bill Whiteside</i>	Reporting Period From <i>01-01-15</i> To <i>05-04-15</i>
---------------------------------------------------------------------------	-------------------------------------------------------------

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <i>Michael J and Linda L. Clement</i>	03	11	2015	\$ 250.00
Mailing Address <i>2705 Potshop Road</i>	MO.	DAY	YEAR	\$
City <i>Norristown</i> State <i>Pa</i> Zip Code (Plus 4) <i>19403 -</i>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

PAGE TOTAL	\$ 250.00
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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 <i>Friends of Bill Whiteside</i>	Reporting Period From <i>01-01-15</i> To <i>05-04-15</i>
---------------------------------------------------------------------------	-------------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
<i>Citizens for Donnelly</i>				<i>03</i>	<i>16</i>	<i>2015</i>	\$ 1,000.00
Mailing Address <i>PO Box 367</i>				MO.	DAY	YEAR	\$
City <i>Horsham</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19044 -</i>		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)		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)		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)		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	\$

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

PAGE TOTAL \$ 1,000.00

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 <i>Friends of Bill Whiteside</i>	Reporting Period From <i>01-01-15</i> To <i>05-04-15</i>
---------------------------------------------------------------------------	-------------------------------------------------------------

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>John F and Mary S. Eberle</i>	<i>03</i>	<i>27</i>	<i>2015</i>	\$ <i>2,500.00</i>
Mailing Address <i>2002 West Rock Road</i>	MO.	DAY	YEAR	\$
City <i>Perkasie</i>	MO.	DAY	YEAR	\$
State <i>Pa</i>	Zip Code (Plus 4) <i>18944 -</i>			
Employer Name <i>Grim Biehn & Thatcher</i>	Occupation <i>Attorney</i>			
Employer Mailing Address/Principal Place of Business <i>104 S. Sixth St, PO Box 215, Perkasie, PA 18944</i>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>W. William Whiteside, III</i>	<i>03</i>	<i>04</i>	<i>2015</i>	\$ <i>2,000.00</i>
Mailing Address <i>217 Jefferson Avenue</i>	MO.	DAY	YEAR	\$
City <i>Horsham</i>	MO.	DAY	YEAR	\$
State <i>Pa</i>	Zip Code (Plus 4) <i>19044 -</i>			
Employer Name <i>Self Employed</i>	Occupation <i>IT Consulting</i>			
Employer Mailing Address/Principal Place of Business <i>217 Jefferson Avenue, Horsham Pa 19044</i>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$ *4,500.00*

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.

Name of Filing Committee or Candidate <i>Friends of Bill Whiteside</i>	Reporting Period From <u>01-01-15</u> To <u>05-04-15</u>
---------------------------------------------------------------------------	-------------------------------------------------------------

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				

Enter Grand Total of Part E on Schedule J, Detailed Summary Page, Section 4.	PAGE TOTAL \$ - 0 -
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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 <i>Friends of Bill Whiteside</i>	Reporting Period From <u>01-01-15</u> To <u>05-04-15</u>
---------------------------------------------------------------------------	-------------------------------------------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ - 0 -

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ - 0 -

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ - 0 -

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ - 0 -
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Bill Whiteside</i>	Reporting Period From <i>01-01-15</i> To <i>05-04-15</i>
---------------------------------------------------------------------------	-------------------------------------------------------------

				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:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ <u> 0 </u>

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Bill Whiteside</i>	Reporting Period From <u>01-01-15</u> To <u>05-04-15</u>
---------------------------------------------------------------------------	-------------------------------------------------------------

				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address					\$
City					\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
Full Name of Contributor					\$
Mailing Address					\$
City					\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
Full Name of Contributor					\$
Mailing Address					\$
City					\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
Full Name of Contributor					\$
Mailing Address					\$
City					\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
Full Name of Contributor					\$
Mailing Address					\$
City					\$
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				

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

PAGE TOTAL \$ <u> 0 </u>

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Bill Whiteside</i>	Reporting Period From <i>01-01-15</i> To <i>05-04-15</i>
---------------------------------------------------------------------------	-------------------------------------------------------------

To Whom Paid	MO.	DAY	YEAR	Amount
<i>Area One Republican Committee</i>	<i>03</i>	<i>13</i>	<i>2015</i>	<i>\$ 50.00</i>
Mailing Address <i>119 Zieglerville Road</i>	Description of Expenditure <i>Donation</i>			
City <i>Schwenksville, Pa 19473</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>-</i>		
<i>PNC Bank</i>	<i>03</i>	<i>19</i>	<i>2015</i>	<i>\$ 70.15</i>
Mailing Address <i>249 5th Avenue, Ste. 30</i>	Description of Expenditure <i>Check Printing Fee</i>			
City <i>Pittsburgh</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>15222-</i>		
<i>Montgomery County Council for Rep. Women</i>	<i>03</i>	<i>22</i>	<i>2015</i>	<i>\$ 25.00</i>
Mailing Address <i>PO Box 510</i>	Description of Expenditure <i>Donation</i>			
City <i>Lafayette Hill</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19444-</i>		
<i>Montgomery County Republican Committee</i>	<i>03</i>	<i>24</i>	<i>2015</i>	<i>\$ 1,000.00</i>
Mailing Address <i>860 Penllyn Blue Bell Pike, #240</i>	Description of Expenditure <i>Chairman's Club</i>			
City <i>Blue Bell</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19422-</i>		
<i>Norristown Republican Committee</i>	<i>03</i>	<i>31</i>	<i>2015</i>	<i>\$ 35.00</i>
Mailing Address <i>915 W. Airy Street</i>	Description of Expenditure <i>Donation</i>			
City <i>Norristown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19401-</i>		
<i>Trappe GOP</i>	<i>04</i>	<i>01</i>	<i>2015</i>	<i>\$ 49.00</i>
Mailing Address <i>130 W. Main St, Suite 144-346</i>	Description of Expenditure <i>Donation</i>			
City <i>Trappe</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19426-</i>		
<i>Friends of Ed Diasio</i>	<i>04</i>	<i>09</i>	<i>2015</i>	<i>\$ 20.00</i>
Mailing Address <i>202 Somerset Ct.</i>	Description of Expenditure <i>Donation</i>			
City <i>Lansdale</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19446-</i>		
<i>Area 2 Republican Committee</i>	<i>04</i>	<i>08</i>	<i>2015</i>	<i>\$ 50.00</i>
Mailing Address <i>1000 Candelora Drive</i>	Description of Expenditure <i>Donation-Spring Fundraiser</i>			
City <i>Stowe</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19464-</i>		

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

PAGE TOTAL
\$ 1,299.15

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Bill Whiteside</i>	Reporting Period From <i>01-01-15</i> To <i>05-04-15</i>
---------------------------------------------------------------------------	-------------------------------------------------------------

To Whom Paid <i>Hatfield Republican Committee</i>	MO. <i>04</i>	DAY <i>16</i>	YEAR <i>2015</i>	Amount \$ 40.00
Mailing Address <i>1704 Koffel Road</i>				
Description of Expenditure <i>Donation- Fundraiser</i>				
City <i>Hatfield</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19440-</i>		

To Whom Paid <i>Staples</i>	MO. <i>04</i>	DAY <i>17</i>	YEAR <i>2015</i>	Amount \$ 102.81
Mailing Address <i>1025 Easton Rd.</i>				
Description of Expenditure <i>Invitations</i>				
City <i>Willow Grove</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19090-</i>		

To Whom Paid <i>Upper Moreland Republican Committee</i>	MO. <i>04</i>	DAY <i>19</i>	YEAR <i>2015</i>	Amount \$ 30.00
Mailing Address <i>14 Everett Avenue</i>				
Description of Expenditure <i>Donation</i>				
City <i>Willow Grove</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19090-</i>		

To Whom Paid <i>PNC Bank</i>	MO. <i>04</i>	DAY <i>23</i>	YEAR <i>2015</i>	Amount \$ 81.62
Mailing Address <i>249 5th Avenue, Ste. 30</i>				
Description of Expenditure <i>Check Printing Fee</i>				
City <i>Pittsburgh</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>15222-</i>		

To Whom Paid <i>Cheltenham Twp. Republican Organization</i>	MO. <i>05</i>	DAY <i>02</i>	YEAR <i>2015</i>	Amount \$ 50.00
Mailing Address <i>PO Box 30246</i>				
Description of Expenditure <i>Donation</i>				
City <i>Elkins Park</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19027-</i>		

To Whom Paid <i>Area 5 Republican Committee</i>	MO. <i>04</i>	DAY <i>26</i>	YEAR <i>2015</i>	Amount \$ 50.00
Mailing Address <i>533 Britton Drive (Chairman)</i>				
Description of Expenditure <i>Donation</i>				
City <i>King of Prussia</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19406-</i>		

To Whom Paid <i>ATRO</i>	MO. <i>04</i>	DAY <i>24</i>	YEAR <i>2015</i>	Amount \$ 50.00
Mailing Address <i>PO Box 615 (Chairman)</i>				
Description of Expenditure <i>Donation</i>				
City <i>Abington</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19001-</i>		

To Whom Paid <i>Conshohocken Cafe</i>	MO. <i>05</i>	DAY <i>04</i>	YEAR <i>2015</i>	Amount \$ 28.49
Mailing Address <i>521 Fayette St.</i>				
Description of Expenditure <i>Meeting</i>				
City <i>Conshohocken</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19428-</i>		

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

PAGE TOTAL \$ 432.92

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 <i>Friends of Bill Whiteside</i>	Reporting Period From <i>01-01-15</i> To <i>05-04-15</i>
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Name of Creditor <i>W. William Whiteside, III</i>				Outstanding Balance of Debt \$ 2,000.00	
Mailing Address <i>217 Jefferson Ave</i>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <i>Horsham</i>		<i>03</i>	<i>04</i>	<i>2015</i>	
Description of Debt <i>Loan to Campaign</i>		State <i>Pa</i>	Zip Code (Plus 4) <i>19044-</i>		

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
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Name of Creditor				Outstanding Balance of Debt \$	
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Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
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Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 2,000.00
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