

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: Monte 2015		Report Filed By: Monte 2015		1. CANDIDATE <input type="checkbox"/>		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: Monte 2015									
Street Address: PO Box 604									
City: Blue Bell					State: PA		Zip Code: 19422		
TYPE OF REPORT (place X to the right of report type)	1. <input type="checkbox"/> STATE DAY PRE-PRIMARY	2. <input type="checkbox"/> STATE DAY PRIMARY	3. <input type="checkbox"/> STATE DAY PRIMARY	4. <input type="checkbox"/> STATE DAY PRE-ELECTION	5. <input type="checkbox"/> STATE DAY ELECTION	6. <input type="checkbox"/> STATE DAY ELECTION	7. <input checked="" type="checkbox"/> ANNUAL REPORT	YEAR: 2015	FILING METHOD: <input checked="" type="checkbox"/> PAPER <input checked="" type="checkbox"/> DISKETTE
	Name of Office Sought by Candidate: County Commissioner		DATE OF ELECTION: 11 03 2015			District Number: 07	Office Code: OTH	Party Code: REP	County Code: 46
	Summary of Receipts and Expenditures from: 11 24 15 To 12 31 15								
A. Amount Brought Forward From Last Report	\$		100.00						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		0						
C. Total Funds Available (Sum of Lines A and B)	\$		100.00						
D. Total Expenditures (From Schedule III)	\$		100.00						
E. Ending Cash Balance (Subtract Line D from Line C)	\$		-0-						
F. Value of In-Kind Contributions Received (From Schedule II)	\$		7,427.87						
G. Unpaid Debts and Obligations (From Schedule IV)	\$		0						

AFFIDAVIT SECTION

PART I - If this is a Committee, Candidate, or Candidate for Office, 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

19 day of **January**, 20**16**

Rosemary V. Coccia
Signature

10-18-16
My commission expires

NOTARIAL SEAL MO. DAY YR.

Rosemary V. Coccia, Notary Public

Plymouth Township, Montgomery County, Pennsylvania

My Commission Expires **10-18-16**

Sworn to and subscribed before me this

19 day of **January**, 20**16**

Rosemary V. Coccia
Signature

10-18-16
My commission expires

NOTARIAL SEAL MO. DAY YR.

Rosemary V. Coccia, Notary Public

Plymouth Township, Montgomery County, Pennsylvania

My Commission Expires **10-18-16**

Eric Heal
Signature of Person Submitting Report

ERIC HEAL
Printed Name

610
Area Code

393 4338
Daytime Telephone Number

Sworn to and subscribed before me this

19 day of **January**, 20**16**

Rosemary V. Coccia
Signature

10-18-16
My commission expires

NOTARIAL SEAL MO. DAY YR.

Rosemary V. Coccia, Notary Public

Plymouth Township, Montgomery County, Pennsylvania

My Commission Expires **10-18-16**

Stephen Tubert Jr
Signature of Candidate

STEPHEN TUBERT JR
Printed Name

(610)
Area Code

635-8292
Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
My Commission Expires **10-18-16** Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

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:		1. CANDIDATE		2. COMMITTEE		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: MUSTO JLT									
Street Address: PO Box 621									
City: Blue Bell					State: PA		Zip Code: 19422		
TYPE OF REPORT (Place X to the right of report type)	1. PRE-PRIMARY	2. PRIMARY	3. GENERAL ELECTION	4. 6TH YEAR PRE-ELECTION	5. SPECIAL ELECTION	6. SPECIAL ELECTION	7. ANNUAL REPORT	8. FILING METHOD	9. YES/NO
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	YEAR 2015		FILING METHOD CHECK ONE		PAPER		DISKETTE		
Name of Office Sought by Candidate: County Commissioner					DATE OF ELECTION		District Number	Office Code	Party Code
					11 03 2015		MT 07	OTH	REP
									46
(SEE INSTRUCTIONS FOR CODES)									
Summary of Receipts and Expenditures from:			YEAR		YEAR		FOR OFFICE USE ONLY		
			11 24 2015		To 12 31 2015				
A. Amount Brought Forward From Last Report				\$		100.00			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		0			
C. Total Funds Available (Sum of Lines A and B)				\$		100.00			
D. Total Expenditures (From Schedule III)				\$		100.00			
E. Ending Cash Balance (Subtract Line D from Line C)				\$		-0-			
F. Value of In-Kind Contributions Received (From Schedule II)				\$		7,427.87			
G. Unpaid Debts and Obligations (From Schedule IV)				\$		-0-			

AFFIDAVIT SECTION

PART I - If this is a Committee

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
 19 day of January 20 16
 Rosemary V. Coccia

Eric Heel
 Signature of Person Submitting Report
 ERIC Heel
 Printed Name

COMMONWEALTH OF PENNSYLVANIA
 My Commission Expires 10-18-16
 Rosemary V. Coccia, Notary Public
 Plymouth Township, Montgomery County

610
 Area Code
 393-4338
 Daytime Telephone Number

PART II - If this is a Candidate

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
 19 day of January 20 16
 Rosemary V. Coccia

V. Scott Zelov
 Signature of Candidate
 V. SCOTT ZELOV
 Printed Name

COMMONWEALTH OF PENNSYLVANIA
 My Commission Expires 10-18-16
 Rosemary V. Coccia, Notary Public
 Plymouth Township, Montgomery County

610
 Area Code
 256-4120
 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Murto 2015</u>	Reporting Period From <u>11/24/15</u> To <u>12/31/15</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

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

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

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

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.)	\$ <u>0</u>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Munta 2015	Reporting Period From 11/24/15 To 12/1/15
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To Whom Paid Coushock Republic Committee	MO 12	DAY 1	YEAR 15	Amount \$ 100.00
Mailing Address 618 Maple St				
Description of Expenditure Donation				
City Coushock	State PA	Zip Code (Plus 4) 19428-		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
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 \$ 100.00

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>MUNTCO 2015</u>	Reporting Period From <u>11/24/15</u> To <u>12/31/15</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 1)		
TOTAL for the Reporting Period	(2)	\$ <u>0</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART 1)		
TOTAL for the Reporting Period	(3)	\$ <u>7,427.87</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>7,427.87</u>
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <u>MUNTA JOLY</u>	Reporting Period From <u>11/24/15</u> To <u>12/31/15</u>
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				DATE			AMOUNT
Full Name of Contributor <u>Hallowell + Brawstetter</u>				MO	DAY	YEAR	\$ <u>7427.87</u>
Mailing Address <u>3031 Logan ST</u>				MO	DAY	YEAR	\$
City <u>Camp Hill</u>	State <u>PA</u>	Zip Code (Plus 4) <u>17011 -</u>		MO	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution <u>FORGIVENESS OF Campaign debt</u>			
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
\$ 7427.87