CAMPAIGN FINANCE REPORT

PAGE 1 OF _

(COVER PAGE)

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

Filer Identification Number:	Report		CAADE	ATE 1.	COMM	HIEE 2	LOBB	YIST 3.					
Name of Filing Committee, Candidate or Lobbyist:													
Committee to Elect Garrett Page Treasurer Street Address:													
548 East Main St			T-		T-2								
City: Norristown			State:	A	Zip Coc	le: 19401	-						
TYPE OF STALTUESDAY 1. 2ND FRIE		\$0000000	SO DAY	3. RV	AMENDA REPORT		15.	NO					
STH TUESDAY 4. 2ND FRIC	SAY.	5.	MO DAY	6.	TERM:NA	STEEN .		NO.					
the right of ANNUAL 7. YEAR		F	ING MET	109	PAPE		DISK	THE					
Name of Office Sought by Candidate:			DATE OF	ELECTION	District	Office	Party	County					
250 076			MG DAY	- 0000000000000000000000000000000000000	Number	Code	Code	Code					
					38	(SEE INST	RUCTIONS	FOR CODES)					
BIG DAY	VEAR		MIC CAN	YEAR	,	OK (OFF)	E (85E (0)	SILEY					
Summary of Receipts	09		12 31	2009 –		2							
A. Amount Brought Forward From Last Report			39.16	ģ		2010 F	H H						
B. Total Monetary Contributions and Receipts (From Sci	hedule I)	\$	0	5	中山								
C. Total Funds Available (Sum of Lines A and B)		\$ 4	39.16	0	ign ga	<u> </u>							
D. Total Expenditures (From Schedule III)	ì	\$ 4	64.57	Ö	59	U <	\leq						
E. Ending Cash Balance (Subtract Line D from Line C)			25.41	Ä									
F. Value of In-Kind Contributions Received (From School	edule II)	\$				W ?							
G. Unpaid Debts and Obligations (From Schedule IV)		\$			V								
PART I - If this is a Committee report, treasurer sign	AFFIDAV												
I swear (or affirm) that this report, including the attached sche					*************	****************	edge and be	lief true,					
correct and complete. Sworn to and subscribed before me this													
At day of Jehning	20 10	1	The same of the sa	(THE REAL PROPERTY AND ADDRESS OF THE PARTY AND								
COMMONWEALTH OF PENNSYLVANIA			07	Signature o	f Person S	ubmitting F	Report						
O D LOPOL W. I Notaria get		} -	75,10	enova	Printed Na	me /	CSq.						
My commission expires Linchignature, Notary Funty Norristown Boro, Montgomery County My Commission Expires Oct. 30, 2012) Member, Permsylvania Asbatation of Notary	12	-	Area Coo	de	D	610 c	ephone Num	600 ber					
						ey time Tel	ep/ione item						
PART II — If this is a report of a Candidate's Authors I swear (or affirm) that to the best of my knowledge and belie				B	000000000000000000000000000000000000000								
(P.L. 1333, No. 320) as amended.	er this poil	tical com	nittee has no	ot violated a	ny provisio	ns of the	act of June	3, 1937					
Sworn to and subscribed before me this COMMONWEALTH OF PENNSYLVANIA	10)	V	7, -) 3/							
Linda D. Parker, Notery Public	20 10	-	1) Sign:	ature of Ca	ndidete							
Norristolun/Boro, Tiplodany County		} -	/ 6	ADRS	Printed Na	me KA	CE						
My commission expires Mo. DAY YR.	2] _	6 LO			178-	3/7S	ber					
				WEST CHANGE		,							

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting	Period			
Committee to Elect Garrett Page Tr		From	11/23/0	19 To <u>12/31/09</u>		
rage Tr	easur	er				
To Whom Paid						Amount
Committee to Elect Garrett Page	12 30 09 \$ 464.57					
Mailing Address		ption of Ex		404.57		
548 East Main St.						
City	State	Zip Code (Plus 4)				
Norristown, PA 19401		-	C	ontribu	tion	
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descrip	otion of Exp	penditure	
City	State	Zip Code (Plus 4)	 			
		_				
To Whom Paid		<u> </u>		EAY		Amount
			333333212			\$
Mailing Address			Descrip	ntion of Exp	enditure	<u> </u>
City	State	Zip Code (Pius 4)				
To Whom Paid		_				
TO WROTH Pale .			MO	DAY	VEAR	Amount
Mailing Address			Docasia			\$
•			Descrip	otion of Exp	enaiture	
City	State	Zip Code (Plus 4)	 			
*						•
To Whom Paid			MC		VEAR	Amount
			****************		0 00000	\$
Mailing Address			Descrip	rtion of Exp	enditure	·
City			<u> </u>			
City	State	Zip Code (Plus 4)				
To Whom Paid			M/U.	DAY	YEAR	Amount
Mailing Address			<u> </u>			\$
			Descrip	rtion of Exp	enditure	
City	State	Zip Code (Plus 4)	ļ		····	
To Whom Paid	1				2.0000000000000000000000000000000000000	
			**************************************	DAY	000E4500	Amount
Mailing Address			Descrip	tion of Exp	enditure	\$
				·		
City	State	Zip Code (Plus 4)		*****	*	
		- .				•
To Whom Paid	•		M/C	DAY	VEAR	Amount
Mailine Address						\$
Mailing Address			Descrip	tion of Exp	enditure	11111 1 2 111 1 2 11 2 11 2 11 2 11 2
City	Ctata	Zin Code (D)				
	State	Zip Code (Plus 4)				
		_	<u> </u>			
Parking Anna 1			-	·		PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1,	Report Cover Pa	age, li	tem D.		\$ 464.57
						464 57