

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	COMMITTEE	LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Val Arkoosh</b>						
STREET ADDRESS <b>530 Spring Ln</b>						
CITY <b>Wyndmoor</b>			STATE <b>PA</b>	ZIP CODE <b>19038-8413</b>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>County Commissioner</b>		DISTRICT NO.	PARTY <b>Dem</b>	DATE OF ELECTION	
					MO.	DAY
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR		
30 DAY POST-PRIMARY	3.	<b>11</b>	<b>24</b>	<b>2015</b>		
6TH TUESDAY PRE-ELECTION	4.	MO.	DAY	YEAR		
2ND FRIDAY PRE-ELECTION	5.	<b>12</b>	<b>31</b>	<b>2015</b>		
30 DAY POST-ELECTION	6.	CASH BALANCE AT END OF REPORTING PERIOD:		\$	<b>0</b>	
ANNUAL REPORT	7. <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	<b>0</b>	
		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	
		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 DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 15 DAY OF January 2016

**NOTARIAL Seal:** ELIZABETH SARSHIK, Notary Public, City of Philadelphia, Philadelphia, PA. My Commission Expires Mar 4, 2019.

SIGNATURE OF PERSON SUBMITTING REPORT: **Val Arkoosh**  
 PRINTED NAME: **Valerie A. Arkoosh**

MY COMMISSION EXPIRES: 3 MO. 4 DAY 2019 YR. AREA CODE: 215 DAYTIME TELEPHONE NUMBER: 251-0585

**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 OF CANDIDATE: \_\_\_\_\_  
 PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
 MY COMMISSION EXPIRES: \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. AREA CODE: \_\_\_\_\_ DAYTIME TELEPHONE NUMBER: \_\_\_\_\_