

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: THOMAS C. ZIPFEL						
Street Address: 2771 FISCHER ROAD						
City: HATFIELD			State: PA	Zip Code: 19440		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ¹	2ND FRIDAY PRE-PRIMARY ²	30 DAY POST-PRIMARY ³	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION ⁴	2ND FRIDAY PRE-ELECTION ⁵ <input checked="" type="checkbox"/>	30 DAY POST-ELECTION ⁶	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	ANNUAL REPORT ⁷	YEAR <input type="checkbox"/>	FILING METHOD <input type="checkbox"/> CHECK ONE <input checked="" type="checkbox"/>	PAPER <input type="checkbox"/>	DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: MONTGOMERY COUNTY CONTRACTOR			DATE OF ELECTION MO. DAY YEAR 11 3 2015		District Number	Office Code OTH
					Party Code REP.	County Code 46
(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from: ▶			MO. DAY YEAR 6 9 2015		To MO. DAY YEAR 10 19 2015	
A. Amount Brought Forward From Last Report			\$ 0		FOR OFFICE USE ONLY NOV 22 2015 11:30	
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 0			
C. Total Funds Available (Sum of Lines A and B)			\$ 0			
D. Total Expenditures (From Schedule III)			\$ 581.51			
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 0			
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0			
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 0			

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

22 day of October 20 15
Kathleen Anne Groll
Signature

My commission expires Sept. 29, 2018
MO. DAY YR.

Thomas C. Zipfel
Signature of Person Submitting Report
THOMAS C. ZIPFEL
Printed Name
215 412-8787
Area Code Daytime Telephone Number

MONTGOMERY COUNTY, PENNSYLVANIA
Whitpain Twp., Montgomery County
My Commission Expires Sept. 21, 2018

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL

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.

Thomas C. Zipfel
Signature of Candidate
THOMAS C. ZIPFEL
Printed Name
215 412-8787
Area Code Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate COMMITTEE TO ELECT Tom ZIPFEL	Reporting Period From 6/9/15 To 10/19/15
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ ϕ

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ ϕ
All Other Contributions (Part B)	\$ ϕ
TOTAL for the Reporting Period (2)	\$ ϕ

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ ϕ
All Other Contributions (Part D)	\$ ϕ
TOTAL for the Reporting Period (3)	\$ ϕ

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ ϕ

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>	\$ ϕ
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate COMMITTEE TO ELECT TOM ZITTEL	Reporting Period From <u>6/9/15</u> To <u>10/19/15</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
CAMPAIGN PARTNER . COM				\$ 196.00
Mailing Address WWW.CAMPAIGNPARTNER.COM	Description of Expenditure CAMPAIGN WEBSITE			
City (ONLY ELECTRONIC ADDRESS AVAILABLE)	State			Zip Code (Plus 4) -
(*49.00 PER MONTH FROM 6/2015)				
FACEBOOK				\$ 395.51
Mailing Address WWW.FACEBOOK.COM	Description of Expenditure FB BOOST EXPENSE			
City (ONLY ELECTRONIC ADDRESS AVAILABLE)	State			Zip Code (Plus 4) -
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State			Zip Code (Plus 4)
				-
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State			Zip Code (Plus 4)
				-
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State			Zip Code (Plus 4)
				-
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State			Zip Code (Plus 4)
				-
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State			Zip Code (Plus 4)
				-

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

PAGE TOTAL
\$ 591.51