

# 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: <b>▶</b>		Report Filed By: <b>▶</b>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup>		
Name of Filing Committee, Candidate or Lobbyist: <i>Sherrill G. Montgomery County</i>										
Street Address: <i>315 E. 9th Avenue</i>										
City: <i>Conowingo</i>					State: <i>MD</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	
	3RD TUESDAY PRE-ELECTION	4.	NO KINDS PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT	YES	NO	
	ANNUAL REPORT	7.	YEAR		FILING METHOD <input checked="" type="checkbox"/> CHECK-OFF		PAPER	<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate: <i>Sherrill G. Montgomery County</i>					DATE OF ELECTION MO. DAY YEAR <i>NA</i>		District Number <i>46</i>	Office Code <i>6711</i>	Party Code <i>Rep</i>	County Code <i>Rep</i>
Summary of Receipts and Expenditures from:					FOR OFFICE USE ONLY		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED  2010 AUG 18 A 11:  OFFICE OF  VOTER SERVICES  MONTG. CO. PA </div>			
A. Amount Brought Forward From Last Report		\$ <i>2,128.58</i>		B. Total Monetary Contributions and Receipts (From Schedule I)		\$ <i>124.00</i>				
C. Total Funds Available (Sum of Lines A and B)		\$ <i>2,252.58</i>		D. Total Expenditures (From Schedule III)		\$ <i>2,252.58</i>				
E. Ending Cash Balance (Subtract Line D from Line C)		\$ <i>0.00</i>		F. Value of In-Kind Contributions Received (From Schedule II)		\$ <i>None</i>				
G. Unpaid Debts and Obligations (From Schedule IV)		\$ <i>None</i>								
Summary of Receipts and Expenditures from:		MO. DAY YEAR <i>12 31 09</i>		To		MO. DAY YEAR <i>7 29 10</i>				

### AFFIDAVIT SECTION

**PART I - If this is a Committee report, committee 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 29 day of July

*Margaret Gillespie*  
Signature  
My commission expires 3-5-2012  
MO. DAY YR.

**COMMONWEALTH OF PENNSYLVANIA**  
Notary Seal  
*Margaret Gillespie*  
Notary Public  
Plymouth Twp., Montgomery County  
My Commission Expires March 5, 2012  
Member, Pennsylvania Association of Notaries

*Sherrill G. Montgomery*  
Signature of Person Submitting Report  
Printed Name Sherrill G. Montgomery  
Daytime Telephone Number 279-3040

**PART II - If this is a report of a Candidate, 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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My commission expires \_\_\_\_\_ MO. DAY YR.

*Sherrill G. Montgomery*  
Signature of Candidate  
Printed Name \_\_\_\_\_  
Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <i>Principles John P. Durante</i>	Reporting Period From <u>12/31/09</u> To <u>7/31/10</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <i>None</i>

<b>2. CONTRIBUTIONS LESS THAN \$250.00 (FROM PART A AND PART B)</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>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
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>

<b>4. OTHER MONETARY CONTRIBUTIONS AND RECEIPTS</b>	
TOTAL for the Reporting Period (4)	\$ <i>2.00</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (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>194.00</i>
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# 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 <i>Jeffrey P. Rivera</i>	Reporting Period From <u>12/31/09</u> To <u>11/30/10</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$ None
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 A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ None

**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 <i>George J. P. Aronate</i>	Reporting Period From <u>12/31/09</u> to <u>7/31/10</u>
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Full Name of Contributor	DATE	AMOUNT
Mailing Address		\$ <i>None</i>
City		\$
State		\$
Zip Code (Plus 4)		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
State		\$
Zip Code (Plus 4)		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
State		\$
Zip Code (Plus 4)		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
State		\$
Zip Code (Plus 4)		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
State		\$
Zip Code (Plus 4)		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
State		\$
Zip Code (Plus 4)		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
State		\$
Zip Code (Plus 4)		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
State		\$
Zip Code (Plus 4)		\$

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

PAGE TOTAL  
\$ *None*



**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: Blank & John P. Auer

Reporting Period: From 11/31/09 To 7/29/10

Full Name: Continental Bank

Mailing Address: 661 W. Pennsylvania Ave

City: Plymouth Meeting, Pa State: Pa Zip Code (Plus 4): 19146

MO	DAY	YEAR	Amount
1	31	10	\$ .40

Receipt Description: Interest income

Full Name: Continental Bank

Mailing Address: 661 W. Pennsylvania Ave

City: Plymouth Meeting, Pa State: Pa Zip Code (Plus 4): 19146

MO	DAY	YEAR	Amount
3	28	10	\$ .40

Receipt Description: Interest income

Full Name: Continental Bank

Mailing Address: 661 W. Pennsylvania Ave

City: Plymouth Meeting, Pa State: Pa Zip Code (Plus 4): 19146

MO	DAY	YEAR	Amount
3	31	10	\$ .40

Receipt Description: Interest income

Full Name: Continental Bank

Mailing Address: 661 W. Pennsylvania Ave

City: Plymouth Meeting, Pa State: Pa Zip Code (Plus 4): 19146

MO	DAY	YEAR	Amount
4	30	10	\$ .40

Receipt Description: Interest income

Full Name: Continental Bank

Mailing Address: 661 W. Pennsylvania Ave

City: Plymouth Meeting, Pa State: Pa Zip Code (Plus 4): 19146

MO	DAY	YEAR	Amount
5	31	10	\$ .40

Receipt Description: Interest income

Full Name: Continental Bank

Mailing Address: 661 W. Pennsylvania Ave

City: Plymouth Meeting, Pa State: Pa Zip Code (Plus 4): 19146

MO	DAY	YEAR	Amount
7	20	10	\$ 122.00

Receipt Description: Return of 9 months service charges

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

PAGE TOTAL  
**\$ 124.00**

# 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 A. Narate</i>	Reporting Period From <i>12/31/09</i> To <i>7/29/10</i>
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UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>None</i>

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 5)	
TOTAL for the Reporting Period (2)	\$

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM PART 5)	
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 II  
PART F

**IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate: Friends of John P. Deenante

Reporting Period: From 12/31/08 To 07/29/10

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$ <u>None</u>
								\$
								\$

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$
								\$
								\$

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$
								\$
								\$

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$
								\$
								\$

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$
								\$
								\$

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$
								\$
								\$

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

PAGE TOTAL  
\$ None



SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate  
*Friends of John P. Swartz*

Reporting Period  
From *12/31/09* To *7/1/10*

To Whom Paid  
*U.S. Postal Service*

Mailing Address  
*350 Sheppard Ave*  
City  
*Blue Bell*

State  
*Pa* Zip Code (Plus 4)  
*19122*

MO	DA	YR	Amount
2	4	10	\$440.
Description of Expenditure			
<i>Purchase of 1000 Stamp</i>			
<i>for mailing campaign</i>			

To Whom Paid  
*Cowsholake Depelun Committee*

Mailing Address  
*P.O. Box 696*  
City  
*Cowsholake Pa*

State  
*Pa* Zip Code (Plus 4)  
*19438 -*

MO	DA	YR	Amount
7	29	10	\$1814.58
Description of Expenditure			
<i>Travel payment to fund from</i>			
<i>trust of John P. Swartz</i>			

To Whom Paid

Mailing Address  
City

State Zip Code (Plus 4)

MO	DA	YR	Amount
			\$
Description of Expenditure			

To Whom Paid

Mailing Address  
City

State Zip Code (Plus 4)

MO	DA	YR	Amount
			\$
Description of Expenditure			

To Whom Paid

Mailing Address  
City

State Zip Code (Plus 4)

MO	DA	YR	Amount
			\$
Description of Expenditure			

To Whom Paid

Mailing Address  
City

State Zip Code (Plus 4)

MO	DA	YR	Amount
			\$
Description of Expenditure			

To Whom Paid

Mailing Address  
City

State Zip Code (Plus 4)

MO	DA	YR	Amount
			\$
Description of Expenditure			

To Whom Paid

Mailing Address  
City

State Zip Code (Plus 4)

MO	DA	YR	Amount
			\$
Description of Expenditure			

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

PAGE TOTAL  
*\$ 3254.58*

**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

*Friends of John P. Rivera*

Reporting Period

From 12/31/09 To 7/31/10

Name of Creditor

Mailing Address

City

DATE DEBT INCURRED

MO.

DAY

YEAR

Outstanding Balance of Debt

\$ None

Description of Debt

State

Zip Code (Plus 4)

Name of Creditor

Mailing Address

City

DATE DEBT INCURRED

MO.

DAY

YEAR

Outstanding Balance of Debt

\$

Description of Debt

State

Zip Code (Plus 4)

Name of Creditor

Mailing Address

City

DATE DEBT INCURRED

MO.

DAY

YEAR

Outstanding Balance of Debt

\$

Description of Debt

State

Zip Code (Plus 4)

Name of Creditor

Mailing Address

City

DATE DEBT INCURRED

MO.

DAY

YEAR

Outstanding Balance of Debt

\$

Description of Debt

State

Zip Code (Plus 4)

Name of Creditor

Mailing Address

City

DATE DEBT INCURRED

MO.

DAY

YEAR

Outstanding Balance of Debt

\$

Description of Debt

State

Zip Code (Plus 4)

Name of Creditor

Mailing Address

City

DATE DEBT INCURRED

MO.

DAY

YEAR

Outstanding Balance of Debt

\$

Description of Debt

State

Zip Code (Plus 4)

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

PAGE TOTAL

\$ None