

# 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 <i>Kevin R. Steele</i>							
STREET ADDRESS <i>426 Witley Road</i>							
CITY <i>Wynnewood</i>			STATE <i>PA</i>	ZIP CODE <i>19096 - 2425</i>			
TYPE OF REPORT (CHECK ONE)  1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/> 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Montgomery County District Atty</i>		DISTRICT NO.	PARTY <i>Democrat</i>	DATE OF ELECTION		
					MO.	DAY	YEAR
					<i>11</i>	<i>3</i>	<i>2015</i>
	DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
	MO. DAY YEAR		MO. DAY YEAR				
	<i>10 20 15</i>		<i>11 23 15</i>				
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>-0-</i>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>-0-</i>		<i>Dec 1</i> <i>add</i>		
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> 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 REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 1 DAY OF December 2015

*[Signature]*  
SIGNATURE

*[Signature]*  
SIGNATURE OF PERSON SUBMITTING REPORT

*Kevin R Steele*  
PRINTED NAME

MY COMMISSION EXPIRES 11 MO. 18 DAY 2017 YEAR

COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
*[Signature]*  
 Colin McCarr, Notary Public  
 Lower Merion Twp., Montgomery County  
 My Commission Expires Nov. 18, 2017  
 MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

*431-1173*  
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

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER