

Commonwealth of Pennsylvania
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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. CANDIDATE		2. COMMITTEE		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: <u>FRIENDS OF DR PHIL</u>									
Street Address: <u>607 FAIRWAY DR.</u>									
City: <u>TELFORD</u>					State: <u>PA</u>		Zip Code: <u>18969</u>		
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	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER		DISKETTE	
Name of Office Sought by Candidate: <u>MONTGOMERY County Coroner</u>					DATE OF ELECTION MO. DAY YEAR <u>11 03 2015</u>		District Number	Office Code <u>COR REP</u>	Party Code <u>46</u>
							County Code <u>46</u> (SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:			MO. DAY YEAR <u>10 20 2015</u>	To	MO. DAY YEAR <u>11 23 2015</u>	FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report		\$ <u>34,002.40</u>							
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ <u>4,200.79</u>							
C. Total Funds Available (Sum of Lines A and B)		\$ <u>38,203.19</u>							
D. Total Expenditures (From Schedule III)		\$ <u>27,772.17</u>							
E. Ending Cash Balance (Subtract Line D from Line C)		\$ <u>10,431.02</u>							
F. Value of In-Kind Contributions Received (From Schedule II)		\$ <u>20,706.52</u>							
G. Unpaid Debts and Obligations (From Schedule IV)		\$ <u>0</u>							

AFFIDAVIT SECTION

If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I (we) do hereby (we do hereby) 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, and complete.

I do and subscribed before me this 15 day of December 2015

Signature: [Signature]
 Commission expires Feb 13 2018
 MO. DAY YR.

Signature of Person Submitting Report: [Signature]
 Printed Name: MICHAEL B. MURRAY
 Area Code: 610 Daytime Telephone Number: 610 539-8903

If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I (we) do hereby (we do hereby) 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 (1933, No. 320) as amended.

I do and subscribed before me this 3 day of December 2015

Signature: [Signature]
 Commission expires Feb 13 2018
 MO. DAY YR.

Signature of Candidate: [Signature]
 Printed Name: Philip Mandata
 Area Code: 610 Daytime Telephone Number: 6399436

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Sandra J. Todd, Notary Public
 My Commission Expires Feb. 13, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF DR. PHIL</i>	Reporting Period From <i>10/26/15</i> To <i>11/23/15</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>-0-</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>-0-</i>
All Other Contributions (Part B)	\$ <i>300.00</i>
TOTAL for the Reporting Period (2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ <i>3,909.00</i>
TOTAL for the Reporting Period (3)	\$ <i>4,200.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>.79</i>

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 8.)	\$ <i>4,200.79</i>
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>FRIENDS OF DR 7/11/15</i>	Reporting Period From <i>10/13/15</i> To <i>11/03/15</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

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

PAGE TOTAL \$ <i>0</i> -

**PART B
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 <u>FRIENDS OF DR PHIL</u>	Reporting Period From <u>10/20/15</u> To <u>11/25/15</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>DONNA MOLES</u>	<u>10</u>	<u>13</u>	<u>2015</u>	\$ <u>160.00</u>
Mailing Address <u>112 W MAIN ST.</u>				
City <u>NORRISTOWN</u> State <u>PA</u> Zip Code (Plus 4) <u>17701 -</u>				
<u>ALMA & THOMAS MANDIATO</u>	<u>10</u>	<u>2</u>	<u>2015</u>	\$ <u>200.00</u>
Mailing Address <u>2409 HORSHAM RD.</u>				
City <u>HATBORO</u> State <u>PA</u> Zip Code (Plus 4) <u>19040 -</u>				
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	\$
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
\$ 300.00

PART C
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 <i>FRIENDS OF DR. HILL</i>	Reporting Period From <i>10/20/15</i> To <i>11/23/15</i>
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				DATE			AMOUNT
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
 \$ 0

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 DR PHIL	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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	DATE	AMOUNT
Full Name of Contributor MARIS MELE	MO. DAY YEAR 10 3 15	\$ 500.00
Mailing Address 1250 PINEHOLM RD.	MO. DAY YEAR	\$
City State Zip Code (Plus 4) FORT WASHINGTON PA 19034 -	MO. DAY YEAR	\$
Employer Name RETIRED	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor AMERICANS OF ITALIAN HERITAGE	MO. DAY YEAR 9 24 2015	\$ 2500.00
Mailing Address 2650 AUDUBON RD	MO. DAY YEAR	\$
City State Zip Code (Plus 4) AUDUBON PA 19008 -	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
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
\$ 3,900.00

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 DR. PHIL	Reporting Period From 10/20/15 To 11/28/15
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Full Name BRYN MAHR TRUST - Interest						
Mailing Address 108 LANCASTER AVE.						
City BRYN MAHR	State PA	Zip Code (Plus 4) 19001-	MO. 10	DAY 25	YEAR 2015	Amount \$.79
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$
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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 <u>FRIENDS OF DR. PHIL</u>	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> </u>

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

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <u>20,706.52</u>

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.)	\$ <u>20,706.52</u>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>FRIENDS OF DR. PHIL</i>	Reporting Period From <i>10/20/15</i> To <i>11/23/15</i>
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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
\$ 000

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate FRIENDS OF DR. PHIL	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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				DATE	AMOUNT
Full Name of Contributor REPUBLICAN PARTY OF PA				MO: <u>10</u> DAY: <u>28</u> YEAR: <u>2015</u>	\$ <u>4,101.73</u>
Mailing Address <u>112 State St</u>				MO: <u>10</u> DAY: <u>26</u> YEAR: <u>2015</u>	\$ <u>5,442.55</u>
City HARTISBURG	State PA	Zip Code (Plus 4) -		MO: DAY: YEAR:	\$ <u>11,162.24</u>
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO: DAY: YEAR:	\$
Mailing Address				MO: DAY: YEAR:	\$
City	State	Zip Code (Plus 4)		MO: DAY: YEAR:	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO: DAY: YEAR:	\$
Mailing Address				MO: DAY: YEAR:	\$
City	State	Zip Code (Plus 4)		MO: DAY: YEAR:	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO: DAY: YEAR:	\$
Mailing Address				MO: DAY: YEAR:	\$
City	State	Zip Code (Plus 4)		MO: DAY: YEAR:	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO: DAY: YEAR:	\$
Mailing Address				MO: DAY: YEAR:	\$
City	State	Zip Code (Plus 4)		MO: DAY: YEAR:	\$
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
\$ 20,706.52

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>FRIENDS OF DR PHIL</i>	Reporting Period From <i>10/20/15</i> To <i>11/23/15</i>
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To Whom Paid <i>AMERICANS OF ITALIAN HERITAGE</i>	MO: <i>7</i> DAY: <i>29</i> YEAR: <i>2015</i>	Amount \$ <i>250.00</i>
Mailing Address <i>2650 AUDUBON RD</i>	Description of Expenditure <i>DONATION</i>	
City <i>AUDUBON</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19405</i>

To Whom Paid <i>COROSA COMMUNICATIONS</i>	MO: <i>10</i> DAY: <i>8</i> YEAR: <i>2015</i>	Amount \$ <i>106.00</i>
Mailing Address <i>1290 STARK RD</i>	Description of Expenditure <i>MARKETING MATERIAL</i>	
City <i>BETHLEHEM</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017</i>

To Whom Paid <i>MCRP</i>	MO: <i>10</i> DAY: <i>12</i> YEAR: <i>2015</i>	Amount \$ <i>1200.00</i>
Mailing Address	Description of Expenditure <i>CAMPAIGN LITERATURE</i>	
City <i>BLUE BELL</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19422</i>

To Whom Paid <i>WHITE MARSH GOP</i>	MO: <i>10</i> DAY: <i>17</i> YEAR: <i>2015</i>	Amount \$ <i>75.00</i>
Mailing Address <i>730 GERMAN TOWN PK</i>	Description of Expenditure <i>DONATION</i>	
City <i>LANCASTER HILLS</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17644</i>

To Whom Paid <i>APRO</i>	MO: <i>10</i> DAY: <i>22</i> YEAR: <i>2015</i>	Amount \$ <i>50.00</i>
Mailing Address <i>P.O. BOX 615</i>	Description of Expenditure <i>DONATION</i>	
City <i>BRIDGTON</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17001</i>

To Whom Paid <i>MCRP</i>	MO: <i>10</i> DAY: <i>26</i> YEAR: <i>2015</i>	Amount \$ <i>4,750.00</i>
Mailing Address	Description of Expenditure <i>CAMPAIGN MATERIAL</i>	
City <i>BLUE BELL</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19422</i>

To Whom Paid <i>MCRP</i>	MO: <i>10</i> DAY: <i>20</i> YEAR: <i>2015</i>	Amount \$ <i>21,000.00</i>
Mailing Address	Description of Expenditure <i>DONATION</i>	
City <i>Blue Bell</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19422</i>

To Whom Paid <i>MARGARITA</i>	MO: <i>11</i> DAY: <i>03</i> YEAR: <i>2015</i>	Amount \$ <i>242.17</i>
Mailing Address <i>1650 SUMMERTOWN PK</i>	Description of Expenditure <i>POST ELECTION MEETING</i>	
City <i>LANSDALE</i>	State <i>PA</i>	Zip Code (Plus 4) <i>-</i>

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PAGE TOTAL
\$ *27,673.17*

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>FRIENDS OF DR. PHIL</i>	Reporting Period From <i>10/30/15</i> To <i>11/23/15</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>ASHER'S CHOCOLATES</i>	<i>10</i>	<i>08</i>	<i>2015</i>	<i>\$ 99.00</i>
Mailing Address <i>80 WAMBROLT RD</i>	Description of Expenditure <i>Feed For Fundraising</i>			
City <i>Souderton</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18964-</i>		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 99.00

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 <u>FRIENDS OF DR. PHIL</u>	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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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
\$ <u>0</u>

December 02, 2015

Montgomery County Election Board
One Montgomery Plaza, Suite 602
P.O. Box 311
Norristown, PA 19404-0311

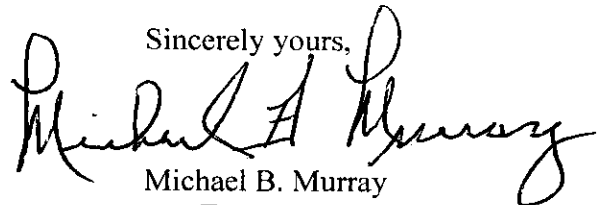
RE: Friends of Dr. Phil Committee Expense Report

Dear Sir/Madame:

Enclosed please find the 2015 30 Day Post- Election Report for the period ending November 23, 2015, for the above referenced political committee. This statement has been completed to the best of my ability with the information that has been provided to me to this date.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Michael B. Murray". The signature is written in a cursive style with a large initial "M".

Michael B. Murray
Treasurer

Enclosures