Campaign Finance Report

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

Filer Identificati Number :	on	20052	296				Repo Filed		:	CAI	NDII	DATE		COMN	MMITTEE LOBBYIST					
Name of Filing C	ommittee,	Candida	te or Lo	obbyis	st:		MURT	, TO	M F	RIEN	DS (OF								
Street Address:	3728 M	ieyer li	N																	
City:	HATBOI -	RO								State	e:	PA			Zip Cod	le: 19	040-0	000		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.		DA RIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND I		PRE-	- 5.		DA ECT	Y TON	Р	OST-	6.		TERMINATION REPORT?		Yes	N	0	\
report type)	ANNUAL RI	EPORT	7. X	Year	2014					IG ME CHEC		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by Ca	andidate	e:							DAT	E O	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	e Cour	
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBL	Y					МО		DAY		EAR	152	STH	REF	•	46	
			мо	DA	v	YEAR				мо	11	DAY	4	2014		(SEE INS)
Summary of Expenditures		and		11	25)14	то		МО	12	DAY	31	ZEAR 2014	FO	R OFFIC	E USE	ONLY		
A. Amount Bro	ught Forwa	rd From	Last R	eport				T	\$					606.29						
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts	(From	Sched	lule I)	\$					0.00						
C. Total Funds	Available (S	Sum Of I	Lines A	and E	3)				\$				96,	606.29						
D. Total Expenditures (From Schedule III)								\$				1,	259.90							
E. Ending Cash	Balance (S	ubtract	Line D	From	Line C	E)			\$				95,	346.39						
F. Value Of In-	Kind Contril	butions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Oblig	ations (From S	ched	ule IV)			\$					0.00		,				
						AFFI	IDΑ\	/IT S	SE	CTIC	NC									
PART I - If this is		-	•		_							•		_						
I swear (or affirm) correct and comple		ort, inclu	iding the	attacl	hed sch	edules	filed o	n pap	per o	or by e	electr	onic m	ediun	n, are to t	he best of	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before day of	me this		20							•			Signature	of Perso	1 Submitt	ing Re _l	ort		
		Signature	e					_							Print	ted Name				
My Commission Ex	pires														Emai	il				
	МС)	DA	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	idate's	autho	rized	Comm	ittee,	Can	dida	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	edge aı	nd belie	ef this p	politic	al co	mmi	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before i	me this		20										Si	ignature o	f Candida	ite			_
				-				_							Printe	d Name				-
My Commission Exp	_	nature									•				Emai	il				-
		мо	DA	AY		YR		_				Area	Code		Da	nytime Te	elephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MURT, TOM FRIENDS OF	From:	11/25/201	<u>4</u> To:	12/31/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2	250.00) in the			
Nume of Fining Comm		Reporting Period From: To			Го:			
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL 0.00	
\$ 0.00	

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	or Candidate		Rep						
			From: To				0:		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

Name of Filing Committee or Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE TOTAL 0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	0.00

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

Name of Filing Committee or Candidate	Reporting Per	iod	
MURT, TOM FRIENDS OF	From:	<u>11/25/2014</u> To:	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

all Name of Contributor ailing Address ty State Zip Code (Plus 4)				Reporting Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
MURT, TOM FRIENDS OF			From	11/2	5/2014	То:	12/31/2014
				DATE			AMOUNT
To Whom Paid Huntingdon Valley Athletic Assoc			МО	DAY	YEAR		
Mailing Address Box 155			11	25	2014	\$	175.00
City Huntingdon Valley	State PA	Zip Code (Plus 4) 19006		otion of Expoall sponso			
To Whom Paid Bux-Mont OfficeSupply	МО	DAY	YEAR				
Mailing Address 10 N.York Rd.			11 26 2014 \$				68.90
City Hatboro	State PA	Zip Code (Plus 4) 19040	Descrip election				
To Whom Paid Huntingdon Valley Library			мо	DAY	YEAR		
Mailing Address 625 Red Lion	Road		12	1	2014	\$	50.00
City Huntingdon Valley	State PA	Zip Code (Plus 4) 19006	Descrip fundrai	otion of Exp ser	penditure		
To Whom Paid Pearl Harbor Survivors Asoc.			мо	DAY	YEAR		
Mailing Address 81 Lower Holl	and Rd.		12	2	2014	\$	50.00
City Holland	State PA	Zip Code (Plus 4) 18966		otion of Exp uncheon	penditure		
To Whom Paid Upper Moreland Wrestling Club			МО	DAY	YEAR		
Mailing Address Box 216			12	4	2014	\$	150.00
City Willow Grove	State	Zip Code (Plus 4)	Description of Expenditure				

19090

fundraiser

PA

To Whom Paid Bill Lichtenstein			мо	DAY	YEAR		
Mailing Address 2701 York Rd.			12	18	2014	\$	66.00
City Willow Grove	State PA	Zip Code (Plus 4) 19090	Description of Expenditure plastic literature bags				
To Whom Paid Thomas Murt			МО	DAY	YEAR		
Mailing Address 3728 Meyer Lane			12	18	2014	\$	500.00
City Hatboro	State PA	Zip Code (Plus 4) 19040	Description of Expenditure reimbursement				
To Whom Paid Thomas Murt			МО	DAY	YEAR		
Mailing Address 3728 Meyer Lane			12	22	2014	\$	200.00
City Hatboro	State PA	Zip Code (Plus 4) 19040	Description of Expenditure reimbursement				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 1,259.90