

CAMPAIGN FINANCE REPORT

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

Filer Identification Number:		Report Filed By:		CANDIDATE ^{1.}		COMMITTEE ^{2.}		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: <i>JARAH FOR COUNCIL</i>									
Street Address: <i>122 SHASTA RD.</i>									
City: <i>PLYMOUTH MTG</i>				State: <i>PA</i>		Zip Code: <i>19462</i>			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER	X	DISKETTE
Name of Office Sought by Candidate: <i>COUNCIL PLYMOUTH TOWNSHIP</i>					DATE OF ELECTION MO. DAY YEAR <i>11 05 2019</i>		District Number	Office Code	Party Code
									County Code
							(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:					FOR OFFICE USE ONLY				
MO. DAY YEAR <i>08 26 2019</i>					MO. DAY YEAR <i>10 21 2019</i>				
A. Amount Brought Forward From Last Report					\$ <i>0</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <i>7150.00</i>				
C. Total Funds Available (Sum of Lines A and B)					\$ <i>7150.00</i>				
D. Total Expenditures (From Schedule III)					\$ <i>2780.49</i>				
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <i>4359.51</i>				
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <i>0</i>				
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <i>0</i>				

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VOTER SERVICES
MONTG. CO. PA

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

21st day of *October* *2019*
Commonwealth of Pennsylvania - Notary Seal
DONNA V. SPEERS, Notary Public
Montgomery County
My Commission Expires February 11, 2022
Commission Number *1157855*
My commission expires MO. DAY YR. *2 11 2022*

Martha Rizzio
Signature of Person Submitting Report
MARTHA RIZZIO
Printed Name
610 *564-9836*
Area Code Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1937, No. 320) as amended.

Sworn to and subscribed before me this

21st day of *October* *2019*
Commonwealth of Pennsylvania - Notary Seal
DONNA V. SPEERS, Notary Public
Montgomery County
My Commission Expires February 11, 2022
Commission Number *1157855*
My commission expires MO. DAY YR. *2 11 2022*

Jarah D. Fox
Signature of Candidate
JARAH DEER STERIOZIS
Printed Name
215 *266-2645*
Area Code Daytime Telephone Number

SCHEDULE 1
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

PAGE 2 OF

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Name of Filing Committee or Candidate

JARAH FOR COUNCIL

Reporting Period

From 8/26/19 To 10/21/19

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

(1)

\$ 725.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)

\$

0

All Other Contributions (Part B)

\$

1435.00

TOTAL for the Reporting Period

(2)

\$ 1435.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)

\$

3000.00

All Other Contributions (Part D)

\$

1990.00

TOTAL for the Reporting Period

(3)

\$ 4990.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period

(4)

\$

0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item 8.)

\$

7150.00

PART B
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 JARAH FOR COUNCIL				Reporting Period From 8/26/19 To 10/21/19			
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
LINDA D. SIMON	8	27	19				\$ 100.00
Mailing Address 165 BIRKDALE DRIVE							
City BLUE BELL	State PA	Zip Code (Plus 4) 19422 -					
STEVEN SCHOEN	8	28	19				\$ 80.00
Mailing Address 112 KIRK ST							
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 -					
MICHAEL MAKOID	8	28	19				\$ 80.00
Mailing Address 112 W. 9TH AVE							
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 -					
CATHERINE PILHUIS	9	2	19				\$ 80.00
Mailing Address 212 CARDINAL DR							
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 -					
BRIAN SPIGELMYER	9	1	19				\$ 80.00
Mailing Address 1012 THOMAS RD.							
City PLYMOUTH MTD	State PA	Zip Code (Plus 4) 19462 -					
NATALIE BOKKOWSKI	9	3	19				\$ 100.00
Mailing Address 1301 FAYETTE ST.							
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 2346					
DENNIS DERR	9	4	19				\$ 100.00
Mailing Address 27232 BUCKSKIN TRAIL							
City HARRISON	State DE	Zip Code (Plus 4) 19951 -					
DONALD E MURKE JR.	9	5	19				\$ 100.00
Mailing Address 300 FAYETTE S							
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 -					

PAGE TOTAL
\$ 720.00

Enter Grand Total of Part B 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 Candidate				Reporting Period			
SARAH FOR COUNCIL				From 8/26/19 To 10/31/19			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
ALICIA/JAMES FOREMANE				9	15	19	\$ 80.00
Mailing Address				MO.	DAY	YEAR	
210 CARDINAL DR							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
CONSHOHOCKEN	PA	19428-1393					\$
Full Name of Contributor				MO.	DAY	YEAR	
JOHN/SHARON FOREMANE				9	3	19	\$ 80.00
Mailing Address				MO.	DAY	YEAR	
128 SCARLET DR							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
CONSHOCKEN	PA	19428-1386					\$
Full Name of Contributor				MO.	DAY	YEAR	
THOMAS McARTHUR				9	5	19	\$ 80.00
Mailing Address				MO.	DAY	YEAR	
1427 SANDWOOD RD							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
CONSHOHOCKEN	PA	19428-					\$
Full Name of Contributor				MO.	DAY	YEAR	
JAMES G HARPER				9	11	19	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
205 SCARLET DR.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
CONSHOHOCKEN	PA	19428-					\$
Full Name of Contributor				MO.	DAY	YEAR	
BETH SULLBLAND				9	11	19	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
3 CREEK VIEW TER							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
LAFAYETTE HILL	PA	19444-2333					\$
Full Name of Contributor				MO.	DAY	YEAR	
M K McGENRE				9	11	19	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
113 SCARLET DR.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
CONSHOHOCKEN	PA	19428-1385					\$
Full Name of Contributor				MO.	DAY	YEAR	
MICHAEL A DALZUCCA				9	17	19	\$ 75.00
Mailing Address				MO.	DAY	YEAR	
1417 SANDWOOD RD.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
CONSHOHOCKEN	PA	19428-					\$
Full Name of Contributor				MO.	DAY	YEAR	
THOMAS SPEERS				9	24	19	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
3004 JOLLY RD							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
PLYMOUTH MFG	PA	19462-2327					\$

PAGE TOTAL

\$ 715.00

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

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>SARAH FOR COUNCIL</i>	Reporting Period From <i>8/26/19</i> To <i>10/31/19</i>
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				DATE			AMOUNT
Full Name of Contributing Committee PLYMOUTH TOWNSHIP REPUBLICAN COM				MO.	DAY	YEAR	\$ 1000.00
Mailing Address				MO.	DAY	YEAR	\$ 2000.00
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
CONSHOHOCKEN	PA	19428 =					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		=					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		=					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		=					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		=					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		=					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		=					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		=					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		=					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		=					\$

PAGE TOTAL
\$ 3000.00

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

STATEMENT OF EXPENDITURES

7-7

Name of Filing Committee or Candidate <i>JARAH FOR COUNCIL</i>		Reporting Period From <i>8/26/19</i> To <i>10/21/19</i>	
To Whom Paid <i>PATHFINDER COMMUNICATIONS</i>	MO. <i>9</i> DAY <i>15</i> YEAR <i>19</i>	Amount <i>\$ 901.00</i>	
Mailing Address <i>857 NATHAN HALE RD</i>	Description of Expenditure <i>HANDOUT CARDS</i>		
City <i>BERWYN</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19028-</i>	
To Whom Paid <i>CAPITOL PROMOTIONS INC</i>	MO. <i>10</i> DAY <i>8</i> YEAR <i>19</i>	Amount <i>\$ 664.49</i>	
Mailing Address <i>P.O. BOX 231</i>	Description of Expenditure <i>YARD SIGNS</i>		
City <i>GREENSBORO</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19038-</i>	
To Whom Paid <i>PATHFINDER COMMUNICATIONS</i>	MO. <i>10</i> DAY <i>15</i> YEAR <i>19</i>	Amount <i>\$ 1225.00</i>	
Mailing Address <i>857 NATHAN HALE RD</i>	Description of Expenditure <i>MAILERS</i>		
City <i>BERWYN</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19028-</i>	
To Whom Paid	MO.	DAY	YEAR
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR
Mailing Address	Description of Expenditure		
City	State	Zip Code (Plus 4)	

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

PAGE TOTAL

\$ 2790.49

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				Reporting Period			
JURAH FOR COUNCIL				From 8/26/19 To 10/21/19			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
KRISTOPHER WOOD				8	31	19	330.00
Mailing Address				MO.	DAY	YEAR	\$
142 ASHLEY WAY							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
PLYMOUTH MTO	PA	19462-2858					
Employer Name				Occupation			
HOW GROUP				REAL ESTATE			
Employer Mailing Address/Principal Place of Business							
720 FAYETTE ST. CONSHOHOCKEN PA 19428							
Full Name of Contributor				MO.	DAY	YEAR	\$
MARK LAWSON				9	1	19	330.00
Mailing Address				MO.	DAY	YEAR	\$
1790 HOPES LN.							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
NORTH WALES	PA	19454-3600					
Employer Name				Occupation			
JANSSEN PHARMACEUTICAL COS OF JOHNSON				DIRECTOR PRODUCT			
Employer Mailing Address/Principal Place of Business							
200 GREAT VALLEY PKWY MALVERD PA 19355							
Full Name of Contributor				MO.	DAY	YEAR	\$
CHARMAINE ARJUN				9	11	19	330.00
Mailing Address				MO.	DAY	YEAR	\$
1700 BUTLER PIKE APT 132							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
CONSHOHOCKEN	PA	19428-					
Employer Name				Occupation			
2				HOUSEWIFE			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
RUSSELL T BEHARR				9	29	19	1000.00
Mailing Address				MO.	DAY	YEAR	\$
1405 COLWELL LANE							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
CONSHOHOCKEN	PA	19428-1112					
Employer Name				Occupation			
				RETIRED			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL

\$ 1990.00