

COMMONWEALTH OF PENNSYLVANIA
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
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Val Arkcosh					
STREET ADDRESS 530 Spring Ln					
CITY Wyndmoor		STATE PA	ZIP CODE 19038-8413		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		DATE OF ELECTION
	County Commissioner		Dem		NO. DAY YEAR
	6TH TUESDAY PRE-PRIMARY			11 3 2015	
	2ND FRIDAY PRE-PRIMARY				
	30 DAY POST-PRIMARY				
	6TH TUESDAY PRE-ELECTION				
	2ND FRIDAY PRE-ELECTION				
30 DAY POST-ELECTION					
ANNUAL REPORT					

DATES OF REPORTING PERIOD	MO. DAY YEAR	TO	MO. DAY YEAR
	10 20 2015		11 23 2015

CASH BALANCE AT END OF REPORTING PERIOD:	\$ <u>0</u>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ <u>0</u>

AMENDMENT REPORT?	YES	NO
TERMINATION REPORT?	YES	NO

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 THAT THE ABOVE IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 3rd DAY OF December SIGNATURE MY COMMISSION EXPIRES 3 4 2019 MO. DAY YR.	NOTARIAL SEAL ELIZABETH SARSHIK Notary Public CITY OF PHILADELPHIA, PHILADELPHIA CNTY My Commission Expires Mar 4, 2019	SIGNATURE OF PERSON SUBMITTING REPORT Valerie Arkcosh PRINTED NAME 215 694-0885 AREA CODE DAYTIME TELEPHONE NUMBER
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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 MY COMMISSION EXPIRES _____ MO. DAY YR.	SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE DAYTIME TELEPHONE NUMBER _____
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