

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Linda M. Hee		
Street Address		1517 Edge Hill Rd		
City	State	Zip Code		
Abington	PA	19027		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
11/8/16		2016	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/8/2016	12/31/16	
A. Amount Brought Forward From Last Report	\$	35.89	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">2017 JAN 31 AM 9:03</p> <p style="text-align: center;">OFFICE OF VOTER SERVICES MONTG. CO. PA</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	600.00	
C. Total Funds Available (Sum of Lines A and B)	\$	635.89	
D. Total Expenditures (From Schedule III)	\$	590.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	45.89	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1,100.00	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 31st day of JANUARY 20 17

Eileen E. Stagliano Signature

David N. Floyd Signature of Person Submitting report
Printed Name

My Commission expires 6 3 2019 MO. DAY YR.

215 Area Code 576-1512 Daytime Telephone Number

NOTARIAL SEAL
EILEEN E. STAGLIANO, Notary Public
Norristown, Montgomery Co., PA
My Commission Expires June 3, 2019

Part II- If this is a report of a **Candidate's** Authority to Campaign in the Commonwealth of Pennsylvania, I swear (or affirm) that to the best of my knowledge and belief I have 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 31st day of JANUARY 20 17

Eileen E. Stagliano Signature

Linda M. Hee Signature of Candidate
Printed Name

My Commission expires 6 3 2019 MO. DAY YR.

267 Area Code 738-2234 Daytime Telephone Number

NOTARIAL SEAL
EILEEN E. STAGLIANO, Notary Public
Norristown, Montgomery Co., PA
My Commission Expires June 3, 2019

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	FRIENDS OF LINDA M-HEE
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Full Name		LINDA M. HEE					
House #	1517	Street Address		EDGE HILL ROAD			
City	ARWINGTON	State	PA	Zip Code	19001	Date [MM/DD/YYYY]	\$ 200.00
Receipt Description		LOAN TO COMMITTEE FROM CANDIDATE					

Full Name		LINDA M. HEE					
House #	1517	Street Address		EDGE HILL ROAD			
City	ARWINGTON	State	PA	Zip Code	19001	Date [MM/DD/YYYY]	\$ 400.00
Receipt Description		LOAN TO COMMITTEE FROM CANDIDATE					

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

TOTAL 600.00

SCHEDULE III
Statement of Expenditures

Filer Identification Number: FRIENDS OF LINDA M-HEE

To Whom Paid		MICKOFF FOR CONGRESS			Date [MM/DD/YYYY]	\$	50.00
House #		PO BOX 8465			Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code	19101	CAMPAIGN CONTRIBUTION	
To Whom Paid		FRIENDS OF STEVEN McCARTER			Date [MM/DD/YYYY]	\$	50.00
House #		PO 467			Description of Expenditure		
City	GLENVIEW	State	PA	Zip Code	19038-0467	CAMPAIGN CONTRIBUTION	
To Whom Paid		DANIE RUDIG			Date [MM/DD/YYYY]	\$	65.00
House #		1608			Description of Expenditure		
City	BONKINS TOWN	State	PA	Zip Code	19046	ACCTG. FEE/PRINTING FEE	
To Whom Paid		FRIENDS OF JOE TORSELLA			Date [MM/DD/YYYY]	\$	50.00
House #		PO BOX 626			Description of Expenditure		
City	FRONT TOWN	State	PA	Zip Code	19031	CAMPAIGN CONTRIBUTION	
To Whom Paid		ARDC			Date [MM/DD/YYYY]	\$	100.00
House #		PO BOX 132			Description of Expenditure		
City	ARLINGTON	State	PA	Zip Code	19001	PUB RAISEN TICKETS	
To Whom Paid		CHATELAIN DEMOCRATS			Date [MM/DD/YYYY]	\$	50.00
House #		300			Description of Expenditure		
City	WYCOTE	State	PA	Zip Code	19095	FUNDRAISER TICKET	
To Whom Paid		ARDC			Date [MM/DD/YYYY]	\$	100.00
House #		PO BOX 132			Description of Expenditure		
City	ARLINGTON	State	PA	Zip Code	19001	CUPRA (3) (10)	
To Whom Paid		EMERGE			Date [MM/DD/YYYY]	\$	75.00
House #		PO BOX 6007			Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code	19102	GRADUATION FEE	

SUBTOTAL

540.00

SCHEDULE III
Statement of Expenditures

Filer Identification Number: FRIENDS OF LINDA M-HEE

To Whom Paid		FRIENDS OF KATIE MCGINTY			Date [MM/DD/YYYY]	\$	50.00
House #	1183X	Street Address	BUSTLETON AVENUE		Description of Expenditure		
City	PHILA	State	PA	Zip Code	19046 CAMPAIGN CONTRIBUTION		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

PAGE TOTAL 50.00
TOTAL ALL PAGES 540.00

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	FRIENDS OF LINDA M-HEE
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
		600-00
Total for the reporting period	(4)	\$ 600-00
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)	\$	600-00