

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: _____

Name of Filing Committee, Candidate or Lobbyist: Friends of John P. Durante

Street Address: 315 E 9th Avenue

City: Coonshohocken

State: Pa

Zip Code: 19428

Report Filed By: CANDIDATE COMMITTEE LOBBYIST

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.	YEAR	2009	FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: Sheriff of Montgomery County

DATE OF ELECTION

MO.	DAY	YEAR

District Number: 06
 Office Code: 0TH
 Party Code: Rep
 County Code: Dep

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:

	MO.	DAY	YEAR	To	MO.	DAY	YEAR
A. Amount Brought Forward From Last Report							
B. Total Monetary Contributions and Receipts (From Schedule I)	11	23	09		12	31	09
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)							

RECEIVED
 2010 JAN 19 A 11:01
 OFFICE OF
 VOTER SERVICES
 MONTG. CO. PA.

PART I - AFFIDAVIT SECTION

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

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

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

PART II - AFFIDAVIT SECTION

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

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

Notarial Seal:
 PATRICIA A. GIAMBRONE
 Notary Public
 NORRISTOWN BOROUGH, MONTGOMERY COUNTY
 My Commission Expires Dec. 13, 2012

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. Aquarone</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>CA</i>	Zip Code (Plus 4) <i>19462 -</i>	MO <i>10</i>	DAY <i>30</i>	YEAR <i>09</i>	Amount <i>\$.53</i>
Receipt Description <i>Interest Income</i>								
Full Name <i>Centennial Bank</i>								
Mailing Address <i>661 W. Vermilion Pike</i>								
City <i>Peppert Valley</i>			State <i>CA</i>	Zip Code (Plus 4) <i>19462 -</i>	MO <i>11</i>	DAY <i>30</i>	YEAR <i>09</i>	Amount <i>\$.53</i>
Receipt Description <i>Interest Income</i>								
Full Name <i>Centennial Bank</i>								
Mailing Address <i>661 W. Vermilion Pike</i>								
City <i>Peppert Valley</i>			State <i>CA</i>	Zip Code (Plus 4) <i>19462 -</i>	MO <i>12</i>	DAY <i>31</i>	YEAR <i>09</i>	Amount <i>\$.53</i>
Receipt Description <i>Interest Income</i>								
Full Name								
Mailing Address								
City			State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
Receipt Description								
Full Name								
Mailing Address								
City			State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
Receipt Description								
Full Name								
Mailing Address								
City			State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
Receipt Description								

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

PAGE TOTAL
\$

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			
<i>Frank & Jill R. Perante</i>					From <u>11/27/09</u> To <u>12/31/09</u>			
Full Name of Contributing Committee					DATE			AMOUNT
Mailing Address					MO.	DAY	YEAR	\$ None
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$
Full Name of Contributing Committee					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$
Full Name of Contributing Committee					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$
Full Name of Contributing Committee					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$
Full Name of Contributing Committee					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$
Full Name of Contributing Committee					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$
Full Name of Contributing Committee					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$
Full Name of Contributing Committee					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$
Full Name of Contributing Committee					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$
Full Name of Contributing Committee					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City					MO.	DAY	YEAR	\$
State					MO.	DAY	YEAR	\$
Zip Code (Plus 4)					MO.	DAY	YEAR	\$

PAGE TOTAL
\$ None

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

DSEB-502 (7-99)

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				Reporting Period			
<i>Trinity John O. Acosta</i>				From <u>11/23/09</u> To <u>12/31/09</u>			
Full Name of Contributor				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	\$ <i>None</i>
City				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	\$
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	\$
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	\$
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	\$
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	\$
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	\$
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	\$
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	\$
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	\$
State				MO.	DAY	YEAR	\$
Zip Code (Plus 4)				MO.	DAY	YEAR	\$
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.							PAGE TOTAL
							\$ <i>None</i>

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>James J. John P. Auerant</i>	Reporting Period From <i>11/30/09</i> To <i>12/31/09</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$ <i>76016</i>
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL \$ <i>76016</i>
