CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER	- Alderson	REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE 2. LOSSIYIST 3.
NAME OF FILING COMMITTEE, CANDID				<u> </u>
STREET ADDRESS	Paren Geld Sanchez			
356 Everage	en Rond			
CITY		STATE		ZIP CODE
TYPE OF REPORT NAME	V AE OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	19046 DATE OF ELECTION
(CHECK ONE)	a tarthe		Dem	MO. DAY YEAR
6TH TUESDAY 1.	Controller		veiri	// 03 2015
2	DATES OF MO, DAY YEAR	MO. DAY YEAR	7	FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY	REPORTING PERIOD /0 20 15 TO	11 23 15		
30 DAY	<u> </u>		<u> </u>	
POST-PRIMARY	CASH BALANCE AT END OF REPORTING PERIOD:	. 595	7.98	
6TH TUESDAY PRE-ELECTION	·	Ψ		- 1750m - 1750m
2nd FRIDAY 5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES			
PRE-ELECTION	AT THE END OF REPORTING PERIO	D: \$Z		
30 DAY POST-ELECTION 6.	AMENDMENT YES	T _{NO}	· · · · · · · · · · · · · · · · · · ·	* *
ANNUAL 7.	REPORT?			, r
REPORT	REPORT? YES	NO		€
	AFFID	AVIT 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 BENEFLIRUE, CORRECT AND COMPLETE.				
SWORN TO AND SUBSCRIBED BEFORE ME THIS				
3 DAY OF OUR 20/3 SIGNATURE OF PERSON SUPPORT				
SIGNATURE PRINTED NAME				
MY COMMISSION EXPIRES 6 3 2019 40 306-6183 MO. DAY VR. STEELEPHONE NUMBER DAYTIME TELEPHONE NUMBER				
	NOTARIAL S EILEEN E. STAGLIANO	EAL 1		AYTIME TELEPHONE NUMBER
Norristown, Montgomery Co., PA If statement is filed on behalf of a Cardidate's Authorized Gotton 1302019 and didate must sign here.				
	AT TO THE BEST OF MY KNOWLEDGE AND BELIEF TH 33, No. 320) AS AMENDED.	IS POLITICAL COMMITTEE	HAS NOT VIOL	ATED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBSCRIBED BEFORE ME THIS LOND SANCKLY				
DAY OF Dec 20/5 SIGNATURE OF CANDIDATE ()				
Gullia G Stagliano PRINTED NAME				
MY COMMISSION EXPIRES AREA CODE DAYTIME TELEPHONE NITINGED				
	MO. DAY YR.			TIME I FEETIVITE NUMBER
NOTARIAL SEAL Department of State ● Bureau of Commissions, Elections and Legislation				

Dispartment of State

Bureau of Commissions, Elections and Legislation

EILEENE STAGLIANO, Notary Public 10

North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280

My Commission Expires June 3, 2019