

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 <input checked="" type="checkbox"/> | COMMITTEE <input type="checkbox"/> | LOBBYIST <input type="checkbox"/> |      |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br>Stewart J. Greenleaf, Jr. |  |                           |   |                                    |                                   |      |
| STREET ADDRESS<br>417 Bartram Road   |  |                           |   |                                    |                                   |      |
| CITY<br>Willow Grove   |  | STATE<br>PA               | ZIP CODE<br>19090                             |                                    |                                   |      |
| TYPE OF REPORT (CHECK ONE)   | NAME OF OFFICE SOUGHT BY CANDIDATE<br>Incumbent Controller | DISTRICT NO.              | PARTY<br>REP                                  | DATE OF ELECTION                   |                                   |      |
|  |  |                           |   | MO.                                | DAY                               | YEAR |
| 6TH TUESDAY PRE-PRIMARY  | 1.   |                           |   | 11                                 | 3                                 | 15   |
| 2ND FRIDAY PRE-PRIMARY   | 2.   |                           |   |                                    |                                   |      |
| 30 DAY POST-PRIMARY  | 3.   |                           |   |                                    |                                   |      |
| 6TH TUESDAY PRE-ELECTION   | 4. <input checked="" type="checkbox"/>                     |                           |   |                                    |                                   |      |
| 2ND FRIDAY PRE-ELECTION  | 5.   |                           |   |                                    |                                   |      |
| 30 DAY POST-ELECTION   | 6.   |                           |   |                                    |                                   |      |
| ANNUAL REPORT  | 7.   |                           |   |                                    |                                   |      |

  

|                           |  |     |  |     |  |      |  |    |  |     |  |     |  |      |  |
|---------------------------|--|-----|--|-----|--|------|--|----|--|-----|--|-----|--|------|--|
| DATES OF REPORTING PERIOD |  | MO. |  | DAY |  | YEAR |  | TO |  | MO. |  | DAY |  | YEAR |  |
|                           |  | 1   |  | 1   |  | 15   |  |    |  | 9   |  | 14  |  | 15   |  |

  

|  |  |        |
|--|--|--------|
| CASH BALANCE AT END OF REPORTING PERIOD:   |  | \$ -0- |
| TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: |  | \$ -0- |

  

|                     |     |  |    |                                     |
|---------------------|-----|--|----|-------------------------------------|
| AMENDMENT REPORT?   | YES |  | NO | <input checked="" type="checkbox"/> |
| TERMINATION REPORT? | YES |  | NO | <input checked="" type="checkbox"/> |

  

|                      |  |
|----------------------|--|
| FOR OFFICE USE ONLY  |  |
| RECEIVED SEP 15 2015 |  |

**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 REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 14th DAY OF September 2015

NOTARY SEAL  
 DEBRAH L. POLO, Notary Public  
 Haverford Twp., Delaware County, PA  
 My Commission Expires October 21, 2017

SIGNATURE OF PERSON SUBMITTING REPORT  
 Stewart J. Greenleaf, Jr.  
 PRINTED NAME

215 AREA CODE 977-1000 DAYTIME TELEPHONE NUMBER

**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 \_\_\_\_\_