

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.} <input checked="" type="checkbox"/>		COMMITTEE ^{2.} <input type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <i>Stewart J. Greenleaf, Jr.</i>									
Street Address: <i>417 Bartram Road</i>									
City: <i>Willow Grove</i>					State: <i>PA</i>		Zip Code: <i>19090-</i>		
TYPE OF REPORT (place X to the right of report type)	8TH 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"/>		FILING METHOD () CHECK ONE PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>
	8TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST-ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>		YEAR <i>2016</i>						

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

Summary of Receipts and Expenditures from: ▶	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
	<i>1</i>	<i>1</i>	<i>2016</i>		<i>12</i>	<i>31</i>	<i>2016</i>	
A. Amount Brought Forward From Last Report								\$ <i>0</i>
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ <i>2,553.59</i>
C. Total Funds Available (Sum of Lines A and B)								\$ <i>2,553.59</i>
D. Total Expenditures (From Schedule III)								\$ <i>2,553.59</i>
E. Ending Cash Balance (Subtract Line D from Line C)								\$ <i>0</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>

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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 correct and complete.

Sworn to and subscribed before me this <i>26th</i> day of <i>January</i> 20 <i>17</i> <i>Kathleen Anne Croll</i> Signature My commission expires <i>Sept. 29 2018</i> MO. DAY YR.	Signature of Person Submitting Report <i>Stewart J. Greenleaf, Jr.</i> Printed Name Area Code <i>215</i> Daytime Telephone Number <i>977-1000</i>
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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 day of _____ 20____ Signature My commission expires _____ MO. DAY YR.	Signature of Candidate Printed Name Area Code _____ Daytime Telephone Number _____
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COMMONWEALTH OF PENNSYLVANIA

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Stewart Greenleaf, Jr.</i>	Reporting Period From <i>1/1/16</i> To <i>12/31/16</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>2,553.59</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>2,553.59</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>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <u>11/1/16</u> To <u>12/31/16</u>
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				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)					\$
		-					

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

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

**PART B
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>Stewart Greenleaf, Jr.</i>	Reporting Period From <u>1/1/16</u> To <u>12/31/16</u>
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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)				\$
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)				\$

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

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>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <u>1/1/16</u> To <u>12/31/16</u>
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	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)				\$

PAGE TOTAL
\$ 0

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

**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>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <u>1/1/16</u> To <u>12/31/16</u>
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				DATE			AMOUNT
Full Name of Contributor	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	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	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	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	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
\$ 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>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <i>1/1/16</i> To <i>12/31/16</i>
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Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove.</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 - 0155</i>	MO. <i>1</i>	DAY <i>4</i>	YEAR <i>16</i>	Amount \$ 304.91

Receipt Description
Reimbursement for website

Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 - 0155</i>	MO. <i>3</i>	DAY <i>7</i>	YEAR <i>16</i>	Amount \$ 49.00

Receipt Description
Reimbursement for postage

Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 - 0155</i>	MO. <i>3</i>	DAY <i>24</i>	YEAR <i>16</i>	Amount \$ 37.00

Receipt Description
Reimbursement for parking at Pt Republican Party event

Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 - 0155</i>	MO. <i>4</i>	DAY <i>1</i>	YEAR <i>16</i>	Amount \$ 22.00

Receipt Description
Reimbursement for parking at Scott Martin fundraiser

Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 - 0155</i>	MO. <i>6</i>	DAY <i>14</i>	YEAR <i>16</i>	Amount \$ 13.00

Receipt Description
Reimbursement for parking at Build PA Picnic

Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 - 955</i>	MO. <i>8</i>	DAY <i>21</i>	YEAR <i>16</i>	Amount \$ 86.00

Receipt Description
Reimbursement for one year rental of P.O. Box

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.						PAGE TOTAL \$ 511.81
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**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>Stewart J Greenleaf, Jr.</i>	Reporting Period From <u>1/1/16</u> To <u>12/31/16</u>
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Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 -055</i>	MO. <i>10</i>	DAY <i>6</i>	YEAR <i>2016</i>	Amount \$29.00
Receipt Description <i>Reimbursement for parking at PA Republican Party event.</i>						

Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 -055</i>	MO. <i>11</i>	DAY <i>22</i>	YEAR <i>16</i>	Amount \$610.01
Receipt Description <i>Reimbursement for holiday card expenses</i>						

Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 -055</i>	MO. <i>12</i>	DAY <i>13</i>	YEAR <i>16</i>	Amount \$966.35
Receipt Description <i>Reimbursement for lodging at PA Society dinner</i>						

Full Name <i>Friends of Stewart Greenleaf</i>						
Mailing Address <i>P.O. Box 155</i>						
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 -055</i>	MO. <i>12</i>	DAY <i>20</i>	YEAR <i>16</i>	Amount \$536.42
Receipt Description <i>Reimbursement for holiday card address label printing and postage</i>						

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						

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						

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						

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

PAGE TOTAL \$2,041.78

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 <u>Stewart Greenleaf, Jr.</u>	Reporting Period From <u>1/11/16</u> To <u>12/31/16</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 (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0</u>
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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>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <u>1/1/16</u> To <u>12/31/16</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	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
\$ 0

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

Name of Filing Committee or Candidate <i>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <u>1/1/16</u> To <u>12/31/16</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	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
\$ 0

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <i>1/1/16</i> To <i>12/31/16</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>GoDaddy.com</i>	<i>1</i>	<i>4</i>	<i>16</i>	<i>\$304.81</i>
Mailing Address <i>14459 N. Hayden Rd, Ste. 226</i>	Description of Expenditure <i>Website</i>			
City <i>Scottsdale</i>	State <i>AZ</i>	Zip Code (Plus 4) <i>85260-</i>		
<i>U.S. Post Office</i>	<i>3</i>	<i>7</i>	<i>16</i>	<i>\$49.00</i>
Mailing Address <i>611 Easton Road</i>	Description of Expenditure <i>Stamps</i>			
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 -</i>		
<i>Midtown Garage</i>	<i>3</i>	<i>24</i>	<i>16</i>	<i>\$37.00</i>
Mailing Address <i>1416 South Broad Street</i>	Description of Expenditure <i>Parking for PA Republican Party event</i>			
City <i>Philadelphia</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19102 -</i>		
<i>Midtown Garage</i>	<i>3</i>	<i>28</i>	<i>16</i>	<i>\$22.00</i>
Mailing Address <i>1416 S. Broad Street</i>	Description of Expenditure <i>Parking for Scott Martin event</i>			
City <i>Philadelphia</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19102 -</i>		
<i>Parkway Corp.</i>	<i>6</i>	<i>8</i>	<i>16</i>	<i>\$13.00</i>
Mailing Address <i>15th and Cherry Streets</i>	Description of Expenditure <i>Parking for Build PA PTC event</i>			
City <i>Philadelphia</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19102 -</i>		
<i>U.S. Post Office</i>	<i>6</i>	<i>30</i>	<i>16</i>	<i>\$86.00</i>
Mailing Address <i>611 Easton Road</i>	Description of Expenditure <i>P.O. Box rental</i>			
City <i>Willow Grove</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19090 -</i>		
<i>Avenue of the Arts Parking</i>	<i>9</i>	<i>29</i>	<i>16</i>	<i>\$29.00</i>
Mailing Address <i>1501 Spruce Street</i>	Description of Expenditure <i>Parking at PA Republican Party event</i>			
City <i>Philadelphia</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19102 -</i>		
<i>VistaPrint</i>	<i>11</i>	<i>20</i>	<i>16</i>	<i>\$610.01</i>
Mailing Address <i>275 Wyman Street</i>	Description of Expenditure <i>Holiday cards</i>			
City <i>Waltham</i>	State <i>MA</i>	Zip Code (Plus 4) <i>02451 -</i>		

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

PAGE TOTAL
\$1,150.82

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Stewart J. Greenleaf, Jr	Reporting Period From 11/1/16 To 12/31/16
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To Whom Paid	MO.	DAY	YEAR	Amount
Royer Smith Hotel	12	11	16	\$866.35
Mailing Address 501 Lexington Avenue	Description of Expenditure Lodging for PA Society dinner			
City New York State NY Zip Code (Plus 4) 10017 -				
Kirkland Printing	12	20	16	\$113.42
Mailing Address 526 York Road	Description of Expenditure Address label printing for holiday cards			
City Willow Grove State PA Zip Code (Plus 4) 19020 -				
U.S. Post Office	12	15	16	\$423.00
Mailing Address 611 Easton Road	Description of Expenditure Postage for holiday cards			
City Willow Grove State PA Zip Code (Plus 4) 19020 -				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City State Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City State Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City State Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City State Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City State Zip Code (Plus 4)				

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

PAGE TOTAL
\$1,402.77

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>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <u>1/1/16</u> To <u>12/31/16</u>
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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 \$ <u>0</u>
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