

# 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"/>	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>
Name of Filing Committee, Candidate or Lobbyist: <u>COMMITTEE TO ELECT Tom ZIPFEL</u>				
Street Address: <u>2028 LENHART ROAD</u>				
City: <u>HATFIELD</u>		State: <u>PA</u>	Zip Code: <u>19440</u>	

TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup> <input checked="" type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup> <input type="checkbox"/>	YEAR <input type="checkbox"/>	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <u>MONTGOMERY COUNTY CONTROLLER</u>	DATE OF ELECTION MO. DAY YEAR <u>11 3 2015</u>	District Number <u>07A</u>	Office Code <u>07A</u>	Party Code <u>REP.</u>	County Code <u>46</u>
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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>16,460.92</u>			
B. Total Monetary Contributions and Receipts (From Schedule I) \$ <u>4,825.00</u>				
C. Total Funds Available (Sum of Lines A and B) \$ <u>21,285.92</u>				
D. Total Expenditures (From Schedule III) \$ <u>19,624.33</u>				
E. Ending Cash Balance (Subtract Line D from Line C) \$ <u>1,661.59</u>				
F. Value of In-Kind Contributions Received (From Schedule II) \$ <u>0</u>				
G. Unpaid Debts and Obligations (From Schedule IV) \$ <u>1084.53</u>				

### 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 3rd day of February 2015

Barbara Lynn Keifer  
Notary Public  
HATFIELD TWP. MONTGOMERY COUNTY  
My Commission Expires Mar 11, 2016

My commission expires 3 11 2016  
MO. DAY YR.

Christina A. Murphy  
Signature of Person Submitting Report  
Christina A. Murphy  
Printed Name  
215 267 222 2407  
Area Code Daytime Telephone Number

**PART II - If this is a report of a Candidate's 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 3rd day of February 2015

Barbara Lynn Keifer  
Notary Public  
HATFIELD TWP. MONTGOMERY COUNTY  
My Commission Expires Mar 11, 2016

My commission expires 3 11 2016  
MO. DAY YR.

Thomas C. Ziffel  
Signature of Candidate  
THOMAS C. ZIPFEL  
Printed Name  
215 412-8787  
Area Code Daytime Telephone Number

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>COMMITTEE TO ELECT Tom ZIPFEL</b>	Reporting Period From <b>10/20/15</b> To <b>11/23/15</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <b>106.00</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <b>650.00</b>
All Other Contributions (Part B)	\$ <b>1475.00</b>
TOTAL for the Reporting Period	(2) \$ <b>2,125</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>1,700.00</b>
All Other Contributions (Part D)	\$ <b>1,000.00</b>
TOTAL for the Reporting Period	(3) \$ <b>2,700.00</b>

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <b>4,925.00</b>
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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 <b>COMMITTEE TO ELECT Tom ZIFFEL</b>	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <b>FOX ROTHSCHILD</b>	10	30	15	\$ 100.00
Mailing Address <b>2000 MARKET ST. 20TH FL.</b>	MO.	DAY	YEAR	\$
City <b>PHILADELPHIA</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19103 -</b>				
Full Name of Contributing Committee <b>HATFIELD BOROUGH REPUBLICAN COMM.</b>	10	29	2015	\$ 100.00
Mailing Address <b>1727 MAPLE AVE.</b>	MO.	DAY	YEAR	\$
City <b>HATFIELD</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19440 -</b>				
Full Name of Contributing Committee <b>COMMITTEE TO ELECT SCOTT ZELON</b>	10	20	15	\$ 200.00
Mailing Address	MO.	DAY	YEAR	\$
City <b>LOWER MERION</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>-</b>				
Full Name of Contributing Committee <b>DVANE MORRIS LLP GOVERNMENT</b>	10	29	15	\$ 250.00
Mailing Address <b>30 S. 17TH ST.</b>	MO.	DAY	YEAR	\$
City <b>PHILADELPHIA</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19103 -</b>				
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)				

PAGE TOTAL  
**\$ 650.00**

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

## 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				Reporting Period			
COMMITTEE TO ELECT Tom ZIFFEL				From 10/20/15 To 11/23/15			
				DATE			AMOUNT
Full Name of Contributor MATTHEW TUPLEY				MO.	DAY	YEAR	\$
Mailing Address 747 CALBOGA LANE				MO.	DAY	YEAR	\$
City AMBLER	State PA	Zip Code (Plus 4) 19002 -		MO.	DAY	YEAR	\$
Full Name of Contributor SAM SIMON				MO.	DAY	YEAR	\$
Mailing Address 17 BARTON DRIVE				MO.	DAY	YEAR	\$
City SPRING CITY	State PA	Zip Code (Plus 4) 19475 -		MO.	DAY	YEAR	\$
Full Name of Contributor HANNY NEFF				MO.	DAY	YEAR	\$
Mailing Address 1260 TENDY COURT				MO.	DAY	YEAR	\$
City AMBLER	State PA	Zip Code (Plus 4) 19002 -		MO.	DAY	YEAR	\$
Full Name of Contributor PHIL MANDATO				MO.	DAY	YEAR	\$
Mailing Address 309 SPRING CIR.				MO.	DAY	YEAR	\$
City NORRISTOWN	State PA	Zip Code (Plus 4) 19403 -		MO.	DAY	YEAR	\$
Full Name of Contributor JIM GILLEN				MO.	DAY	YEAR	\$
Mailing Address 3561 INDIAN SPRINGS RD.				MO.	DAY	YEAR	\$
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18022 -		MO.	DAY	YEAR	\$
Full Name of Contributor MARCY TOEPEL				MO.	DAY	YEAR	\$
Mailing Address 302 HANBROOK CIR.				MO.	DAY	YEAR	\$
City GILBERTSVILLE	State PA	Zip Code (Plus 4) 19525 -		MO.	DAY	YEAR	\$
Full Name of Contributor DEB RICHARDS / JIM RICHARDS				MO.	DAY	YEAR	\$
Mailing Address 3408 LINDBERG AVE.				MO.	DAY	YEAR	\$
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103 -		MO.	DAY	YEAR	\$
Full Name of Contributor Tom CLEMENS				MO.	DAY	YEAR	\$
Mailing Address 1355 KELLER ROAD				MO.	DAY	YEAR	\$
City LANSDALE	State PA	Zip Code (Plus 4) 19446 -		MO.	DAY	YEAR	\$
PAGE TOTAL							\$
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.							\$ 1050.00

# 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 <b>COMMITTEE TO ELECT Tom ZIPFEL</b>	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <b>DICK BRINER</b>	10	22	15	\$ 100.00
Mailing Address <b>575 CREAMERY RD.</b>				\$
City <b>TELFORD</b>				\$
State <b>PA</b>				\$
Zip Code (Plus 4) <b>18969 -</b>				\$
Full Name of Contributor <b>CHRISTEN PIONZO</b>	10	12	15	\$ 200.00
Mailing Address <b>P.O. BOX 1779</b>				\$
City <b>LANSDALE</b>				\$
State <b>PA</b>				\$
Zip Code (Plus 4) <b>19446 -</b>				\$
Full Name of Contributor <b>JONATHAN CASS</b>	10	7	15	\$ 125.00
Mailing Address <b>416 EVANS AVE.</b>				\$
City <b>HADDONFIELD</b>				\$
State <b>NJ</b>				\$
Zip Code (Plus 4) <b>08033 -</b>				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL	\$ <b>425.00</b>
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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 <b>COMMITTEE TO ELECT Tom ZIFFEL</b>	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <b>FITZPATRICK For CONGRESS</b>	11	4	2015	\$ 1,200.00
Mailing Address <b>P.O. BOX 185</b>	MO.	DAY	YEAR	\$
City <b>LANCHANE</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19047 -</b>				
Full Name of Contributing Committee <b>FITZPATRICK For CONGRESS</b>	10	27	15	\$ 500.00
Mailing Address <b>P.O. BOX 185</b>	MO.	DAY	YEAR	\$
City <b>LANCHANE</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19047 -</b>				
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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL  
**\$ 1,700.00**

**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 <b>COMMITTEE TO ELECT TOM ZIFFEL</b>	Reporting Period From <u>10/24/15</u> To <u>11/23/15</u>
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	DATE	AMOUNT
Full Name of Contributor <b>MICHAEL BUTLER</b>	MO. DAY YEAR <b>11 4 2015</b>	\$ <b>500.00</b>
Mailing Address <b>3535 BRISTOL RD.</b>	MO. DAY YEAR	\$
City State Zip Code (Plus 4) <b>DOYLESTOWN PA 17901 -</b>	MO. DAY YEAR	\$
Employer Name <b>VICTORY GARDENS</b>	Occupation <b>LANDSCAPE / MULCH</b>	
Employer Mailing Address/Principal Place of Business <b>DOYLESTOWN, PA</b>		

Full Name of Contributor <b>HOWARD HECKER</b>	MO. DAY YEAR <b>11 4 2015</b>	\$ <b>500.00</b>
Mailing Address <b>27 W. SCHOOL ROAD</b>	MO. DAY YEAR	\$
City State Zip Code (Plus 4) <b>HATFIELD PA 19440 -</b>	MO. DAY YEAR	\$
Employer Name <b>N/A</b>	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 \$ <b>1,000.00</b>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>COMMITTEE TO ELECT Tom ZIFEL</b>	Reporting Period From <b>10/20/15</b> To <b>11/20/15</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>RINK, LLC</b>	<b>11</b>	<b>12</b>	<b>15</b>	<b>\$ 2705.36</b>
Mailing Address <b>P.O. Box 207</b>	Description of Expenditure <b>Automated Campaign Calls</b>			
City <b>DUBLIN</b> State <b>OH</b> Zip Code (Plus 4) <b>43017 -</b>				
<b>PRISM COLOR CORP.</b>	<b>10</b>	<b>26</b>	<b>15</b>	<b>\$ 2436.99</b>
Mailing Address <b>31 TWOSOME DR.</b>	Description of Expenditure <b>CAMPAIGN MAIL POSTAGE</b>			
City <b>MOORESTOWN</b> State <b>NJ</b> Zip Code (Plus 4) <b>08057 -</b>				
<b>PRISM COLOR CORP.</b>	<b>10</b>	<b>23</b>	<b>15</b>	<b>\$ 3,339.00</b>
Mailing Address <b>31 TWOSOME DR.</b>	Description of Expenditure <b>CAMPAIGN MAIL POSTAGE</b>			
City <b>MOORESTOWN</b> State <b>NJ</b> Zip Code (Plus 4) <b>08057 -</b>				
<b>WNPV</b>	<b>10</b>	<b>23</b>	<b>15</b>	<b>\$ 294.00</b>
Mailing Address <b>1210 SNYDER ROAD</b>	Description of Expenditure <b>RADIO COMMERCIALS</b>			
City <b>LANSDALE</b> State <b>PA</b> Zip Code (Plus 4) <b>19446 -</b>				
<b>SUE ZIFFEL</b>	<b>10</b>	<b>20</b>	<b>15</b>	<b>\$ 193.20</b>
Mailing Address <b>2791 FISCHER RD.</b>	Description of Expenditure <b>REIMBURSEMENT FOR EVENT SUPPLIES</b>			
City <b>HATFIELD</b> State <b>PA</b> Zip Code (Plus 4) <b>19440 -</b>				
<b>SUE ZIFFEL</b>	<b>11</b>	<b>12</b>	<b>15</b>	<b>\$ 1,800.00</b>
Mailing Address <b>2791 FISCHER RD.</b>	Description of Expenditure <b>REIMBURSEMENT FOR UNION LEAGUE EVENT EXPENSES</b>			
City <b>HATFIELD</b> State <b>PA</b> Zip Code (Plus 4) <b>19440 -</b>				
<b>FRANCONIA HERITAGE</b>	<b>10</b>	<b>30</b>	<b>15</b>	<b>\$ 540.12</b>
Mailing Address <b>508 HARLEYSVILLE PIKE</b>	Description of Expenditure <b>COSTS ASSOCIATED WITH BREAKFAST EVENT</b>			
City <b>TELFORD</b> State <b>PA</b> Zip Code (Plus 4) <b>18969 -</b>				
<b>ARCHWAY PRESS</b>	<b>11</b>	<b>12</b>	<b>15</b>	<b>\$ 307.40</b>
Mailing Address <b>825 CHESTER PIKE</b>	Description of Expenditure <b>PRINTING COSTS</b>			
City <b>SHARON HILL</b> State <b>PA</b> Zip Code (Plus 4) <b>19079 -</b>				

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

PAGE TOTAL  
**\$ 11,415.67**



**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 <b>COMMITTEE TO ELECT Tom ZIPFEL</b>	Reporting Period From <u>10/20/15</u> To <u>11/20/15</u>
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Name of Creditor <b>DEFINIS ENTERPRISES</b>					Outstanding Balance of Debt <b>\$ 1084.53</b>
Mailing Address <b>P.O. BOX 609</b>	DATE DEBT INCURRED	MO. <b>9</b>	DAY <b>25</b>	YEAR <b>15</b>	
City <b>HATFIELD</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19110 -</b>			
Description of Debt <b>LAWN SIGN AND PRINTING</b>					

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

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

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

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

Name of Creditor					Outstanding Balance of Debt <b>\$</b>
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 <b>\$ 1084.53</b>
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## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>COMMITTEE TO ELECT Tom ZIFFEL</b>	Reporting Period From <b>10/20/15</b> To <b>11/20/15</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>DEFINIS ENTERPRISES</b>	<b>11</b>	<b>12</b>	<b>15</b>	<b>\$ 1,500</b>
Mailing Address <b>P.O. BOX 609</b>	Description of Expenditure			
City <b>HATFIELD</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19440 -</b>		<b>LAWN SIGNS + PRINTING</b>
To Whom Paid <b>JAMESTOWN ASSOC.</b>	<b>11</b>	<b>12</b>	<b>15</b>	<b>\$ 2960.92</b>
Mailing Address <b>116 CRAIG ROAD</b>	Description of Expenditure			
City <b>MANALPAN</b>	State <b>NJ</b>	Zip Code (Plus 4) <b>07726 -</b>		<b>PRINTING COSTS</b>
To Whom Paid <b>JAMESTOWN ASSOC.</b>	<b>11</b>	<b>12</b>	<b>15</b>	<b>\$ 3547.74</b>
Mailing Address <b>116 CRAIG ROAD</b>	Description of Expenditure			
City <b>MANALPAN</b>	State <b>NJ</b>	Zip Code (Plus 4) <b>07726 -</b>		<b>PRINTING COSTS</b>
To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
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

**\$ 8008.66**