

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	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
Name of Filing Committee, Candidate or Lobbyist: Friends of Mark Levy						
Street Address: PO Box 176						
City: Norristown				State: PA	Zip Code: 19404 - 0176	
TYPE OF REPORT <small>(place X to the right of report type)</small>	8TH TUESDAY PRE-PRIMARY ¹	2ND FRIDAY PRE-PRIMARY ²	30 DAY POST PRIMARY ³	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	8TH TUESDAY PRE-ELECTION ⁴	2ND FRIDAY PRE-ELECTION ⁵	30 DAY POST ELECTION ⁶ <input checked="" type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT ⁷	YEAR ▶	FILING METHOD ▶ () CHECK ONE		PAPER <input type="checkbox"/>	DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate: Prothonotary				DATE OF ELECTION		
				MO. DAY YEAR	District Number	Office Code
				11 3 2015	N/A	OTH DEM 46
				(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from: ▶			MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
			10 20 2015		11 23 2015	
A. Amount Brought Forward From Last Report		\$	775.00			
B. Total Monetary Contributions and Receipts (From Schedule II)		\$	1210.00			
C. Total Funds Available (Sum of Lines A and B)		\$	1985.00			
D. Total Expenditures (From Schedule III)		\$	1917.30			
E. Ending Cash Balance (Subtract Line D from Line C)		\$	67.70			
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 true, correct and complete.

Sworn to and subscribed before me this 13th day of December 2015

<p> Signature</p> <p>My commission expires <u>July 27 2019</u> MO. DAY YR. COMMONWEALTH OF PENNSYLVANIA</p>	}	<p><u>Michele Lockman</u> Signature of Person Submitting Report</p> <p><u>MICHELE LOCKMAN</u> Printed Name</p> <p><u>215</u> <u>740-5411</u> Area Code Daytime Telephone Number</p>
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PART II - If this is a report of a Candidate, 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 13th day of December 2015

<p> Signature</p> <p>My commission expires <u>July 27 2019</u> MO. DAY YR. COMMONWEALTH OF PENNSYLVANIA</p>	}	<p><u>Mark Levy</u> Signature of Candidate</p> <p><u>MARK LEVY</u> Printed Name</p> <p><u>267</u> <u>738-6536</u> Area Code Daytime Telephone Number</p>
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LISA J BORKOWSKI
 Notary Public
 NORRISTOWN BORO, MONTGOMERY COUNTY
 My Commission Expires July 27 2019

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Mark Levy	Reporting Period From 10/20/15 To 11/23/15
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 210.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 500.00
TOTAL for the Reporting Period	(2) \$ 500.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period	(3) \$ 500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ 0

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.)	\$ 1210.00
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ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate Friends of Mark Luvy	Reporting Period From 10/20/15 To 11/23/2015
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor Howard and Sharon Boyner	10	25	2015	\$ 200.00
Mailing Address 1165 Willard Rd.	MO.	DAY	YEAR	\$
City Huntingdon Valley State PA Zip Code (Plus 4) 19006-1919	MO.	DAY	YEAR	\$
Full Name of Contributor Jack and Gayle Wolf	10	20	2015	\$ 100.00
Mailing Address 1124 High Street	MO.	DAY	YEAR	\$
City Pottstown State PA Zip Code (Plus 4) 19464 -	MO.	DAY	YEAR	\$
Full Name of Contributor Don Bern	10	26	2015	\$ 100.00
Mailing Address 2502 Vincent Way	MO.	DAY	YEAR	\$
City East Norriton State PA Zip Code (Plus 4) 19401 -	MO.	DAY	YEAR	\$
Full Name of Contributor Michelle Lockman	11	09	2015	\$ 100.00
Mailing Address 117 Chesney Lane	MO.	DAY	YEAR	\$
City Blenside State PA Zip Code (Plus 4) 19038 -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 500.00

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period			
Friends of Mark Levy				From 10/20/2015 To 11/23/2015			
				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
District Council 21 PAC				10	27	2015	500.00
Mailing Address				MO.	DAY	YEAR	\$
2080 Southhampton Road							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Philadelphia		PA	19154 -				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
PAGE TOTAL							\$ 500.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Friends of Mark Leug	Reporting Period From 10/23/15 To 11/23/2015
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

Name of Filing Committee or Candidate Friends of Mark Leuy	Reporting Period From 10/23/15 To 11/23/2015
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Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

PAGE TOTAL	\$ 0
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Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Mark Levey	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <u>0</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <u>0</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <u>0</u>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <u>0</u>
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IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Mark Newy	Reporting Period From 10/23/15 To 11/23/2015
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 0
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Mark Leuy	Reporting Period From 10/23/15 To 11/23/15
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0

PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Mark Heuy</i>	Reporting Period From <i>10/23/15</i> To <i>11/23/15</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Mark Levy	Reporting Period From 10/20/15 To 10/23/15
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To Whom Paid Friends of Steve Malagari	MO. 10	DAY 20	YEAR 2015	Amount \$ 50.00
Mailing Address address requested				
Description of Expenditure contribution				
City Lafayette Hill	State PA	Zip Code (Plus 4) -		

To Whom Paid Bri Hinghams	MO. 10	DAY 26	YEAR 2015	Amount \$ 31.25
Mailing Address 640 Germantown Pike				
Description of Expenditure meeting expense				
City Lafayette Hill	State PA	Zip Code (Plus 4) 19444 -		

To Whom Paid M.C.D.C.	MO. 10	DAY 28	YEAR 2015	Amount \$ 900.00
Mailing Address 21 E Airy Street				
Description of Expenditure Robocall				
City Norristown	State PA	Zip Code (Plus 4) -		

To Whom Paid Kevin Dougherty for PA	MO. 10	DAY 28	YEAR 2015	Amount \$ 35.00
Mailing Address address requested				
Description of Expenditure contribution				
City Lafayette Hill	State PA	Zip Code (Plus 4) -		

To Whom Paid Toni Ronis of Conshohocken	MO. 10	DAY 30	YEAR 2015	Amount \$ 30.64
Mailing Address 200 Ridge Pike				
Description of Expenditure meeting expense				
City Conshohocken	State PA	Zip Code (Plus 4) 19428 -		

To Whom Paid White Marsh Library	MO. 10	DAY 30	YEAR 2015	Amount \$ 21.77
Mailing Address 421 Germantown Pike				
Description of Expenditure gas expense				
City Lafayette Hill	State PA	Zip Code (Plus 4) 19444 -1814		

To Whom Paid Att Mobility	MO. 10	DAY 24	YEAR 15	Amount \$ 175.00
Mailing Address 500 W. Germantown Ave				
Description of Expenditure Campaign cell				
City Plymouth Mtg	State PA	Zip Code (Plus 4) -		

To Whom Paid From the Boot	MO.	DAY	YEAR	Amount \$ 60.80
Mailing Address 517 Germantown Pike				
Description of Expenditure meeting expense				
City Lafayette Hill	State PA	Zip Code (Plus 4) 19444 -		

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

PAGE TOTAL
\$ 1,305.98

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Mark Leuy	Reporting Period From 10/20/15 To 11/03/15
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To Whom Paid Whitemarsh Hiberny	MO. 11	DAY 02	YEAR 2015	Amount \$ 34.77
Mailing Address 421 Germantown Pike				
Description of Expenditure gas expense				
City Lafayette Hill	State PA	Zip Code (Plus 4) 19444-1816		

To Whom Paid Cheltenham Democratic Committee	MO. 11	DAY 02	YEAR 2015	Amount \$ 25.00
Mailing Address address requested				
Description of Expenditure contribution				
City	State	Zip Code (Plus 4) -		

To Whom Paid Bank of America	MO. 11	DAY 02	YEAR 2015	Amount \$ 18.00
Mailing Address 885 Bethlehem Pike				
Description of Expenditure Bank fee				
City Floorsdown	State PA	Zip Code (Plus 4) 19031-		

To Whom Paid Act Blue	MO. 11	DAY 04	YEAR 2015	Amount \$ 17.73
Mailing Address 944 Market Street				
Description of Expenditure				
City San Francisco	State CA	Zip Code (Plus 4) -		

To Whom Paid White marish hiberny	MO. 11	DAY 05	YEAR 2015	Amount \$ 21.73
Mailing Address 421 Germantown Pike				
Description of Expenditure gas expense				
City Lafayette Hill	State PA	Zip Code (Plus 4) 19444-1816		

To Whom Paid magerks Pub	MO. 11	DAY 06	YEAR 2015	Amount \$ 72.46
Mailing Address 582 S Bethlehem Pike				
Description of Expenditure post campaign meeting				
City Fort Washington	State PA	Zip Code (Plus 4) 19034-		

To Whom Paid Willow Grove NAACP	MO. 11	DAY 06	YEAR 2015	Amount \$ 50.00
Mailing Address address requested				
Description of Expenditure NAACP dinner				
City Willow Grove	State PA	Zip Code (Plus 4) -		

To Whom Paid Mark Leuy	MO. 11	DAY 5	YEAR 2015	Amount \$ 837.03
Mailing Address 3051 Mitchell Court				
Description of Expenditure Reimbursement				
City Lafayette Hill	State PA	Zip Code (Plus 4) -		
ELECTION EXPENSES				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 576.72
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Mark Levy	Reporting Period From 10/20/15 To 11/23/15
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To Whom Paid Net Blue	MO.	DAY	YEAR	Amount \$ 1.60
Mailing Address 944 Market Street		Description of Expenditure		
City San Francisco	State CA	Zip Code (Plus 4) -		

To Whom Paid U.S Postal Service	MO.	DAY	YEAR	Amount \$ 33.00
Mailing Address		Description of Expenditure PO Box		
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) -		

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 \$ 34.60

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Friends of Mark Leuy	Reporting Period From 10/23/11 To 11/23/15
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Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ 0
