

Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE 1.		COMMITTEE 2.		LOBBYIST 3.																													
Name of Filing Committee, Candidate or Lobbyist: <i>Treasurer of John P. Durante</i>																																					
Street Address: <i>315 E 9th Avenue,</i>																																					
City: <i>Cochran</i>																																					
State: <i>Pa</i>																																					
Zip Code: <i>19428</i>																																					
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO																												
	5TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO																												
	ANNUAL REPORT	7. <input checked="" type="checkbox"/>	YEAR	<i>2009</i>		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE																											
Name of Office Sought by Candidate: <i>Sheriff of Montgomery County</i>																																					
DATE OF ELECTION																																					
MO. DAY YEAR			MO. DAY YEAR			District Number		Office Code	Party Code	County Code																											
						<i>06</i>		<i>OTH</i>	<i>Rep</i>	<i>Dep</i>																											
(SEE INSTRUCTIONS FOR CODES)																																					
Summary of Receipts and Expenditures from:					FOR OFFICE USE ONLY																																
A. Amount Brought Forward From Last Report					<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p style="font-size: 2em; color: purple; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; color: purple; margin: 0;">2010 JAN 19 A 11:01</p> <p style="font-size: 1.2em; color: purple; margin: 0;">OFFICE OF VOTER SERVICES MONTG. CO. PA.</p> </div>																																
B. Total Monetary Contributions and Receipts (From Schedule I)																																					
C. Total Funds Available (Sum of Lines A and B)																																					
D. Total Expenditures (From Schedule III)																																					
E. Ending Cash Balance (Subtract Line D from Line C)																																					
F. Value of In-Kind Contributions Received (From Schedule III)																																					
G. Unpaid Debts and Obligations (From Schedule IV)																																					
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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 12TH day of JANUARY 20 10

George E. Gunning, Jr
Signature of Person Submitting Report
George E. Gunning, Jr
Printed Name
610
Area Code
941-5440
Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Constance A. Brady, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires May 26, 2010

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. 1333, No. 320) as amended.

Sworn to and subscribed before me this 19th day of January 20 10

NOTARIAL SEAL
PATRICIA A. GIAMBRONE
Notary Public
NORRISTOWN BOROUGH, MONTGOMERY COUNTY
My Commission Expires Dec. 13, 2012

John P. Durante
Signature of Candidate
John P. DURANTE
Printed Name
610
Area Code
279 3387
Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Committee of John P. Durante</i>	Reporting Period From <i>1/29/09</i> To <i>12/31/09</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>None</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>None</i>
All Other Contributions (Part B)	\$ <i>None</i>
TOTAL for the Reporting Period	(2) \$ <i>None</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>None</i>
All Other Contributions (Part D)	\$ <i>None</i>
TOTAL for the Reporting Period	(3) \$ <i>None</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>1.60</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <i>1.60</i>
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**PART E
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 <i>Committee of John P. Rucanto</i>						Reporting Period From <i>11/23/09</i> To <i>12/31/09</i>	
Full Name <i>Centennial Bank</i>							
Mailing Address <i>661 W. Vermilion Pike</i>							
City <i>Peppert Valley</i>						State <i>OK</i>	Zip Code (Plus 4) <i>19462 -</i>
Receipt Description <i>Interest Income</i>			MO <i>10</i>	DAY <i>30</i>	YEAR <i>09</i>	Amount \$.53	
Full Name <i>Centennial Bank</i>							
Mailing Address <i>661 W. Vermilion Pike</i>							
City <i>Peppert Valley</i>						State <i>OK</i>	Zip Code (Plus 4) <i>19462 -</i>
Receipt Description <i>Interest Income</i>			MO <i>11</i>	DAY <i>30</i>	YEAR <i>09</i>	Amount \$.53	
Full Name <i>Centennial Bank</i>							
Mailing Address <i>661 W. Vermilion Pike</i>							
City <i>Peppert Valley</i>						State <i>OK</i>	Zip Code (Plus 4) <i>19462 -</i>
Receipt Description <i>Interest Income</i>			MO <i>12</i>	DAY <i>31</i>	YEAR <i>09</i>	Amount \$.53	
Full Name							
Mailing Address							
City						State	Zip Code (Plus 4)
Receipt Description			MO	DAY	YEAR	Amount \$	
Full Name							
Mailing Address							
City						State	Zip Code (Plus 4)
Receipt Description			MO	DAY	YEAR	Amount \$	
Full Name							
Mailing Address							
City						State	Zip Code (Plus 4)
Receipt Description			MO	DAY	YEAR	Amount \$	

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$

**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 <i>Juanita G. John P. Narante</i>	Reporting Period From <u>11/23/09</u> To <u>12/31/09</u>
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Full Name of Contributor	DATE	AMOUNT
Mailing Address	MO. DAY YEAR	\$ <i>None</i>
City	MO. DAY YEAR	\$
State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	DATE	AMOUNT
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	DATE	AMOUNT
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	DATE	AMOUNT
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	DATE	AMOUNT
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
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
\$146

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting Period			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
<i>Mark & John O. DeWitte</i>				From <i>11/23</i> To <i>12/31/09</i>			\$ <i>None</i>
Mailing Address				MO.	DAY	YEAR	
City				MO.	DAY	YEAR	
Description of Contribution:				MO.	DAY	YEAR	\$
State				MO.	DAY	YEAR	\$
Zip Code (Plus 4)				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Description of Contribution:				MO.	DAY	YEAR	\$
State				MO.	DAY	YEAR	\$
Zip Code (Plus 4)				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Description of Contribution:				MO.	DAY	YEAR	\$
State				MO.	DAY	YEAR	\$
Zip Code (Plus 4)				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Description of Contribution:				MO.	DAY	YEAR	\$
State				MO.	DAY	YEAR	\$
Zip Code (Plus 4)				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Description of Contribution:				MO.	DAY	YEAR	\$
State				MO.	DAY	YEAR	\$
Zip Code (Plus 4)				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Description of Contribution:				MO.	DAY	YEAR	\$
State				MO.	DAY	YEAR	\$
Zip Code (Plus 4)				MO.	DAY	YEAR	\$

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ *None*

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of John P. Luccante</i>	Reporting Period From <i>11/29/09</i> To <i>12/31/09</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>None</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <i>None</i>
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate					Reporting Period			Amount
Manda G. John P. Roberts					From 11/29/09 to 12/31/09			\$ None
To Whom Paid	Mailing Address				MO	DAY	YEAR	Amount
								\$
	City				Description of Expenditure			
	State	Zip Code (Plus 4)						
To Whom Paid	Mailing Address				MO	DAY	YEAR	Amount
								\$
	City				Description of Expenditure			
	State	Zip Code (Plus 4)						
To Whom Paid	Mailing Address				MO	DAY	YEAR	Amount
								\$
	City				Description of Expenditure			
	State	Zip Code (Plus 4)						
To Whom Paid	Mailing Address				MO	DAY	YEAR	Amount
								\$
	City				Description of Expenditure			
	State	Zip Code (Plus 4)						
To Whom Paid	Mailing Address				MO	DAY	YEAR	Amount
								\$
	City				Description of Expenditure			
	State	Zip Code (Plus 4)						
To Whom Paid	Mailing Address				MO	DAY	YEAR	Amount
								\$
	City				Description of Expenditure			
	State	Zip Code (Plus 4)						
To Whom Paid	Mailing Address				MO	DAY	YEAR	Amount
								\$
	City				Description of Expenditure			
	State	Zip Code (Plus 4)						
To Whom Paid	Mailing Address				MO	DAY	YEAR	Amount
								\$
	City				Description of Expenditure			
	State	Zip Code (Plus 4)						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL
								\$ None

**SCHEDULE IV
STATEMENT OF UNPAID DEBTS**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <i>James K. John P. Durant</i>	Reporting Period From <u>11/23/09</u> To <u>12/31/09</u>
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Name of Creditor				Outstanding Balance of Debt		
Mailing Address						
City	DATE DEBT INCURRED	MO.	DAY	YEAR	\$ <u>7672</u>	
Description of Debt		State	Zip Code (Plus 4)			

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

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

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

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

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

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

PAGE TOTAL
\$ <u>None</u>