

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 Val Arkoosh					
STREET ADDRESS 530 Spring Ln					
CITY Wyndmoor			STATE PA	ZIP CODE 19038 - 8413	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE County Commissioner		DISTRICT NO.	PARTY Dem
DATE OF ELECTION		FOR OFFICE USE ONLY			
6TH TUESDAY PRE-PRIMARY		11		3 2015	
2ND FRIDAY PRE-PRIMARY		3		2015	
30 DAY POST-PRIMARY		5		2015	
6TH TUESDAY PRE-ELECTION		6		2015	
2ND FRIDAY PRE-ELECTION		7		2015	
30 DAY POST-ELECTION		X		2015	
ANNUAL REPORT		X		2015	

DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
	11	24	2015		12	31	2015

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

AMENDMENT REPORT?	YES	NO	X
TERMINATION REPORT?	YES	NO	X

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 15 DAY OF January, 2016

[Signature]
 SIGNATURE

NOTARIAL PUBLIC
 ELIZABETH SARSHIK
 Notary Public
 CITY OF PHILADELPHIA, PHILADELPHIA, PA
 My Commission Expires Mar 4, 2019

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Val Arkoosh
 PRINTED NAME

MY COMMISSION EXPIRES 3 4 2019
 MO. DAY YR.

215 251-0585
 AREA CODE DAYTIME TELEPHONE NUMBER

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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ 20 _____
 MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER