

Commonwealth of Pennsylvania - Campaign Finance Report

1/12

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Elect Scott Zelov					
Street Address		220 Rose Lane					
City	Haverford	State	PA	Zip Code	19041		

Type of Report (Place x under report type)


1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/28/2016	Year	2016	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

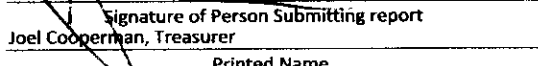
Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/29/2016	12/31/2016	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">2017 JAN 30 AM 11:29</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">OFFICE OF THE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">VOTER SERVICES</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">MONTG. COUNTY</p>
A. Amount Brought Forward From Last Report		\$ 55773.40	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 0	
C. Total Funds Available (Sum of Lines A and B)		\$ 55773.40	
D. Total Expenditures (From Schedule III)		\$ 500.00	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 55273.40	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0	

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, is to the best of my knowledge and belief true, correct and complete.

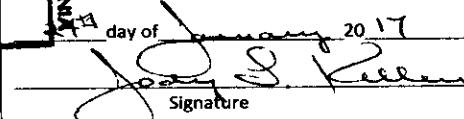
Sworn to and subscribed before me this

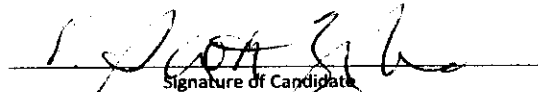
24th day of January 2017

 Signature
 My Commission expires 01-15-2021
 MO. DAY YR.


 Signature of Person Submitting report
 Joel Cooperman, Treasurer
 Printed Name
 484 Area Code 437-7777 Daytime Telephone Number

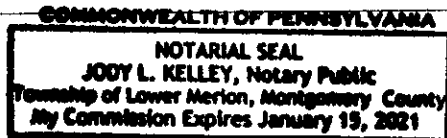
Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.
 I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

24th day of January 2017

 Signature
 My Commission expires 01-15-2021
 MO. DAY YR.


 Signature of Candidate
 V. Scott Zelov
 Printed Name
 610 Area Code 256-4120 Daytime Telephone Number

JOEY L. KELLEY, Notary Public
 Township of Lower Merion, Montgomery County
 My Commission Expires January 15, 2021



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SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		Elect Scott Zelov	
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 0
All Other Contributions (Part B)			\$ 0
Total for the reporting period		(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 0
Total for the reporting period		(3)	\$ 0
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <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>			\$ 0

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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.

Filer Identification Number	Elect Scott Zelov
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							Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$
City				State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #	Street Address						Date [MM/DD/YYYY]	\$
City				State		Zip Code	Date [MM/DD/YYYY]	\$

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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Elect Scott Zelov
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

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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.

Filer Identification Number:	Elect Scott Zelov
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		

PART D

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All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Elect Scott Zelov
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Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address		Date [MM/DD/YYYY]	\$
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address		Date [MM/DD/YYYY]	\$
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address		Date [MM/DD/YYYY]	\$
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address		Date [MM/DD/YYYY]	\$
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	Elect Scott Zelov
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Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

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SCHEDULE II

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

Filer Identification Number:	Elect Scott Zelov
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)		\$	0
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Elect Scott Zelov
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer Identification Number:	Elect Scott Zelov
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

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SCHEDULE III Statement of Expenditures

Filer Identification Number:	Elect Scott Zelov
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To Whom Paid		Montgomery County Republican Committee			Date [MM/DD/YYYY]	\$	500.00
					12/06/2016		
House #		Street Address	851 DeKalb Pike		Description of Expenditure		
City	Blue Bell	State	PA	Zip Code	19422	Donation	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

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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.

Filer Identification Number:	Elect Scott Zelov
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				
City	State	Zip Code				
Description of Debt						