

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.)

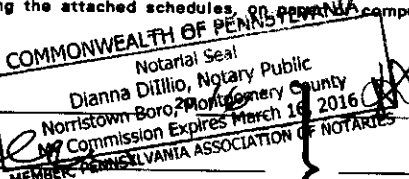
Filer Identification Number: ▶		Report Filed By: ▶		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Karen Gold Sanchez</i>											
Street Address: <i>356 Evergreen Road</i>											
City: <i>Jenkintown</i>					State: <i>PA</i>		Zip Code: <i>19046</i>				
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	7.	YEAR <i>2015</i>		FILING METHOD () CHECK ONE ▶		PAPER	DISKETTE			
Name of Office Sought by Candidate: <i>Controller</i>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR				
					<i>11</i>	<i>03</i>	<i>2015</i>				
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from: ▶					MO. DAY YEAR			FOR OFFICE USE ONLY			
					<i>11</i>	<i>24</i>	<i>2015</i>				
To					<i>12</i>	<i>13</i>	<i>2015</i>				
A. Amount Brought Forward From Last Report					\$		<i>5,957.98</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$		<i>0</i>				
C. Total Funds Available (Sum of Lines A and B)					\$		<i>5,957.98</i>				
D. Total Expenditures (From Schedule III)					\$		<i>1,691.14</i>				
E. Ending Cash Balance (Subtract Line D from Line C)					\$		<i>4,266.84</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 27 day of January

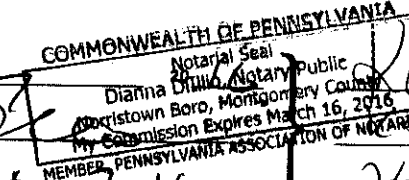


Signature: *[Signature]* Signature of Person Submitting Report: *[Signature]*
 My commission expires 3 16 2016 Printed Name: Mila M. Hayes
 MO. DAY YR. Area Code: 610 Daytime Telephone Number: 306-6183

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 27 day of January



Signature: *[Signature]* Signature of Candidate: *Karen Gold Sanchez*
 My commission expires 3 16 2016 Printed Name: Karen Gold Sanchez
 MO. DAY YR. Area Code: 267 Daytime Telephone Number: 415-1199

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Karen Gield Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>0</i>
All Other Contributions (Part D)	\$ <i>0</i>
TOTAL for the Reporting Period	(3) \$ <i>0</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>0</i>
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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 Karen Geld Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
--	--

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

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

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

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 Karen Gold Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
---	--

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

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

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

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 Karen Gold Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

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

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

PART D
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 Karen Gield Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
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				\$
City				\$
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				\$
City				\$
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				\$
City				\$
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				\$
City				\$
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

\$ *0*

**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 Karen Geld Sanchez</i>	Reporting Period From <u>11/24</u> To <u>12/31/2015</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
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$ <i>Q</i>
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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 Karen Beld Sanchez</i>	Reporting Period From <u>11/24</u> To <u>12/31/2005</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <u>0</u>

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

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

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>	\$ <u>0</u>
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Karen Gred Sanchez</i>	Reporting Period From <i>1/24</i> To <i>12/31/2015</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

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

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

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

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

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

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL \$ <i>0</i>
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**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <u>11/24</u> To <u>12/31/2015</u>
---	--

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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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To Whom Paid <i>Karen Geld Sanchez</i>	MO. <i>12</i>	DAY <i>23</i>	YEAR <i>2015</i>	Amount <i>\$ 289.69</i>
Mailing Address <i>356 Evergreen Road</i>				
Description of Expenditure <i>reimbursement</i>				
City <i>Jenkintown</i>				
State <i>PA</i>				
Zip Code (Plus 4) <i>19046-</i>				
check #147				

To Whom Paid <i>Karen Geld Sanchez</i>	MO. <i>12</i>	DAY <i>11</i>	YEAR <i>2015</i>	Amount <i>\$ 42.51</i>
Mailing Address <i>356 Evergreen Road</i>				
Description of Expenditure <i>debit card</i>				
City <i>Jenkintown</i>				
State <i>PA</i>				
Zip Code (Plus 4) <i>19046-</i>				
<i>lunch w/ Deb Green</i>				

To Whom Paid <i>A.R.D.C. - Abington Rockledge Democratic Committee</i>	MO. <i>12</i>	DAY <i>15</i>	YEAR <i>2015</i>	Amount <i>\$ 108.94</i>
Mailing Address <i>P.O. Box 132</i>				
Description of Expenditure <i>debit card</i>				
City <i>Abington</i>				
State <i>PA</i>				
Zip Code (Plus 4) <i>19001-</i>				
<i>(Holiday event)</i>				

To Whom Paid <i>Friends of Madeleine Dean</i>	MO. <i>12</i>	DAY <i>23</i>	YEAR <i>2015</i>	Amount <i>\$ 250.00</i>
Mailing Address <i>P.O. Box 381</i>				
Description of Expenditure <i>check #148</i>				
City <i>Gilenside</i>				
State <i>PA</i>				
Zip Code (Plus 4) <i>19038-0381</i>				
<i>fundraiser</i>				

To Whom Paid <i>MCDC - Montgomery County Democratic Committee</i>	MO. <i>01</i>	DAY <i>04</i>	YEAR <i>2016</i>	Amount <i>\$ 1000.00</i>
Mailing Address <i>21 East Airy Street</i>				
Description of Expenditure				
City <i>Norristown, PA</i>				
State <i>PA</i>				
Zip Code (Plus 4) <i>19101-</i>				
<i>check # 149</i>				

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<i>\$</i>
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<i>\$</i>
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				<i>\$</i>
Description of Expenditure				
City				
State				
Zip Code (Plus 4)				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PAGE TOTAL
\$ 1,691.14

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 Karen Geld Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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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)			-
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						

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)			-
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
\$ <i>0</i>