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 2015 | 50137 | | | Repo | | | CANDI | DATE | | соми | 4ITTEE | ✓ | LOBE | BYIST | | |
|--|---------------------------------|------------|------------------------|-------|---------|-------|----------------|-------------|----------|--------|------------|--------------------|----------------|---------------|-----------|-----------|-----|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | - | FRIE | ND: | S OF | NATASH | A TAYL | OR-S | MITH | | | | | | |
| Street Address: | 654 MEETING | HOUSE | ROAD | | | | | | | | | | | | | | |
| City: | ELKINS PARK | | | | | | | State: | PA | | | Zip Cod | ie: 19 | 027 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE- | - 2. | | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | ~ | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | :- 5. | .Х | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT | | Yes | No | ~ | |
| report type) | ANNUAL REPORT | 7. | Year 2015 | | | | | IG METHO | | | | PAPER | | $\overline{}$ | DISKE | TTE | |
| Name of Office S | Sought by Candida | te: | - | | | | | DATE 0 | F ELE | CTIC | N | District Number | Office Code | Par | ty Code | County | , |
| | , | | | | | | | МО | DAY | ΥI | EAR | rumber | Toode | DEN | 1 | couc | |
| | | | | | | | | 11 | | 3 | 2015 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) | _ |
| • | Receipts and | МО | DAY Y | EAR | | | | МО | DAY | Y | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | s trom: | | 9 15 | 20 | 015 | T | 0 | 10 | | 19 | 2015 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 26,8 | 840.77 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From S | Sche | dule 1 | I) | \$ | | | 26,3 | 323.59 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | 53, | 164.36 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 34,9 | 925.06 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) | | | | \$ | | | 18,2 | 239.30 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sch | edu | le II) | 1 | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV) | | | | \$ | | | 22,7 | 750.00 | | | • | | | |
| | | | ļ | ٩FF | IDA' | VI | ΓSE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign he | re. I | [f this | s is | a Can | ididate r | eport, o | candi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and complete |) that this report, inc ete. | luding the | attached sche | dules | filed | on I | paper (| or by elect | ronic m | edium | , are to t | he best o | f my knov | wledge | and belie | ef , true | à, |
| Sworn to and subs | cribed before me thi day of | S | 20 | | | | | | | S | Signature | of Perso | n Submit | ing Rep | ort | | |
| | Signatu | ıre | | | | | - | | | | | Prin | ted Name | . | | | - |
| My Commission Ex | _ | | | | | | | | | | | Ema | il | | | | ٠ |
| | мо | D | AY | YR | | | | | Ar | ea Coo | le | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized Co | omn | ittee | e, Ca | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of i | ny knowle | edge and belief | this | politio | cal | commi | ittee has n | ot viola | ted ar | ıy provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333, | |
| Sworn to and subsc | ribed before me this | | | | | | | | | | s | ignature o | of Candida | ate | | | ۱ ا |
| | day of | | | | | | - | | | | | Drinto | d Name | | | | . |
| | Signature | | | | | | - | | | | | Finite | u Haille | | | | |
| My Commission Exp | _ | | | | | | | | | | | Ema | il | | | | |
| | мо | D | AY | YR | | | • | | Area | Code | | Da | aytime T | elephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|----------------------------|-----------------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| FRIENDS OF NATASHA TAYLOR-SMITH | From: | <u>9/15/201</u> | <u>5</u> To: | 10/19/2015 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 951.95 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 250.00 |
| All Other Contributions (Part B) | | | \$ | 6,906.48 |
| TOTAL for the Reporting | J Period | (2) | \$ | 7,156.48 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 10,288.56 |
| All Other Contributions (Part D) | | | \$ | 7,926.60 |
| TOTAL for the Reporting | J Period | (3) | \$ | 18,215.16 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | g 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 | nd enter am ge, Item B. | ount) | \$ | 26,323.59 |

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.

| Name of Filing Committee or Candidate | Reporting | Period | | |
|---------------------------------------|-----------|-----------|-----|------------|
| FRIENDS OF NATASHA TAYLOR-SMITH | From: | 9/15/2015 | То: | 10/19/2015 |
| | | DATE | | AMOUNT |

| Full N | ame of Contributing Committee | МО | DAY | VEAD | | | |
|------------------------------------|-------------------------------|-------|-------------------|------|-----|------|------------------|
| COZEN O'CONNOR STATE & DCAL PAC | | | | МО | DAY | YEAR | |
| Mailing Address 1900 MARKET STREET | | | | 8 | 14 | 2015 | \$ 250.00 |
| City | PHILADELPHIA | State | Zip Code (Plus 4) |] | - ' | 2013 | |
| 1 | | l DA | 10102 | | | | |

PAGE TOTAL 250.00

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

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 Candida | te | | Reporting P | eriod | | | |
|--|----------------|------------------|----------------|-------|-----------------|------------|------------|
| FRIENDS OF NATASHA TAYLOR-SMI | ГН | | From: | 9/15/ | 2015 T o |) : | 10/19/2015 |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | МО | DAY | YEAR | | |
| BURRELL LOUIS | | | | | | | |
| Mailing Address 8253 WILLIAMS AV | /ENUE | | | | | \$ | 100.00 |
| City PHILADELPHIA | State | Zip Code (Plus 4 |) | | | | |
| | PA | 19150 | | | | | |
| Full Name of Contributor SHEKETOFF MEG & DICHAEL | | | мо | DAY | YEAR | | |
| Mailing Address 681 MEETINGHOUS | SE ROAD UNIT 1 | | | | | \$ | 100.00 |
| City ELKINS PARK | State | Zip Code (Plus 4 | , | | | Ť | 100.00 |
| Elano I / likk | PA | 19027 | , | | | | |
| Full Name of Contributor | | | | | | | |
| CARSON CURTIS | | | МО | DAY | YEAR | | |
| Mailing Address 626 EAST GIRARD | AVE. | | | | | \$ | 193.90 |
| City PHILADELPHIA | State | Zip Code (Plus 4 | 5 | | | | |
| | PA | 19125 | | | | | |
| Full Name of Contributor | | • | МО | DAY | YEAR | | |
| LANG PAUL | | | | | | | |
| Mailing Address 2502 WATERFORD | ROAD | | | | | \$ | 242.45 |
| City YARDLEY | State | Zip Code (Plus 4 |) | | | | |
| | PA | 19067 | | | | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | |
| UPCHURCH SHANNON | | | | | | | |
| Mailing Address 5304 PADDINGTOR | N LANE | | | | | \$ | 96.80 |
| City POWDER SPRINGS | State | Zip Code (Plus 4 |) | | | | |
| | GA | 30127 | | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | |
| O'SHEA ROBERT | | | 140 | DAT | ILAR | | |
| Mailing Address | | | | | | \$ | 100.00 |
| City | State | Zip Code (Plus 4 |) | | | | |
| | | | | | | | |

| | | | | | | | | _ |
|---------------|--------------------------|---------------|-------------------|----------|----------|----------|----|--------|
| Full Name | e of Contributor | | | МО | DAY | YEAR | | |
| JOHN MI | CHAEL | | | | | | | |
| Mailing A | Address 1306 HARTRANFT | AVENUE | T | | | | \$ | 100.00 |
| City F | ORT WASHINGTON | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19034 | | | | | |
| Full Name | e of Contributor | | | МО | DAY | YEAR | | |
| JACOBSC | ON SARA | | | | | | | |
| Mailing A | Address 500 W. CHELTEN A | VENUE APT 205 | T | 4 | | | \$ | 100.00 |
| City P | PHILADELPHIA | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19144 | | | | | |
| Full Name | e of Contributor | | | МО | DAY | YEAR | | |
| WALKO J | JOHN | | | | | | | |
| Mailing A | Address 2014 SUSQUEHAN | NA RD | | _ | | | \$ | 100.00 |
| City A | ABINGTON | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19001 | | | | | |
| Full Name | e of Contributor | | | МО | DAY | YEAR | | |
| MEYER M | 1ITCHELL | | | 140 | DAI | ILAK | | |
| Mailing A | Address 727 SOUTH 7TH S | TREET 1F | | | | | \$ | 100.00 |
| City P | PHILADELPHIA | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19147 | | | | | |
| Full Name | e of Contributor | | | МО | DAY | VEAD | | |
| YOUNG T | ГОМ | | | МО | DAY | YEAR | | |
| Mailing A | Address 1722 SPRUCE STR | EET APT A2 | | | | | \$ | 100.00 |
| City P | PHILADELPHIA | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19103 | | | | | |
| Full Name | e of Contributor | | | МО | DAY | VEAD | | |
| MARKOW | VITZ JOSHUA | | | МО | DAY | YEAR | | |
| Mailing A | Address 3131 PRINCETON I | PIKE BLDG 3D | | | | | \$ | 150.00 |
| City L | AWRENCEVILLE | State | Zip Code (Plus 4) | | | | | |
| | | NJ | 08648 | | | | | |
| Full Name | e of Contributor | | | | Day | VESS | | |
| SEITZING | GER WILBUR | | | МО | DAY | YEAR | | |
| Mailing A | Address 8005 COOKE ROAL |) | | | | | \$ | 200.00 |
| City E | LKINS PARK | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19027 | | | | | |
| Full Name | e of Contributor | | | МО | Day | VEAD | | |
| YOUNGE | ROSEBORO LYRIS | | | МО | DAY | YEAR | | |
| Mailing A | Address 8210 ROSE PETAL | DRIVE | | | | | \$ | 100.00 |
| City P | PHILADELPHIA | State | Zip Code (Plus 4) |] | | | | |
| | | PA | 19111 | | | | | |
| Full Name | e of Contributor | | • | | | | | |
| MINCEY | | | | МО | DAY | YEAR | | |
| Mailing A | | JITE 1525 | | | | | \$ | 193.90 |
| City P | PHILADELPHIA | State | Zip Code (Plus 4) | 1 | | | | |
| | | PA | 19102 | | | | | |
| | | | | <u> </u> | <u> </u> | <u> </u> | 1 | |

| Full Name of C | ontributor | | | мо | DAY | YEAR | | |
|------------------|--------------------------------|-------------------|-------------------|-----|----------|----------------|-----------------|--------|
| SANITA AMAT |) | | | | J | 12/11 | | |
| Mailing Addres | s 8306 SHAWNEE S | STREET | | _ | | | \$ | 242.45 |
| City PHILAD | DELPHIA | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19118 | | | | | |
| Full Name of C | ontributor | | | мо | DAY | YEAR | | |
| WALKER DAVI | D | | | 140 | DAI | ILAK | | |
| Mailing Addres | s 323 ARGYLE ROA | D | | | | | \$ | 242.45 |
| City ARDMO | DRE | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19003 | | | | | |
| Full Name of C | ontributor | <u>-</u> | | | | \/ T 45 | | |
| IHEUKWUMER | E EMMANUEL | | | МО | DAY | YEAR | | |
| Mailing Addres | s 1500 JFK BOULE | /ARD 2 PENN CENTE | R SUITE 205 | | | | \$ | 242.45 |
| City PHILAD | DELPHIA | State | Zip Code (Plus 4) | 1 | | | | |
| | | PA | 19102 | | | | | |
| Full Name of C | ontributor | • | • | | | Ì | | |
| WILLIAMS TAF | | | | МО | DAY | YEAR | | |
| Mailing Addres | s 6492 ARDLEIGH | STREET 2ND FLOOR | | | | | \$ | 200.00 |
| City PHILAD | DELPHIA | State | Zip Code (Plus 4) | 1 | | | | |
| | | PA | 19119 | | | | | |
| Full Name of C | ontributor | <u> </u> | | | | | | |
| JOHNS EVELYN | | | | МО | DAY | YEAR | | |
| Mailing Addres | | D ROAD | | | | | \$ | 50.00 |
| | DELPHIA | State | Zip Code (Plus 4) | i | | | T | 30.00 |
| , | | PA | 19151 | | | | | |
| Full Name of C | ontributor | | | | | | | |
| CARSON CURT | | | | МО | DAY | YEAR | | |
| Mailing Addres | | D AVE | | | | | \$ | 193.90 |
| | DELPHIA | State | Zip Code (Plus 4) | 1 | | | " | 193.90 |
| THILAL | , LLI HIA | PA | 19125 | | | | | |
| | | 177 | 13123 | | | | | |
| Full Name of C | ontributor RE FOR MY KING & | . MV OHEEN | | МО | DAY | YEAR | | |
| Mailing Addres | <u>.</u> | <u> </u> | | | | | <u>.</u> | 96.89 |
| City CIBOLO | | State | Zip Code (Plus 4) | 1 | | | \$ | 90.69 |
| CIBOLO | , | TX | 78108 | | | | | |
| | | 11/4 | 1 /0100 | | <u> </u> | 1 | <u> </u> | |
| Full Name of C | | | | мо | DAY | YEAR | | |
| BETTIKER ROE | | /ENILIE | | | | | _ | 102.00 |
| Mailing Addres | | State | Zip Code (Plus 4) | 1 | | | \$ | 193.89 |
| City AMBLE | К | | | | | | | |
| | | PA | 19002 | | | <u> </u> | <u> </u> | |
| Full Name of C | | | | МО | DAY | YEAR | | |
| KRAMER GILD | | | | | | | | = |
| Mailing Addres | | | | - | | | \$ | 145.35 |
| City BALA C | CYNWYD | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19004 | | | 1 | | |

| Full Nar | me of Contributor | | | МО | DAY | YEAR | | |
|--------------------|--------------------------|----------------|-------------------|-----|-----|------|----|--------|
| COUNTI | LEY SANDRA | | | МО | DAT | TEAR | | |
| Mailing | Address 19 HILLARY CIRCL | .E | | | | | \$ | 96.80 |
| City | NEW CASTLE | State | Zip Code (Plus 4) | | | | | |
| | | DE | 19720 | | | | | |
| Full Nar | me of Contributor | | | МО | DAY | YEAR | | |
| MCCAR ⁻ | TER STEPHEN & DEBORAI | 1 | | МО | DAT | TEAR | | |
| Mailing | Address 211 W WAVERLY F | ROAD | | | | | \$ | 100.00 |
| City | GLENSIDE | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19038 | | | | | |
| Full Nar | me of Contributor | | | МО | DAY | YEAR | | |
| HAYWO | OOD JULIE | | | MO | DAT | TEAR | | |
| Mailing | Address 443 RICES MILL R | OAD | | | | | \$ | 100.00 |
| City | WYNCOTE | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19095 | | | | | |
| Full Nar | me of Contributor | - | | wo | DAY | VEAD | | |
| BURREL | LL GEORGE | | | МО | DAY | YEAR | | |
| Mailing | Address 440 S. BROAD ST | REET UNIT 1205 | | | | | \$ | 150.00 |
| City | PHILADELPHIA | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19146 | | | | | |
| Full Nar | me of Contributor | • | • | | | Lvaa | | |
| MADWA | AY WILLIAM | | | МО | DAY | YEAR | | |
| Mailing | Address 907 MORRIS AVEN | NUE | | | | | \$ | 146.35 |
| City | BRYN MAWR | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19010 | | | | | |
| Full Nar | me of Contributor | • | • | | Ī | Ī | | |
| PEREZ I | MEGAN | | | МО | DAY | YEAR | | |
| Mailing | Address 640 S. HIGHLAND | AVENUE | | | | | \$ | 96.80 |
| City | MERION STATION | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19066 | | | | | |
| Full Nar | me of Contributor | | | 146 | | VEAD | | |
| UNREG! | ISTERED | | | МО | DAY | YEAR | | |
| Mailing | Address | | | | | | \$ | 96.35 |
| City | | State | Zip Code (Plus 4) | | | | | |
| | | | | | | | | |
| Full Nar | me of Contributor | | | МО | DAY | YEAR | | |
| SIMMOI | NS THERESA & JOSEPH | | | MO | DAT | TEAR | | |
| Mailing | Address 1132 STRATHMAN | N DRIVE | | | | | \$ | 250.00 |
| City | SOUTHAMPTON | State | Zip Code (Plus 4) | | | | | |
| | | PA | 18966 | | | | | |
| Full Nar | me of Contributor | | | WO | DAY | VEAD | | |
| SCOTT | KAL | | | МО | DAY | YEAR | | |
| Mailing | Address 708 65TH AVENUE | | | | | | \$ | 250.00 |
| City | PHILADELPHIA | State | Zip Code (Plus 4) | 1 | | | | |
| | | PA | 19126 | | | | | |
| | | | | | - | _ | - | |

| | | | | | | | | _ |
|--------------------------------|---|----------------|--------------------|----------|----------|----------|----------|--------|
| Full Name of Cont | tributor | | | MO | DAY | VEAD | | |
| BARR CATHY &ar | mp; JOHN | | | МО | DAY | YEAR | | |
| Mailing Address | 189 PEACH BLOSS | ON LANE | | | | | \$ | 250.00 |
| City IVYLAND | | State | Zip Code (Plus 4) | 1 | | | | |
| | | PA | 18974 | | | | | |
| Full Name of Cont | tributor | | | | | | İ | |
| HARPER & F | | | | МО | DAY | YEAR | | |
| Mailing Address | 140 W. MAPLEWO | OD AVENUE | | | | İ | \$ | 200.00 |
| City PHILADEL | | State | Zip Code (Plus 4) | i | Ī | | Ĭ . | 200100 |
| | · · · - · | PA | 19144 | | | | | |
| - " " | | 1 | | | | | <u> </u> | |
| Full Name of Cont | | | | МО | DAY | YEAR | | |
| MUROFF DANIEL | | A) (ENU E | | 1 | | 1 | | 400.00 |
| Mailing Address | 328 WADSWORTH | I | | - | | | \$ | 100.00 |
| City PHILADEL | _PHIA | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19119 | | <u> </u> | <u> </u> | <u> </u> | |
| Full Name of Cont | tributor | | | мо | DAY | YEAR | | |
| LAWSON TINA | | | | | | | | |
| Mailing Address | 361 CAMP HILL RO | DAD | | | | | \$ | 100.00 |
| City FT. WASH | HINGTON | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19034 | | | | | |
| Full Name of Cont | tributor | | | , wa | DAY | VEAD | | |
| RICHIE ALISHIA | & CLIFTON | | | МО | DAY | YEAR | | |
| Mailing Address | 516 STILES AVENU | JE | | | | | \$ | 100.00 |
| City MAPLE SH | HADE | State | Zip Code (Plus 4) | 1 | | | | |
| | | NJ | 08052 | | | | | |
| Full Name of Cont | tributor | | | | | | İ | |
| HAHN BEVERLY | | | | МО | DAY | YEAR | | |
| Mailing Address | 1621 WINCHESTE | R DRIVE | | | | | \$ | 100.00 |
| City BLUE BEL | | State | Zip Code (Plus 4) | 1 | 1 | | l | 200.00 |
| , BEGE BEE | · - | PA | 19422 | | | | | |
| F 6.6 | | | | | | | <u> </u> | |
| Full Name of Cont | | | | МО | DAY | YEAR | | |
| GORDON ARLENE Mailing Address | | DEET | | | | | | 100.00 |
| | 1318 W BEECH ST | | The Code (Place 4) | - | | | \$ | 100.00 |
| City NORRIST | OWN | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19401 | | <u> </u> | 1 | <u> </u> | |
| Full Name of Cont | | | | МО | DAY | YEAR | | |
| | A & TERRENCE | | | | | | | |
| Mailing Address | 1307 WEST STREE | T | | 4 | | | \$ | 100.00 |
| City WILMING | TON | State | Zip Code (Plus 4) | | | | | |
| | | DE | 19801 | <u> </u> | <u> </u> | <u>l</u> | <u> </u> | |
| Full Name of Cont | tributor | | | МО | DAY | YEAR | | |
| WILSON TIFFANY | <u>′ </u> | | | МО | DAT | IEAR | | |
| Mailing Address | 6013 OSAGE AVEN | NUE PHILADELPH | IIA PA | | | | \$ | 200.00 |
| City | | State | Zip Code (Plus 4) | | | | | |
| | | | | | | | | |
| | | | | • | • | • | • | |

| | | | | | | | | - 9 |
|----------------|--------------------|------------------|-------------------|------|-----|-----------|----|--------|
| Full Name of C | Contributor | | | мо | DAY | YEAR | | |
| HALL TWANN | A | | | | | | | |
| Mailing Addre | ss 8405 THOURON A | VENUE PHILADELPH | IA PA | | | | \$ | 100.00 |
| City | | State | Zip Code (Plus 4) | | | | | |
| | | | | | | | | |
| Full Name of C | Contributor | | | МО | DAY | YEAR | | |
| JONES SD | | | | | | 1 = 7 111 | | |
| Mailing Addre | ss 2301 CHERRY STR | EET APT 4N | | _ | | | \$ | 96.80 |
| City PHILA | DELPHIA | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19103 | | | | | |
| Full Name of C | Contributor | | | мо | DAY | YEAR | | |
| CACCIAMANI | KATHRYN | | | 1.10 | JA. | ILAK | | |
| Mailing Addre | ss 1660 PEMBERTON | ROAD | |] | | | \$ | 96.80 |
| City BLUE | BELL | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19422 | | | | | |
| Full Name of 0 | Contributor | | | мо | DAY | YEAR | | |
| PALMER JAME | :S | | | 1.10 | JA. | ILAK | | |
| Mailing Addre | ss 27 FETTERS MILL | DRIVE | | | | | \$ | 250.00 |
| City MALVE | ERN | State | Zip Code (Plus 4) | | | | | |
| | | PA | 19355 | | | | | |
| Full Name of C | Contributor | | | МО | DAY | YEAR | | |
| PEARLMAN JA | SON | | | MO | DAY | YEAR | | |
| Mailing Addre | ss 19 LLANBERRIS R | DAD | | | | | \$ | 96.80 |
| City BALA | CYNWYD | State | Zip Code (Plus 4) | 1 | | | | |
| | | PA | 19004 | | | | | |
| Full Name of C | Contributor | | | MO | DAY | VEAD | | |
| EDELIN KEN | | | | МО | DAY | YEAR | | |
| Mailing Addre | ss 1515 MARKET ST | SUITE 1200 | | | | | \$ | 145.35 |
| City PHILA | DELPHIA | State | Zip Code (Plus 4) | 1 | | | | |
| | | PA | 19102 | | | | | |
| | | | | - | • | - | • | |

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

PAGE TOTAL \$ 6,906.48

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 Candidate | | | | rting Period | | | | |
|---------------------------------------|---------------------------------|---------|------------|--------------|---------------|-------|---------------------|--|
| FRIENDS OF NATASHA TAYLOR-SMITH | FRIENDS OF NATASHA TAYLOR-SMITH | | | 9/1 | <u>5/2015</u> | То: | 10/19/2015 | |
| | | | | DA | TE | | AMOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| FRIENDS OF DAN CLIFFORD | | | | | | | \$ 288.56 | |
| Mailing Address 425 SWEDE STREET | SUITE 1001 | | | 8 | 24 | 2015 | | |
| City NORRISTOWN | State | Zip Cod | e (Plus 4) | | | 2015 | | |
| | PA | 19401 | | | | | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| LABORERS DISTRICT COUNCIL PAC | | | | | 57 | 12711 | \$ 10,000.00 | |
| Mailing Address 665 N. BROAD STRE | ET | | | 10 | 1 | 2015 | 20,000.00 | |
| City PHILADELPHIA | State | Zip Cod | e (Plus 4) | 1 10 | _ | 2013 | | |
| | PA | 19123 | | | | | | |

 $\label{lem:enter-constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$

PAGE TOTAL \$ 10,288.56

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 Candidate | | | Repo | orting Per | riod | | | |
|--|--|--------------------------------|------|--------------|--------------------|----------------------|-----------------------------------|-----------|
| FRIENDS OF NATASHA TAYLOR-SMITH | | | Fron | n: | <u>9/15/2</u> | <u>015</u> To | : 10/19/201 | <u>.5</u> |
| | | | | D <i>A</i> | ATE | | AMOUNT | |
| Full Name of Contributor | | | | MO | DAY | VEAD | | |
| LAW OFFICES OF R. EMMETT MADDEN | | | | МО | DAY | YEAR | \$ 50 | 0.00 |
| Mailing Address 711 WEST AVENUE | | | | 7 | 29 | 2015 | 7 | |
| City JENKINTOWN | State | Zip Code (Plu | s 4) |] | 23 | 2013 | | |
| | PA | 19046 | | | | | 1 | |
| Employer Name | | | | Occupat | ion | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip Code (Plus 4) | |
| Full Name of Contributor | | | | | | | | |
| KILKENNY SEAN | | | | МО | DAY | YEAR | \$ 48 | 5.20 |
| Mailing Address 715 WASHINGTON | LANE | | | 9 | 13 | 2015 | 1 | |
| City JENKINTOWN | State | Zip Code (Plu | s 4) | 9 | 13 | 2015 | | |
| | PA | 19406 | | | | | | |
| Employer Name LAW OFFICES OF SEA | N KILKENNY | | | Occupat | ion | ATTORN | IEY | |
| | | | | | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip Code (Plus 4) | |
| Employer Mailing Address/Principal Place 17 EAST AIRY ST | e of Business | City | | | State | | Zip Code (Plus 4) 19401 | |
| | e of Business | City | | | | | | |
| 17 EAST AIRY ST Full Name of Contributor | | City | | МО | State | YEAR | | 0.00 |
| 17 EAST AIRY ST | NITIATIVE | City | | | DAY | | \$ 2,00 | 0.00 |
| 17 EAST AIRY ST Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I | NITIATIVE | City Zip Code (Plu | s 4) | MO 9 | | YEAR 2015 | \$ 2,00 | 0.00 |
| 17 EAST AIRY ST Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 | NITIATIVE | | s 4) | | DAY | | \$ 2,00 | 0.00 |
| 17 EAST AIRY ST Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 | NITIATIVE 3 State | Zip Code (Plu | s 4) | | DAY 21 | | \$ 2,00 | 0.00 |
| 17 EAST AIRY ST Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 City FORT WASHINGTON | NITIATIVE State PA | Zip Code (Plu | s 4) | . 9 | DAY 21 | | \$ 2,00 | 0.00 |
| 17 EAST AIRY ST Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 City FORT WASHINGTON Employer Name | NITIATIVE State PA | Zip Code (Plu 19034 | s 4) | . 9 | DAY 21 | | \$ 2,00 | 0.00 |
| 17 EAST AIRY ST Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 City FORT WASHINGTON Employer Name | NITIATIVE State PA | Zip Code (Plu 19034 | s 4) | 9 Occupat | DAY 21 cion State | 2015 | \$ 2,00 Zip Code (Plus 4) | |
| 17 EAST AIRY ST Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 City FORT WASHINGTON Employer Name Employer Mailing Address/Principal Place | NITIATIVE State PA | Zip Code (Plu 19034 | s 4) | . 9 | DAY 21 | | \$ 2,00 Zip Code (Plus 4) | 5.20 |
| Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 City FORT WASHINGTON Employer Name Employer Mailing Address/Principal Place Full Name of Contributor | NITIATIVE State PA e of Business | Zip Code (Plu 19034 | s 4) | Occupat | DAY 21 ion State | 2015 YEAR | \$ 2,00 Zip Code (Plus 4) | |
| Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 City FORT WASHINGTON Employer Name Employer Mailing Address/Principal Place Full Name of Contributor SPIZER NINA | NITIATIVE State PA e of Business | Zip Code (Plu 19034 | | 9 Occupat | DAY 21 cion State | 2015 | \$ 2,00 Zip Code (Plus 4) | |
| Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 City FORT WASHINGTON Employer Name Employer Mailing Address/Principal Place Full Name of Contributor SPIZER NINA Mailing Address 305 HAMILTON ROA | NITIATIVE State PA The of Business | Zip Code (Plu 19034 City | | Occupat | DAY 21 ion State | 2015 YEAR | \$ 2,00 Zip Code (Plus 4) | |
| Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 City FORT WASHINGTON Employer Name Employer Mailing Address/Principal Place Full Name of Contributor SPIZER NINA Mailing Address 305 HAMILTON ROA | NITIATIVE State PA PA D State PA | Zip Code (Plu 19034 City | | Occupat | DAY 21 State DAY 1 | 2015 YEAR | \$ 2,00 Zip Code (Plus 4) | |
| Full Name of Contributor MONTCO DEM WOMEN'S LEADERSHIP I Mailing Address POST OFFICE BOX 3 City FORT WASHINGTON Employer Name Employer Mailing Address/Principal Place Full Name of Contributor SPIZER NINA Mailing Address 305 HAMILTON ROA City MERION STATION | NITIATIVE State PA PA State FA PA PA PA | Zip Code (Plu 19034 City | | Occupat | DAY 21 State DAY 1 | 2015 YEAR 2015 | \$ 2,00 Zip Code (Plus 4) | |

| Full Name of Contributor | | | | | | | |
|---|---------------------------------------|-----|---------------|-------------------------|-------|--------|-------------------|
| AHMAD WADUD | | | | МО | DAY | YEAR | \$ 500.00 |
| Mailing Address 227 W. APSLEY STR | REET | | | 10 | 8 | 2015 | 1 |
| City PHILADELPHIA | State | Zip | Code (Plus 4) | 10 | 0 | 2015 | |
| | PA | 19 | 144 | | | | |
| Employer Name | | | | Occupat | ion | ATTORN | IEY |
| Employer Mailing Address/Principal Place | ce of Business | | City | | State | | Zip Code (Plus 4) |
| | | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ 500.00 |
| KELLY KAREN SPENCER | | | | | 27.1. | | \$ 500.00 |
| Mailing Address 2979 W SCHOOL H | OUSE LANE APT K | | | 10 | 8 | 2015 | |
| City PHILADELPHIA | State | Zip | Code (Plus 4) | | | | |
| | PA | 19 | 144 | | | | |
| Employer Name | | | | Occupat | ion | | |
| Employer Mailing Address/Principal Pla | ce of Business | | City | | State | | Zip Code (Plus 4) |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ 500.00 |
| JONES-WOODRIT ESTHER | | | | | | | - 300100 |
| Mailing Address 8235 MICHENER AV | 1 | | | 10 | 13 | 2015 | |
| City PHILADELPHIA | State | - | Code (Plus 4) | | | | |
| | PA | 19 | 150 | | | | <u> </u> |
| Employer Name | | | | Occupat | ion | RETIRE | |
| Employer Mailing Address/Principal Place | ce of Business | | City | | State | | Zip Code (Plus 4) |
| Full Name of Contributor BENNETT BRICKLIN & DRICKLIN & | | | | мо | DAY | YEAR | \$ 500.00 |
| Mailing Address 960 HARVEST DR | <u> </u> | | | | | | 1 |
| City BLUE BELL | State | 7ir | Code (Plus 4) | 10 | 16 | 2015 | |
| blot blll | PA | | 422 | | | | |
| Employer Name | I FA I | 19 | 422 | Occupat | ion | | <u>'</u> |
| Employer Mailing Address/Principal Plac | re of Rusiness | | City | State Zip Code (Plus 4) | | | Zin Code (Plus 4) |
| | | | , | | | | p couc (* .uo .) |
| Full Name of Contributor MITCHELL MARSHALL | | | | мо | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 610 SUMMIT AVENI | JF. | | | | | | 1 |
| City JENKINTOWN | State | Zip | Code (Plus 4) | 10 | 16 | 2015 | |
| | l PA | 19 | 046 | | | | |
| Employer Name SALEM BC OF JENKIN | - | | | Occupat | ion | PASTOR | |
| Employer Mailing Address/Principal Place | | | City | | State | | Zip Code (Plus 4) |
| 611 SUMMIT AVENUE | | | • | | | | 19046 |
| Full Name of Contributor | | | | | • | | I |
| MILLNER MARLON | | | | МО | DAY | YEAR | \$ 1,456.20 |
| Mailing Address 1612 JUNIPER STRI | EET | | | | | 20:- | 1 |
| City NORRISTOWN | State | Zip | Code (Plus 4) | 10 | 19 | 2015 | |
| | PA | 19 | 401 | | | | |
| Employer Name MCKINLEY MEMORIAL | · · · · · · · · · · · · · · · · · · · | | | Occupat | ion | PASTOR | |
| Employer Mailing Address/Principal Place | | | City | | State | | Zip Code (Plus 4) |
| | - | | | | | | |
| 215 CEDAR AVE | | | | | | | 19090 |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

7,926.60

\$

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 | ing Peri | od | | | |
|---------------------------------------|---------------------------|-----------------|-------------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | ' | ' | | | | | _ | |
| | - C | | . .: | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | Section | 4. | | | \$ | 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 Perio | d | | | | | | |
|--|-----------------|-----------------------------|-------------------|--|--|--|--|--|
| FRIENDS OF NATASHA TAYLOR-SMITH | From: | <u>9/15/2015</u> To: | <u>10/19/2015</u> | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|--|-------|-------------------|---------------------|------|---|-------------|--------|------|
| F | | | From: | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | MO DAY YEAR | | | | | |
| Mailing Address | | _ | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | - | • | • | • | | | | |
| | | | | | _ | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail | | | ailed Summary Page, | | | PAGE TOTAL | | \L |
| Section 2. | | | | | | \$ | | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|--|---------------|---------------------|------------------|-------|---------------------|-------|------------|----------|--------------|
| | | | | Fro | m: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Z | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | |
| Employer Mailing Address/Principal Plac | e of Business | Business City State | | State | te Zip Code(Plus 4) | | Descri | ption of | Contribution |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed | | | | | | | PAGE TOTAL | | |
| Summary Page, Section 3. | , | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | |
|---------------------------------------|------------------|-----------|-----|-------------------|--|--|
| FRIENDS OF NATASHA TAYLOR-SMITH | From | 9/15/2015 | То: | <u>10/19/2015</u> | | |

| | | | | DATE | | | AMOUNT | | |
|--|------------------|-------------------|----------------------------|----------------------------|----------|----|----------|--|--|
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| ADAM ERICKSON | | | | | | | | | |
| Mailing Address 13050 BUSTL | ETON AVENUE UNIT | G | 6 | 18 | 2015 | \$ | 1,000.00 | | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 19116 | CAMPA1 | GN FUNDE | RAISER | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| ABINTON-ROCKLEDGE DEM COM | IMITTEE | | МО | | ILAK | | | | |
| Mailing Address PO BOX 132 | | | | | | \$ | 100.00 | | |
| City ABINGTON | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 19001 | PAYMEN | NT | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| JAMES SMITH | | | MO | DAI | ILAK | | | | |
| Mailing Address 654 MEETING | HOUSE ROAD | | 6 | 9 | 2015 | \$ | 3,500.00 | | |
| City ELKINS PARK State Zip Code (Plus 4) | | | Descrip | Description of Expenditure | | | | | |
| | PA | 19027 | LOAN REPAYMENT | | | | | | |
| To Whom Paid | · | · | | DAY | VEAD | | | | |
| MONTGOMERY COUNTY DEM CO | MMITTEE | | МО | DAY | YEAR | | | | |
| Mailing Address 21 E AIRY ST | REET | | 6 | 19 | 2015 | \$ | 9,000.00 | | |
| City NORRISTOWN | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 19401 | PAYMEN | ΝΤ | | | | | |
| To Whom Paid | | - | | DAY | VEAD | | | | |
| NATASHA TAYLOR SMITH | | | МО | DAY | YEAR | | | | |
| Mailing Address 654 MEETING | SHOUSE ROAD | | 7 | 1 | 2015 | \$ | 865.70 | | |
| City ELKINS PARK | State | Zip Code (Plus 4) | Descrip | l tion of Exp | enditure | | | | |
| | PA | 19027 | CAMPAIGN T-SHIRTS | | | | | | |
| To Whom Paid | | · | Mo | DAY | VEAD | | | | |
| US POSTAL SERVICE | | | МО | DAY | YEAR | | | | |
| Mailing Address 1800 ASHBO | URNE ROAD | | 7 | 30 | 2015 | \$ | 65.00 | | |
| City CHELTENHAM | State | Zip Code (Plus 4) | Descrip | l tion of Exp | enditure | | | | |
| | PA | 19012 | | FFICE BOX | | | | | |
| | 1 ' ' ' | 17012 | 1.00.0 | 102 007 | • | | | | |

| | | | | | | | PAGE 19 |
|---|--------------------------|--------------------------|---------------------|-------------|----------|----|------------|
| To Whom Paid MONTGOMERY COUNTY DE | M COMMITTEE | | мо | DAY | YEAR | | |
| Mailing Address 21 E AIRY STREET | | | | 11 | 2015 | \$ | 718.43 |
| City NORRISTOWN | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 19401 | TODD E | ISENBERG | i | | |
| To Whom Paid | | | МО | DAY | YEAR | | |
| MONTGOMERY COUNTY DE | M COMMITTEE | | 110 | | | | |
| Mailing Address 21 E AI | RY STREET | | 8 | 11 | 2015 | \$ | 850.00 |
| City NORRISTOWN | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 19401 | GOLF O | UTING | | | |
| To Whom Paid SAINT BERNARD GROUP | | | мо | DAY | YEAR | | |
| Mailing Address BPO BO | X 13260 | | 8 | 11 | 2015 | \$ | 1,250.00 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 19104 | CAMPAIGN FUNDRAISER | | | | |
| To Whom Paid CHELTENHAM PRINTING | | | мо | DAY | YEAR | | |
| Mailing Address 518 RY | ERS AVENUE | | 10 | 13 | 2015 | \$ | 346.27 |
| City CHELTENHAM | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | l | |
| | PA | 19012 | PRINTIN | NG | | | |
| To Whom Paid NATASHA TAYLOR SMITH | | | мо | DAY | YEAR | | |
| Mailing Address 654 ME | ETINGHOUSE ROAD | | 9 | 1 | 2015 | \$ | 229.66 |
| City ELKINS PARK | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | l | |
| | PA | 19027 | FOR PR | INTING MA | AILERS | | |
| To Whom Paid | | | МО | DAY | YEAR | | |
| MONTGOMERY COUNTY DE | M COMMITTEE | | 1.10 | J.K. | 12/11 | | |
| Mailing Address 21 E AI | RY STREET | | 10 | 7 | 2015 | \$ | 17,000.00 |
| City NORRISTOWN | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 19401 | PAYMEN | IT | | | |
| Enter Grand Total of Eve | enditures on Page 1, Rep | oort Cover Page Item D | • | | | | PAGE TOTAL |
| Linter Grana Total of Exp | chantaics on rage 1, Rep | Joir Cover I age, Item D | • | | | \$ | 34,925.06 |

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 Report | | | Reporti | porting Period | | | | |
|--|-------------------|-------------|----------|---------------------|-------------------|------|-------------|----------------------------|
| FRIENDS OF NATASHA TAYLOR-SMITH | | | From: | <u>9</u> |)/15/201 <u>5</u> | То: | 1 | 0/19/2015 |
| | | | | | DATE | | | tstanding lance of Debt |
| Name of Creditor JAMES SMITH | | | | мо | DAY | YEAR | | |
| Mailing Address 654 MEETINGHOUSE | ROAD | | | 3 | 27 | 2015 | 5 \$ | 21,500.00 |
| City ELKINS PARK | State | Zip Code (P | lus 4) | Descrip | tion of Deb | t | | |
| | PA | 19027 | | CAMPAI | GN LOAN | | | |
| Name of Creditor BILL MADWAY | | | | мо | DAY | YEAR | | |
| Mailing Address 907 MORRIS AVENU | Ē | | | 10 | 16 | 2015 | \$ | 1,250.00 |
| City BRYN MAWR | State | Zip Code (P | lus 4) | Description of Debt | | | | |
| | PA | 19010 | | CAMPAI | GN LOAN | | | |
| | | | | _ | | | | PAGE TOTAL |
| Enter Grand Total of Unpaid Debt | s on Page 1, Repo | rt Cover Pa | ge, Item | ı G. | | | \$ | 22,750.00 |