

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 <i>Karen Geld Sanchez</i>						
STREET ADDRESS <i>356 Evergreen Rd.</i>						
CITY <i>Jenkintown, PA</i>			STATE	ZIP CODE <i>19046</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Controller</i>		DISTRICT NO.	PARTY <i>Dem</i>		
	DATE OF ELECTION		MO.		DAY	
	DATE OF ELECTION		YEAR			
	DATE OF ELECTION		MO.		DAY	
	DATE OF ELECTION		YEAR			
	DATE OF ELECTION		MO.		DAY	
	DATE OF ELECTION		YEAR			
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	2016 SEP 22 AM 9:31 HARRISBURG, PA STATE ARCHIVE	
30 DAY POST-PRIMARY	3.	11	24	2015		TO
6TH TUESDAY PRE-ELECTION	4.	MO.	DAY	YEAR		12
2ND FRIDAY PRE-ELECTION	5.	13	2015			
30 DAY POST-ELECTION	6.	CASH BALANCE AT END OF REPORTING PERIOD:		\$		<i>0</i>
ANNUAL REPORT	7. <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		<i>0</i>
AMENDMENT REPORT?		YES	<input checked="" type="checkbox"/>	NO		<input type="checkbox"/>
TERMINATION REPORT?		YES	<input type="checkbox"/>	NO	<input 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
22 DAY OF *September* 20*16*
Eileen E. Stagliano
 SIGNATURE
 MY COMMISSION EXPIRES *6* *3* *2019*
 MO. DAY YR.

Mila M. Hayes
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
 306-6183
 DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 EILEEN E. STAGLIANO, Notary Public
 Norristown, Montgomery Co., PA
 My Commission Expires June 3, 2019

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
22 DAY OF *September* 20*16*
Eileen E. Stagliano
 SIGNATURE
 MY COMMISSION EXPIRES *6* *3* *2019*
 MO. DAY YR.

Karen Geld Sanchez
 SIGNATURE OF CANDIDATE
 PRINTED NAME
 267
 AREA CODE
 415-1199
 DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 EILEEN E. STAGLIANO, Notary Public
 Norristown, Montgomery Co., PA
 My Commission Expires June 3, 2019

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029

NOTARIAL SEAL
 EILEEN E. STAGLIANO, Notary Public
 Norristown, Montgomery Co., PA
 My Commission Expires June 3, 2019