

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE ²	<input type="checkbox"/> LOBBYIST ³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Peter C. Amuso					
STREET ADDRESS 1507 E. Willow Grove Ave.					
CITY WYNSMOOR		STATE PA	ZIP CODE 19038 -		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE DISTRICT ATTORNEY		DISTRICT NO.	PARTY D	
	DATE OF ELECTION				
	6TH TUESDAY PRE-PRIMARY 1.				
	2ND FRIDAY PRE-PRIMARY 2.				
	30 DAY POST-PRIMARY 3. <input checked="" type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION 4.				
	2ND FRIDAY PRE-ELECTION 5.				
30 DAY POST-ELECTION 6.					
ANNUAL REPORT 7.					
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR	
		5 4 10		6 7 10	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0			
AMENDMENT REPORT?		YES	NO		
TERMINATION REPORT?		YES	NO		
FOR OFFICE USE ONLY					
RECEIVED OFFICE OF VOTER SERVICES MONTCO PA 2010 JUN 17 P 1:35					

AFFIDAVIT SECTION

COMMONWEALTH OF PENNSYLVANIA
 If statement is filed on behalf of a Political Committee or Candidates' Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.
 My Commission Expires November 19, 2013

I swear (or affirm) that to the best of my knowledge and belief the receipts or disbursements or liabilities incurred during the reporting period indicated above did not exceed two hundred and fifty dollars (\$250.00) and this report is, to the best of my knowledge and belief, true, correct and complete.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

17 DAY OF June 20 10

SIGNATURE OF PERSON SUBMITTING REPORT
 Peter C. Amuso
 PRINTED NAME

MY COMMISSION EXPIRES 11 19 2013
 MO. DAY YR.

215 805-4768
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

DAY OF 20

SIGNATURE OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER