	PAGE	1	OF	5
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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		io report mast oc t					in blue or bla	ack ink.)	
Number:	11			Report	Report Candidate Committee Lobbyist Lobbyist Candidate Committee Committee				∕ist ³ □
	ommittee, Candidate				<u>*</u> 1				<u></u>
	Val Arkoosh (C	ounty Commis	ssione	r)					
Street Address: PO Box 1011	•								
City:	<u> </u>				Icto	4			
Glenside					Sta	te: PA		Code: 038	
Type of Report ((Place x under report t	ype)					1.7	036	
1- 6th Tuesday	2- 2nd Friday	3- 30 Day Post	4- 6th T	uesdav	5- 2nd Friday	6- 30 Day Post	7- Annual	L Carrier on a Fig.	10" + 100"
Pre-Primary	Pre-Primary	Primary	Pre-Elec		Pre-Election	Election	/- Almuai	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
]			V		
					2016	Amendment	r-7	7	
Date of Election	n (MM/DD/YYYY)		Yea	ır	2015	Report		Termination Report	
Summary of	Receipts and	From Da	te		To Da	ate	FO	R OFFICE USE	ONLY
Expenditures		11/24/2015		1	12/31/				
A. Amount Broug	ght Forward From Last	I Report			\$	70,148.10			
B. Total Monetar	y Contributions and Re	eceipts (From Sch	nedule I)			\$200.00		: •	
C. Total Funds A	vailable (Sum of Lines	A and B)			s	70,348.10			
D. Total Expenditures (From Schedule III)				 		32,625.36			
			ļ			· : : : : : : : : : : : : : : : : : : :			
E. Ending Cash Balance (Subtract Line D from Line C)				۶.	37,722.74			15, 8	
F. Value of In-Kind Contributions Received (From Schedule II)					\$0.00			The second secon	
G. Unpaid Debts	: Unpaid Debts and Obligations (From Schedule IV)					\$0.00			
Affidavit Sec					it Section				7 - F
PART I - If this is	a Committee report, tr	easurer sign here	. If this i	s a Ca	ndidate repor	t, candidate sigr	n here.		
I swear (or affirm) correct, and comp) that this report, include plete.	ding the attached	schedule	s, on p	paper or comp	outer diskette, ar YLVANIA	e to the bes	t of my knowledge	and belief true,
Sworn to and sub	scribed before me this	3	Dina		ariai Seai	hlin d.c			
	y of I may	<u>~</u>	deid Notsbeon	MacBord	io, Notary Pul , Montgomery	County	1		
My Com				ilssion (xpires March 1	6, 20 Si gnature	of Person S	ubmitting Report	
Signature Committee, PENI				SYLVANI	A ASSOCIATION	OF NORARRES	<u>((Qe</u>		
My commission expires 3 (6 2016				(010)	r	Printed Na	ame くのと・フライン		
MO. DAY YR.				Area	Code	Daytime Telephone Number			
					·				
PART II - If this is	a report of a Candida	te's Authorized Go	moitee	r caed	idate shalleig	n here.			
I swear (or affirm)	that to the best of my 320) as amended.	knowledge and b	elie ngya Elizabe	MAILUS	M ommittee l	nas not violated	any provisio	ons of the Act of Jur	ne 3, 1937
Sworn to and sub	scribed before me this		Nota	ry Pub	lic i d	2		7	
	of January	CITY OF PHI	nnission	IJA, PI Expire	IILADELPH I A/C s Mar 4, 2019	<u> </u>	of Person Si	ubmitting Report	
	11/1/	V/			Va	leuc A	1 . 4	Soll]
	Signature	11 0	010	_		 	Printed Na	ame	
My commission e	xpires <u>S</u> MO.	DAY	1019 YR.		Area (Ode	$-\frac{2^{\circ}}{D^{\circ}}$	SI Septime Telephone N	85 Number

SCHEDULE I Contributions and Receipts

PAGE _ 2 OF _ 5

	TOTAL for the Reporting Period	(1)	\$0.00
	 		
2. CONTRIBUTIONS \$50.01 TO \$2	SOLOD ((Sale) artist (Avainers)		A Secretary Control of the Control o
Contributions Received from Politica	l Committees (Part A)		\$0.00
All Other Contributions (Part B)			\$200.00
	TOTAL for the Reporting Period	(2)	\$200.00
Contributions Received from Politica All Other Contributions (Part D)	TOTAL for the Reporting Period	(3)	\$0.00 \$0.00 \$0.00
. OTHER RECEIPTS : REFUNDS,	INTERESTEARNED THE TURNED CHECKS		<u> </u>
	TOTAL for the Reporting Period	(4)	\$0.00

PART B

All Other Contributions

PAGE ____3 OF ___5

\$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.)

Filer Identification Numb	per:					
				DATE		AMOUNT
Full Name of Contributor Margaret Sager			12	10	2015	\$100.00
Mailing Address						7200.00
200 Montgomery Ave						
City Glenside	State PA	Zip Code 19038				
Full Name of Contributor Alfred Toizer			11	26	2015	\$50.00
Mailing Address	-				L	
8532 Trumbauer Dr						
City Wyndmoor	State PA	Zip Code 19038-7451				
Full Name of Contributor			Öz Terkiş	Ricra	evile	
Alfred Toizer			12	26	2015	\$50.00
Mailing Address						
8532 Trumbauer Dr						
City Wyndmoor	State PA	Zip Code 19038-7451				

SCHEDULE II

PAGE ___4__OF ___5

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

UNITEMIZEDINERNI	-इन्-भगसान्। (वर्षकृष्यम् जन्म <u>५५५) स्</u>	00 of Less Per	GONTRIBUTOR
···	TOTAL for the Reporting Period	(1)	\$0.00
ENSKIP VON EIER	IONES: FORMARY IN TOLERANDA OF SOM	A(siemiznings)	
	TOTAL for the Reporting Period	(2)	\$0.0
IN-KIND CONTRIBU	NOTES OF THE PARTY OF THE PROPERTY OF THE PROP	PARTG)	
	TOTAL for the Reporting Period	(3)	\$0.00

PAGE	5	OF	5

Schedule III

Statement of Expenditures

To Whom Paid		·	Amount		
Citizens Bank			11 30 2015 \$2.		
Mailing Address			Description of Expenditure		
139 S Easton Rd			Bank Fees		
City Glenside	State PA	Zip Code 19038-4536			
To Whom Paid			Amount		
Citizens Bank			12 31 2015 \$2.		
Mailing Address			Description of Expenditure		
139 S Easton Rd	1 000	T=:	Bank Fees		
City Glenside	State PA	Zip Code 19038-4536			
To Whom Paid		•	Amount Amount		
SAGE Payment Solution	ns		12 2 2015 \$121.		
Mailing Address			Description of Expenditure		
1750 Old Meadow Road		· · -	Credit Card Processing		
City McLean, Va 22102	State	Zip Code			
To Whom Paid			Amount		
Shapiro/Arkoosh			11 24 2015 \$7,500.		
Mailing Address			Description of Expenditure		
21 E Airy St	.		Contribution		
City Norristown	State PA	Zip Code 19401-4815			
To Whom Paid			Amount		
Shapiro/Arkoosh			12 15 2015 \$25,000.		
Mailing Address			Description of Expenditure		
21 E Airy St			Contribution		
City	State	Zip Code			
Norristown	PA	19401-4815	1		

SCHEDULE I Contributions and Receipts

PAGE 2 OF 5

EUNITEMIZED CONTRIBUTIONS AND	IRECEIPTS & \$50,00 OA (ESS) PER CON	TRIBUTOR	
	TOTAL for the Reporting Period	(1)	\$0.00
CONTRIBUTIONS \$50.01 (0) \$250.00	Mandley landy die an en en en en		
Contributions Received from Political Cor	mmittees (Part A)		\$0.0
All Other Contributions (Part B)			\$200.0
	TOTAL for the Reporting Period	(2)	\$200.00
CONTRIBUTIONS OVER \$250.00 (F) Contributions Received from Political Cor All Other Contributions (Part D)	nmittees (Part C)		\$0.0 \$0.0
	TOTAL for the Reporting Period	(3)	\$0.0
OTHER RECEIPTS REFUNDS, INTE	REST EARNED RETURNED CHECKS	TO ENOMPA	
	TOTAL for the Reporting Period	(4)	\$0.00
TOTAL MONETARY CONTRIBUTIONS THIS REPORTING PERIOD (Add and enter			\$200.00

PART B

All Other Contributions

PAGE ___ 3 __ OF __ 5

\$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.)

Filer Identification Num	ber:					•
				DATE		AMOUNT
Full Name of Contributor Margaret Sager			12	10	2015	\$100.00
Mailing Address	•				<u>, , , , , , , , , , , , , , , , , , , </u>	
200 Montgomery Ave City Glenside	State PA	Zip Code 19038				
Full Name of Contributor Alfred Toizer			11	26	2015	\$50.00
Mailing Address			<u> </u>			
8532 Trumbauer Dr						
City Wyndmoor	State PA	Zip Code 19038-7451				
Full Name of Contributor Alfred Toizer			12	26	2015	\$50.00
Mailing Address					1 L	
8532 Trumbauer Dr						

State PA Zip Code 19038-7451

City Wyndmoor

SCHEDULE II

PAGE 4___OF __5__

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

Filer Identification Num	ber:		
1. UNITEMIZED NEKINDI	ZOM HIBU (GMS AGGENESAVASUGO) 3 SO	(A) (A) (AESIS SEE	SONT HIBUTOR
	TOTAL for the Reporting Period	(1)	\$0.00
PARKING ON STREET	Marchael Company Compa	Acid Relief	
	TOTAL for the Reporting Period	(2)	\$0.00
S. IN-KIND E-ON BRIEFING	NEES NEES NEED WEEK VERON (CRON	PART (0)	
	TOTAL for the Reporting Period	(3)	\$0.00
	ND CONTRIBUTIONS DURING THIS add and enter amount totals from Boxes 1, 2,	-	
	Report Cover Page, Item F.)	_	\$0.00

Schedule III

Statement of Expenditures

To Whom Paid Citizens Bank			11 30 2015 Amount			
Mailing Address			Description of Expenditure			
139 S Easton Rd			Bank Fees			
City Glenside	State PA	Zip Code 19038-4536				
To Whom Paid Citizens Bank			12 31 2015 Amount \$2.0			
Mailing Address 139 S Easton Rd			Description of Expenditure Bank Fees			
City Glenside	State PA	Zip Code 19038-4536				
To Whom Paid SAGE Payment Soluti	ons		12 2 2015 Amount \$121.3			
Mailing Address 1750 Old Meadow Roa	d #300		Description of Expenditure Credit Card Processing			
City McLean, Va 22102	State	Zip Code				
To Whom Paid Shapiro/Arkoosh			11 24 2015 \$7,500.0			
Mailing Address 21 E Airy St			Description of Expenditure Contribution			
City Norristown	State PA	Zip Code 19401-4815				
To Whom Paid Shapiro/Arkoosh			Amount 12 15 2015 \$25,000.0			
Mailing Address 21 E Airy St			Description of Expenditure Contribution			
City Norristown	State	Zip Code 19401-4815				