

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 <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Seanne Long</i>					
STREET ADDRESS <i>76 S. W Butcherem Pike</i>					
CITY <i>Amble</i>		STATE <i>PA</i>	ZIP CODE <i>19002</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Recorder of Deeds</i>		DISTRICT NO.	PARTY <i>Dem</i>	
	DATE OF ELECTION				
	6TH TUESDAY PRE-PRIMARY				
	2ND FRIDAY PRE-PRIMARY				
	30 DAY POST-PRIMARY				
	6TH TUESDAY PRE-ELECTION				
	2ND FRIDAY PRE-ELECTION				
30 DAY POST-ELECTION					
ANNUAL REPORT <input checked="" type="checkbox"/>					
		DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
		MO. DAY YEAR TO MO. DAY YEAR <i>11 29 15 TO 12 31 15</i>			
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>			
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

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 THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 1 DAY OF February

Seanne Long
 SIGNATURE MEMBER, PENNSYLVANIA ASSOCIATION OF _____
 MY COMMISSION EXPIRES 3 12 2016 MO. DAY YR.

Seanne Long
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
 AREA CODE 215 DAYTIME TELEPHONE NUMBER 292-9500

Notarial Seal
 Dianne Dittilo, Notary Public
 Norristown/Boro, Montgomery County
 My Commission Expires March 15, 2016

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 _____