

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 0060526 | | REPORT FILED ON BEHALF OF | CANDIDATE <input type="checkbox"/> | COMMITTEE <input type="checkbox"/> | LOBBYIST <input type="checkbox"/> | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Jim Matthews | | | | | | |
| STREET ADDRESS 674 Greycliffe Lane | | | | | | |
| CITY Ambler | | STATE PA | ZIP CODE 19002 | | | |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE | | DISTRICT NO. | PARTY | | |
| | DATE OF ELECTION | | | | | |
| | MO. DAY YEAR | | | | | |
| | 11 02 10 | | | | | |
| | DATES OF REPORTING PERIOD | | FOR OFFICE USE ONLY | | | |
| | NO. DAY YEAR TO NO. DAY YEAR | | RECEIVED 2010 NOV 30 A 11:05 OFFICE OF VOTER SERVICES MONTG. CO PA | | | |
| | 10 19 10 TO 11 22 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's 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.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE 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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

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 **30th** DAY OF **NOVEMBER** 20**10**

Wanda Barbé
Notary Public
Notristown, Montgomery County
MY COMMISSION EXPIRES **APR 23, 2013**

SIGNATURE OF CANDIDATE

James R. Matthews
PRINTED NAME

215 **885-5311**
AREA CODE DAYTIME TELEPHONE NUMBER