

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

File Identification Number: _____		Report Filed By: _____		CANDIDATE 1.		COMMITTEE 2. <input checked="" type="checkbox"/>		LOBBYIST 3.		
Name of Filing Committee, Candidate or Lobbyist: Tolbert For County Commission										
Street Address: 40 EAST MAIN ST										
City: Norristown				State: PA		Zip Code: 19401				
TYPE OF REPORT (place X to the right of report type)	1. 1ST TUESDAY PRE-PRIMARY		2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>		3. 30 DAY POST-PRIMARY		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	4. 1ST TUESDAY PRE-ELECTION		5. 2ND FRIDAY PRE-ELECTION		6. 30 DAY POST-ELECTION		TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	7. ANNUAL REPORT		YEAR 2015		FILING METHOD CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate: Montgomery Co. Commission					DATE OF ELECTION MO. DAY YEAR 11 16 2015		District Number 074	Office Code	Party Code R	County Code 46
Summary of Receipts and Expenditures from:					MO. DAY YEAR 1 1 16		To MO. DAY YEAR 4 11 16		FOR OFFICE USE ONLY 2016 APR 15 PM 3:27	
A. Amount Brought Forward From Last Report					\$		0			
B. Total Monetary Contributions and Receipts (From Schedule I)					\$		0			
C. Total Funds Available (Sum of Lines A and B)					\$		0			
D. Total Expenditures (From Schedule III)					\$		0			
E. Ending Cash Balance (Subtract Line D from Line C)					\$		0			
F. Value of In-Kind Contributions Received (From Schedule II)					\$		765.98			
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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

12 day of COMMONWEALTH OF PENNSYLVANIA 2016
 NOTARIAL SEAL
 WHITNEY ROBIN DAVIS
 Notary Public
 NORRISTOWN BORO, MONTGOMERY CNTY
 My Commission Expires Feb 28, 2018

Signature of Person Submitting Report
 Printed Name
 Area Code
 Daytime Telephone Number

PART II - If this is a report of a Candidate, 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

15 day of COMMONWEALTH OF PENNSYLVANIA 2016
 NOTARIAL SEAL
 WHITNEY ROBIN DAVIS
 Notary Public
 NORRISTOWN BORO, MONTGOMERY CNTY
 My Commission Expires Feb 28, 2018

Signature of Candidate
 Printed Name
 Area Code
 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Talbot Co County Commission</i>	Reporting Period From <i>1/1/16</i> To <i>4/1/16</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

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

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

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.)	\$ <i>0</i>
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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 <i>Delbert Co. City Commission</i>	Reporting Period From <u>1/1/16</u> To <u>4/1/16</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 F)		
TOTAL for the Reporting Period	(2)	\$ <u>0</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <u>765⁹⁸/₁₀₀</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>765⁹⁸/₁₀₀</u>
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SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Tolbeck For County Commission</i>	Reporting Period From <i>1/1/16</i> To <i>4/1/16</i>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
<i>MCR</i>	<i>2</i>	<i>14</i>	<i>15</i>				<i>\$ 765⁰⁰/₁₀₀</i>
Mailing Address <i>Phelan Pk Blue Bell</i>				MO.	DAY	YEAR	\$
City <i>Blue Bell</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19422-</i>		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution <i>Paid Hollowell Debt.</i>			
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 \$

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Tolbert Co. County Commission</i>	Reporting Period From <u>1/1/16</u> To <u>4/30/16</u>
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	MO.	DAY	YEAR	Amount
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)		
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)		

PAGE TOTAL
\$ 0

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**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.

Name of Filing Committee or Candidate <i>Tulsa County Commission</i>	Reporting Period From <i>1/1/16</i> To <i>4/1/16</i>
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Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ <i>0</i>
