### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                        | on 2014                         | 0067        |                        |         |        | port<br>ed B |                | CANDI       | CANDIDATE COMMITTEE \( \square\) LOBBYIST |        |            |                    |                | BYIST    |           |                |   |
|---|---------------------------------|-------------|------------------------|---------|--------|--------------|----------------|-------------|---|--------|------------|--------------------|----------------|----------|-----------|----------------|---|
| Name of Filing C                                      | Committee, Candid               | ate or L    | obbyist:               |         | Cor    | mmit         | tee to         | Elect Le    | anne l                                    | Krueg  | er-Brai    | neky               |                |          |           |                |   |
| Street Address:                                       | PO Box 22                       |             |                        |         |        |              |                |             |   |        |            |                    |                |          |           |                |   |
| City:   | Swarthmore                      |             |                        |         |        |              |                | State:      | PA  |        |            | Zip Cod            | <b>le:</b> 19  | 9081     |           |                |   |
| TYPE OF<br>REPORT                                     | 6TH TUESDAY<br>PRE-PRIMARY      | 1.          | 2ND FRIDAY<br>PRIMARY  | Y PRE   | -      | 2.           | 30 DA<br>PRIMA |             | POST-                                     | 3.     |            | AMENDM<br>REPORT   |                | Yes      | No        | ~              | 1 |
| (place X to<br>the right of                           | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | 2ND FRIDAY<br>ELECTION | y pre   | ≣-     | 5.           | 30 DA<br>ELECT | • •         | POST-                                     | 6.     |            | TERMINA<br>REPORT  |                | Yes      | No        | ~              |   |
| report type)  | ANNUAL REPORT                   | 7. <b>X</b> | <b>Year</b> 2015       |         |        |              |                | NG METHO    |   |        |            | PAPER DISI         |                |          | DISKE     | ГТЕ            |   |
| Name of Office S                                      | Sought by Candida               | te:         | -                      |         |        |              |                | DATE 0      | F ELE                                     | CTIO   | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County<br>Code |   |
|   | - ,                             |             |                        |         |        |              |                | МО          | DAY                                       | YE     | AR         | rumber             | Toode          |          |           | Couc           |   |
|   |                                 |             |                        |         |        |              |                | 11          |   | 3      | 2015       |                    | (SEE IN        | STRUCTI  | ONS FOR C | ODES)          |   |
| Summary of Receipts and MO DAY YEAR MO DAY            |                                 |             |                        |         |        |              |                | YI          | EAR                                       | FO     | R OFFI     | CE USE             | ONLY           |          |           |                |   |
| Expenditures  | s trom:                         |             | 11 24                  | 2       | 015    | 5 <b>T</b>   | 0              | 12          | ,   | 31     | 2015       |                    |                |          |           |                |   |
| A. Amount Bro   | ught Forward Froi               | n Last R    | eport                  |         |        |              | \$             |             |   | 15,7   | 700.75     |                    |                |          |           |                |   |
| B. Total Monet  | ary Contributions               | And Rec     | eipts (From            | Sche    | dule   | e I)         | \$             |             |   | 18,5   | 503.00     |                    |                |          |           |                |   |
| C. Total Funds  | Available (Sum O                | f Lines A   | and B)                 |         |        |              | \$             |             |   | 34,2   | 203.75     |                    |                |          |           |                |   |
| D. Total Expenditures (From Schedule III) \$ 7,105.10 |                                 |             |                        |         |        |              |                |             |   |        |            |                    |                |          |           |                |   |
| E. Ending Cash  | Balance (Subtrac                | t Line D    | From Line (            | C)      |        |              | \$             |             |   | 27,0   | 98.65      |                    |                |          |           |                |   |
| F. Value Of In-                                       | Kind Contribution               | s Receiv    | ed (From So            | hedu    | le I   | Ί)           | \$             | \$ 0.00     |   |        |            |                    |                |          |           |                |   |
| G. Unpaid Debt  | ts And Obligations              | (From S     | Schedule IV            | )       |        |              | \$             |             |   | 4      | 64.56      |                    |                | 1        |           |                |   |
|   |                                 |             |                        | AFF     | ID     | AVI          | T SE           | CTION       |   |        |            |                    |                |          |           |                |   |
| PART I - If this is                                   | s a Committee rep               | ort, trea   | surer sign l           | nere.   | If th  | his is       | a Can          | ndidate re  | eport, o                                  | candi  | date sig   | ın here.           |                |          |           |                |   |
| I swear (or affirm) correct and comple                | ) that this report, inc<br>ete. | luding the  | e attached sch         | nedule  | s file | ed on        | paper (        | or by elect | ronic m                                   | edium  | , are to t | he best o          | f my kno       | wledge   | and belie | f , true       |   |
| Sworn to and subs                                     | cribed before me this<br>day of | 5           | 20                     |         |        |              |                |             |   | S      | Signature  | of Perso           | n Submit       | ting Rep | ort       |                |   |
|   | Signatu                         | re          |                        |         |        |              | -<br>-         |             |   |        |            | Prin               | ted Name       | <b>e</b> |           |                |   |
| My Commission Ex                                      | cpires                          |             |                        |         |        |              |                |             |   |        |            | Ema                | il             |          |           |                |   |
|   | мо                              | D           | AY                     | YR      |        |              |                |             | Are                                       | ea Coc | le         | Daytim             | e Telepi       | none Nu  | mber      |                |   |
| Part II- If this is                                   | a report of a can               | didate's    | authorized             | Comn    | nitte  | ee, C        | andida         | ate shall   | sign h                                    | ere.   |            |                    |                |          |           |                |   |
| I swear (or affirm)<br>No 320) as amende              | that to the best of red.        | ny knowl    | edge and belie         | ef this | poli   | itical       | commi          | ittee has n | ot viola                                  | ted an | y provis   | ions of the        | e act of J     | une 3,1  | 937 (P.L. | 1333,          |   |
| Sworn to and subsc                                    | ribed before me this            |             |                        |         |        |              |                |             |   |        | s          | ignature o         | of Candid      | ate      |           |                |   |
|   | day of<br>—— ————               |             | _ 20                   |         |        |              | -              |             |   |        |            | Printe             | d Name         |          |           |                |   |
|   | Signature                       |             |                        |         |        |              | -              |             |   |        |            |                    |                |          |           |                |   |
| My Commission Exp                                     | ires                            |             |                        |         |        |              |                |             |   |        |            | Ema                | il             |          |           |                |   |
|   | мо                              | D           | AY                     | YR      | l      |              | •              |             | Area                                      | Code   |            | Da                 | aytime T       | elephon  | e Numbe   | er             |   |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting Period |           |              |            |  |  |  |  |
|--|------------------|-----------|--------------|------------|--|--|--|--|
| Committee to Elect Leanne Krueger-Braneky  | From:            | 11/24/201 | <u>5</u> To: | 12/31/2015 |  |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                  |           |              |            |  |  |  |  |
| TOTAL for the Reporting  | ) Period         | (1)       | \$           | 253.00     |  |  |  |  |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |                  |           |              |            |  |  |  |  |
| Contributions Received From Political Committees (Part A)  |                  |           | \$           | 2,000.00   |  |  |  |  |
| All Other Contributions (Part B)   | \$               | 750.00    |              |            |  |  |  |  |
| TOTAL for the Reporting  | Period           | (2)       | \$           | 2,750.00   |  |  |  |  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |                  |           |              |            |  |  |  |  |
| Contributions Received From Political Committees (Part C)  |                  |           | \$           | 15,000.00  |  |  |  |  |
| All Other Contributions (Part D)   |                  |           | \$           | 500.00     |  |  |  |  |
| TOTAL for the Reporting  | Period           | (3)       | \$           | 15,500.00  |  |  |  |  |
| 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 |                  |           | \$           | 18,503.00  |  |  |  |  |

#### 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 Candi                                    | Name of Filing Committee or Candidate |                                |          | eporting I | Period   |                       |    |            |
|--|---------------------------------------|--------------------------------|----------|------------|----------|-----------------------|----|------------|
| Committee to Elect Leanne Kruego                                     | er-Braneky                            |                                | Fr       | om:        | 11/24/20 | ) <u>15</u> <b>To</b> | :  | 12/31/2015 |
|  |                                       |                                | <u> </u> |            | DATE     |                       |    | AMOUNT     |
| Full Name of Contributing Committee Friends of Pat Krebs             |                                       |                                |          | мо         | DAY      | YEAR                  |    |            |
| Mailing Address 121 Lawn Rd  |                                       |                                |          |            |          |                       | \$ | 250.00     |
| <b>City</b> Palmyra  | <b>State</b><br>PA                    |                                |          |            |          | 2015                  |    |            |
| Full Name of Contributing Committee Health Partners Philadelphia PAC |                                       | мо                             | DAY      | YEAR       |          |                       |    |            |
| Mailing Address 901 Market St  City Philadelphia                     | 901 Market St Ste 500  State          |                                |          |            | 29       | 2015                  | \$ | 250.00     |
| Full Name of Contributing Committee Highmark PAC                     |                                       |                                |          |            | DAY      | YEAR                  |    |            |
| Mailing Address 1800 Center S  | t                                     |                                |          |            |          |                       | \$ | 250.00     |
| City Camp Hill   | <b>State</b><br>PA                    | <b>Zip Code (Plu</b> 170111702 | s 4)     | 12         | 21       | 2015                  |    |            |
| Full Name of Contributing Committee Markosek for State Legislature   |                                       |                                |          | мо         | DAY      | YEAR                  |    |            |
| Mailing Address PO Box 193 P   | O Box 193                             | Zip Code (Plu                  | s 4)     | 12         | 15       | 2015                  | \$ | 250.00     |
| <b>City</b> Monroeville  | PA                                    | 151460193                      |          |            |          |                       |    |            |
| Full Name of Contributing Committee PA Optometric PAC                |                                       |                                |          | мо         | DAY      | YEAR                  |    |            |
| Mailing Address 218 North St   |                                       |                                |          |            |          |                       | \$ | 250.00     |
| <b>City</b> Harrisburg   | <b>State</b><br>PA                    | <b>Zip Code (Plu</b> 171011124 | s 4)     | 12         | 15       | 2015                  |    |            |

| Full Name of Contributing Committee Planned Parenthood Pennsylvania PAC | nned Parenthood Pennsylvania PAC |                                    |      |     | YEAR |                  |
|---|----------------------------------|------------------------------------|------|-----|------|------------------|
| Mailing Address PO Box 11572  |                                  |                                    |      |     |      | <b>\$</b> 250.00 |
| <b>City</b> Harrisburg  | State                            | Zip Code (Plus 4)                  | 12   | 15  | 2015 |                  |
|   | PA                               | 171081572                          |      |     |      |                  |
| Full Name of Contributing Committee PSEA-PACE                           | МО                               | DAY                                | YEAR |     |      |                  |
| Mailing Address 400 N 3rd St PO Box 1724                                |                                  |                                    |      |     |      | <b>\$</b> 250.00 |
| <b>City</b> Harrisburg  | <b>State</b><br>PA               | <b>Zip Code (Plus 4)</b> 171011385 | 12   | 16  | 2015 |                  |
| Full Name of Contributing Committee Wine & Dirits Brokers PAC           |                                  |                                    | МО   | DAY | YEAR |                  |
| Mailing Address 204 State St  |                                  |                                    |      |     |      | <b>\$</b> 250.00 |
| <b>City</b> Harrisburg  | State                            | Zip Code (Plus 4)                  | 12   | 15  | 2015 |                  |
| PA 171011132  |                                  |                                    |      |     |      |                  |

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

**PAGE TOTAL \$** 2,000.00

### 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 C                | Name of Filing Committee or Candidate |                                       |       | eriod  |                 |                   |
|--|---------------------------------------|---------------------------------------|-------|--------|-----------------|-------------------|
| Committee to Elect Leanne K                  | rueger-Braneky                        |                                       | From: | 11/24/ | 2015 <b>T</b> o | <u>12/31/2015</u> |
|  |                                       | I                                     |       | DATE   |                 | AMOUNT            |
| Full Name of Contributor Larry Ceisler       |                                       |                                       | мо    | DAY    | YEAR            |                   |
| Mailing Address 1525 Locus                   | t St Fl 6                             |                                       |       |        |                 | <b>\$</b> 150.00  |
| <b>City</b> Philadelphia                     | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>191023710 | 12    | 10     | 2015            |                   |
| Full Name of Contributor William Ewing       | МО                                    | DAY                                   | YEAR  |        |                 |                   |
| Mailing Address 510 E Mount Pleasant Ave     |                                       |                                       |       | 29     | 2015            | \$ 250.00         |
| <b>City</b> Philadelphia                     | State<br>PA                           | <b>Zip Code (Plus 4)</b><br>191191232 | 11    | 23     | 2013            |                   |
| Full Name of Contributor Michael J Gretz     |                                       |                                       | МО    | DAY    | YEAR            |                   |
| Mailing Address 4 Welwyn F                   | Rd                                    | Zip Code (Plus 4)                     | 12    | 16     | 2015            | \$ 250.00         |
| <b>City</b> Wayne                            | PA                                    | 190873840                             |       |        |                 |                   |
| Full Name of Contributor George A. Mountford |                                       |                                       | МО    | DAY    | YEAR            |                   |
| Mailing Address 801 Yale Ave Apt 1122        |                                       |                                       | , -   |        | \$ 100.00       |                   |
| <b>City</b> Swarthmore                       | State<br>PA                           | <b>Zip Code (Plus 4)</b><br>190811813 | 12    | 10     | 2015            |                   |
|  | <u> </u>                              | I                                     | •     |        |                 | PAGE TOTAL        |

#### **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  | me of Filing Committee or Candidate Re |                           |                          |      |               |      |      |               |
|--|--|---------------------------|--------------------------|------|---------------|------|------|---------------|
| Committee to Elect Leanne Krueger-Bra  | neky                                   |                           | From:                    | 11/2 | <u>4/2015</u> | То:  | 12/3 | <u>1/2015</u> |
|  |  |                           |                          | DA   | TE            |      | АМС  | DUNT          |
| Full Name of Contributing Committee UFCW Local 1776  |  |                           |                          | МО   | DAY           | YEAR |      |               |
| Mailing Address 3031B Walton Rd  |  |                           |                          |      |               |      | \$   | 500.00        |
| <b>City</b> Plymouth Meetin  | <b>State</b><br>PA                     | 12                        | 8                        | 2015 |               |      |      |               |
| Full Name of Contributing Committee  AFSCME Council 13 Political n Legislative               |  |                           |                          |      | DAY           | YEAR |      |               |
| Mailing Address 4031 Executive Park Dr   |  |                           |                          | 10   | _             | 2015 | \$   | 1,000.00      |
| <b>City</b> Harrisburg   | State<br>PA                            | <b>Zip Code</b><br>171111 | <b>e (Plus 4)</b><br>507 | 12   | 7             | 2015 |      |               |
| Full Name of Contributing Committee  AFSCME Council 13 Political n Legislativ                | re                                     |                           |                          | МО   | DAY           | YEAR |      |               |
| Mailing Address 4031 Executive Park  | Dr                                     |                           |                          |      |               |      | \$   | 500.00        |
| <b>City</b> Harrisburg   | <b>State</b><br>PA                     | <b>Zip Code</b> 171111    | <b>(Plus 4)</b><br>507   | 12   | 15            | 2015 |      |               |
| Full Name of Contributing Committee  Dan Frankel for the 23rd District Comm                  | iittee                                 |                           |                          | МО   | DAY           | YEAR |      |               |
| Mailing Address PO Box 81594   |  |                           |                          |      |               |      | \$   | 500.00        |
| <b>City</b> Pittsburgh   | <b>State</b><br>PA                     | <b>Zip Code</b><br>152170 | <b>(Plus 4)</b><br>394   | 12   | 15            | 2015 |      |               |
| Full Name of Contributing Committee  Food Driver Salesmen, Dairy Ice Cream Workers Local 463 |  |                           |                          |      | DAY           | YEAR |      |               |
| Mailing Address 1375 Virginia Dr Ste   | 203                                    |                           |                          |      |               |      | \$   | 1,000.00      |
| <b>City</b> Fort Washington  | <b>State</b><br>PA                     | <b>Zip Code</b>           | <b>(Plus 4)</b><br>258   | 12   | 4             | 2015 |      |               |

| Full Name of Contributing Committee   |  |  | МО             | DAY          | YEAR             |                            |
|---|--|--|----------------|--------------|------------------|----------------------------|
| International Union of Painters and A   | Allied Trades - District 2                     | 21                                     | 1-10           |              |                  |                            |
| Mailing Address 2980 Southampto   | n Rd   |  |                | _            |                  | \$ 2,500.00                |
| <b>City</b> Philadelphia  | State  | Zip Code (Plus 4)                      | 12             | 7            | 2015             |                            |
|   | PA   | 191541202                              |                |              |                  |                            |
| Full Name of Contributing Committee Pennsylvania AFL-CIO  |  |  | МО             | DAY          | YEAR             |                            |
| Mailing Address 600 N 2nd St  |  |  |                |              |                  | <b>\$</b> 1,000.00         |
| <b>City</b> Harrisburg  | State  | Zip Code (Plus 4)                      | 12             | 23           | 2015             |                            |
| Humsburg  | PA   | 171011092                              |                |              |                  |                            |
| Full Name of Contributing Committee Pennsylvania SEIU COPE  | •  | МО                                     | DAY            | YEAR         |                  |                            |
| Mailing Address 1500 N 2nd St 2r  | nd Floor Suite 11                              |  |                |              |                  | <b>\$</b> 1,000.00         |
| <b>City</b> Harrisburg  | State  | Zip Code (Plus 4)                      | 12             | 16           | 2015             |                            |
|   | PA   | 171022528                              |                |              |                  |                            |
| Full Name of Contributing Committee   |  |  |                |              |                  |                            |
| PFT Committee to Support Public Ed  | ucation  |  | МО             | DAY          | YEAR             |                            |
| PFT Committee to Support Public Ed  Mailing Address 1816 Chestnut St  |  |  | МО             | DAY          | YEAR             | \$ 1,000.00                |
| Mailing Address 1816 Chestnut St  |  | Zip Code (Plus 4)                      | <b>MO</b>      | <b>DAY</b> 8 | <b>YEAR</b> 2015 | \$ 1,000.00                |
| Mailing Address 1816 Chestnut St  |  | <b>Zip Code (Plus 4)</b><br>191034902  |                |              |                  | \$ 1,000.00                |
| Mailing Address 1816 Chestnut St  | State<br>PA                                    |  |                |              |                  | \$ 1,000.00                |
| Mailing Address 1816 Chestnut St  City Philadelphia  Full Name of Contributing Committee  | State<br>PA<br>olitical Action Fund            |  | 12             | 8            | 2015             | \$ 1,000.00<br>\$ 5,000.00 |
| Mailing Address 1816 Chestnut St  City Philadelphia  Full Name of Contributing Committee Plumbers Union Local 690 Election P  Mailing Address 2791 Southampto   | State<br>PA<br>olitical Action Fund            |  | 12             | 8            | 2015             |                            |
| Mailing Address 1816 Chestnut St  City Philadelphia  Full Name of Contributing Committee Plumbers Union Local 690 Election P  Mailing Address 2791 Southampto   | State PA  olitical Action Fund                 | 191034902                              | - 12<br>MO     | DAY 8        | 2015<br>YEAR     |                            |
| Mailing Address 1816 Chestnut St  City Philadelphia  Full Name of Contributing Committee Plumbers Union Local 690 Election P  Mailing Address 2791 Southampto   | State PA  olitical Action Fund on Rd  State PA | 191034902  Zip Code (Plus 4)           | - 12<br>MO     | DAY 8        | 2015<br>YEAR     |                            |
| Mailing Address 1816 Chestnut St  City Philadelphia  Full Name of Contributing Committee Plumbers Union Local 690 Election P  Mailing Address 2791 Southampto  City Philadelphia  Full Name of Contributing Committee   | State PA  olitical Action Fund on Rd  State PA | 191034902  Zip Code (Plus 4)           | MO 12          | DAY 21       | 2015 YEAR 2015   |                            |
| Mailing Address 1816 Chestnut St  City Philadelphia  Full Name of Contributing Committee Plumbers Union Local 690 Election P  Mailing Address 2791 Southampto  City Philadelphia  Full Name of Contributing Committee United Steel Workers PAC Fund  Mailing Address Five Gateway Centributing Committee  United Steel Workers PAC Fund | State PA  olitical Action Fund on Rd  State PA | 191034902  Zip Code (Plus 4)           | MO 12          | DAY 21       | 2015 YEAR 2015   | \$ 5,000.00                |
| Mailing Address 1816 Chestnut St  City Philadelphia  Full Name of Contributing Committee Plumbers Union Local 690 Election P  Mailing Address 2791 Southampto  City Philadelphia  Full Name of Contributing Committee United Steel Workers PAC Fund  Mailing Address Five Gateway Cen   | State PA  olitical Action Fund on Rd  State PA | 191034902  Zip Code (Plus 4) 191541211 | мо<br>12<br>мо | DAY 21       | 2015  YEAR  2015 | \$ 5,000.00                |

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

**PAGE TOTAL \$** 15,000.00

#### **PART D 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                                     | ame of Filing Committee or Candidate  |                |      |                     | Reporting Period |                |                       |               |  |  |
|---|---------------------------------------|----------------|------|---------------------|------------------|----------------|-----------------------|---------------|--|--|
| Committee to Elect Leanne Krueger-Br                                      | aneky                                 |                | Fron | n:                  | 11/24/2          | 015 <b>T</b> o | <b>To:</b> 12/31/2015 |               |  |  |
|   |                                       |                |      | D/                  | ATE              |                | AMOL                  | JNT           |  |  |
| Full Name of Contributor  David Landau                                    | David Landau  Mailing 11 Oak Knoll Dr |                |      |                     |                  | YEAR           |                       |               |  |  |
| Mailing Address 11 Oak Knoll Dr   |                                       |                |      |                     | 20               | 2015           | \$                    | 500.00        |  |  |
| City Wallingford State Zip Code (Pi                                       |                                       | Zip Code (Plus | s 4) | 12                  | 30               | 2015           |                       |               |  |  |
|   | PA                                    | 190866315      |      |                     |                  |                |                       |               |  |  |
| Employer Name Duane Morris LLP  |                                       |                |      | Occupation Attorney |                  |                |                       |               |  |  |
| Employer Mailing Address/Principal Plac<br>Business                       | e of                                  | City           |      | •                   | State            |                | Zip Code (Plus 4)     |               |  |  |
| 30 S 17th St  |                                       | Philadelp      | hia  | PA 19103            |                  |                |                       |               |  |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section |                                       |                |      |                     |                  |                | PAGE<br>\$            | <b>500.00</b> |  |  |

## 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                   |                   |  |  |  |  |  |
|--|----------------|-----------------------|-------------------|--|--|--|--|--|
| Committee to Elect Leanne Krueger-Braneky  | From:          | 11/24/2015 <b>To:</b> | <u>12/31/2015</u> |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTO | R                     |                   |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)      | \$                    | 0.00              |  |  |  |  |  |
| . 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 Candid | ate                |                       | Reporting | g Period |      |           |            |
|------------------------------------|--------------------|-----------------------|-----------|----------|------|-----------|------------|
|                                    |                    |                       | From:     |          |      | To:       |            |
|                                    |                    |                       |           | DATE     |      |           | AMOUNT     |
| Full Name of Contributor           |                    |                       | МО        | DAY      | YEAR |           |            |
| Mailing Address                    |                    |                       |           |          |      | <b>\$</b> | 0.00       |
| City                               | State              | Zip Code (Plus 4)     |           |          |      |           |            |
| Description of Contribution:       |                    |                       |           |          |      |           |            |
| Enter Grand Total of Part F on S   | chedule II, In-Kir | nd Contributions Deta | iled Sum  | mary Pag | ge,  |           | PAGE TOTAL |
| Section 2.                         |                    |                       |           |          |      | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   | 1     |  |            |         | Re  | porting   | Period    |      |      |                    |                |
|---|-------|--|------------|---------|-----|-----------|-----------|------|------|--------------------|----------------|
|   |       |  |            |         | Fro | om:       |           | To   | То:  |                    |                |
|   |       |  |            |         | •   |           | DATE      |      |      |                    | AMOUNT         |
| Full Name of Contributor  |       |  |            |         |     | мо        | DAY       | YEAR | 2    |                    |                |
| Mailing Address   |       |  |            |         |     |           |           |      |      | \$                 | 0.00           |
| City  | State |  | Zip Code(F | Plus 4) |     |           |           |      |      |                    |                |
| Employer of Contributor   | •     |  | •          |         |     | Occupa    | ation     |      |      |                    |                |
| Employer Mailing Address/Principal Place of Business City                                     |       |  |            | State   |     | Zip<br>4) | Code(Plus | Des  | crip | tion o             | f Contribution |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3. |       |  |            | etaile  | ed  |           |           |      |      | PAGE TOTAL<br>0.00 |                |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate     |                    |                                       | Reporting Period                                  |      |      |    |            |  |  |
|---|--------------------|---------------------------------------|---|------|------|----|------------|--|--|
| Committee to Elect Leanne Krueger-Braneky |                    |                                       | From <u>11/24/2015</u> To:                        |      |      |    | 12/31/2015 |  |  |
|   |                    |                                       |   | DATE |      |    |            |  |  |
| <b>To Whom Paid</b><br>Beneficial Bank    |                    |                                       | МО  | DAY  | YEAR |    |            |  |  |
| Mailing Address 537 Baltimore Pike        |                    |                                       | 12  | 16   | 2015 | \$ | 45.00      |  |  |
| <b>City</b> Springfield                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190643839 | Description of Expenditure Account Analysis Fee   |      |      |    |            |  |  |
| To Whom Paid Edge Hill Strategies, LLC    |                    |                                       | МО  | DAY  | YEAR |    |            |  |  |
| Mailing Address PO Box 22390              |                    |                                       | 11  | 30   | 2015 | \$ | 2,500.00   |  |  |
| <b>City</b> Philadelphia                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191102390 | Description of Expenditure Consulting             |      |      |    |            |  |  |
| To Whom Paid Edge Hill Strategies, LLC    |                    |                                       | мо  | DAY  | YEAR |    |            |  |  |
| Mailing Address PO Box 22390              |                    |                                       | 12  | 1    | 2015 | \$ | 2,500.00   |  |  |
| <b>City</b> Philadelphia                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191102390 | Description of Expenditure Consulting             |      |      |    |            |  |  |
| <b>To Whom Paid</b> Litle & Co.           |                    |                                       | мо  | DAY  | YEAR |    |            |  |  |
| Mailing Address 900 Chelmsford St         |                    |                                       | 12  | 1    | 2015 | \$ | 0.57       |  |  |
| City Lowell                               | State<br>MA        | <b>Zip Code (Plus 4)</b> 018518100    | Description of Expenditure Credit Card Processing |      |      |    |            |  |  |
| To Whom Paid<br>NGP-VAN, Inc              |                    |                                       | мо  | DAY  | YEAR |    |            |  |  |

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Database access

**Description of Expenditure** 

Zip Code (Plus 4)

200055006

2015

**Mailing Address** 

Washington

City

1101 15th St NW Ste 500

State

DC

750.00

| To Whom Paid Sage Payment Solutions                                     |                    |                                    | МО  | DAY | YEAR |          |            |
|---|--------------------|------------------------------------|---|-----|------|----------|------------|
| Mailing Address 1750 Old Meadow Rd Ste 300                              |                    |                                    | 12  | 2   | 2015 | \$       | 134.53     |
| City McLean   | <b>State</b><br>VA | <b>Zip Code (Plus 4)</b> 221024304 | Description of Expenditure Credit Card Processing |     |      |          |            |
| To Whom Paid<br>Stock's On Second                                       |                    |                                    | мо  | DAY | YEAR |          |            |
| Mailing Address 211 N 2nd St  |                    |                                    | 12  | 15  | 2015 | \$       | 1,175.00   |
| <b>City</b> Harrisburg  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 171011420 | Description of Expenditure Event Catering         |     |      |          |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |                                    |   |     |      |          | PAGE TOTAL |
|   |                    |                                    |   |     | \$   | 7,105.10 |            |

## 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                                   |                    |                               | Reporting Period |                                    |      |      |                             |                                |
|---|--------------------|-------------------------------|------------------|------------------------------------|------|------|-----------------------------|--------------------------------|
| Committee to Elect Leanne Krueger-Braneky                               |                    |                               | From:            | <u>11/24/2015</u> <b>To:</b>       |      |      | 12/31/2015                  |                                |
|   |                    |                               |                  |                                    | DATE |      |                             | Outstanding<br>Balance of Debt |
| Name of Creditor Verizon  |                    |                               |                  | мо                                 | DAY  | YEAR |                             |                                |
| Mailing Address 130 S State Rd  |                    |                               |                  | 8                                  | 13   | 2014 | \$                          | 464.56                         |
| <b>City</b> Springfield   | <b>State</b><br>PA | <b>Zip Code (PI</b> 190641232 | •                | Description of Debt Phone Services |      |      |                             |                                |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |                    |                               |                  |                                    |      |      | <b>PAGE TOTAL \$</b> 464.56 |                                |