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 | 0060526 | REPORT FILED ON BEHALF OF | CANDIDATE 1. | COMMITTEE 2. | LOBBYIST 3. |
|---|---|---|---|---|---|

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 |
|---|---|---|---|---|---|---|---|
| 6TH TUESDAY PRE-PRIMARY | 1. | | | | 11 | 02 | 10 |
| 2ND FRIDAY PRE-PRIMARY | 2. | | | | | | |
| 30 DAY POST-PRIMARY | 3. | | | | | | |
| 6TH TUESDAY PRE-ELECTION | 4. | | | | | | |
| 2ND FRIDAY PRE-ELECTION | 5. | | | | | | |
| 30 DAY POST-ELECTION | 6. X | | | | | | |
| ANNUAL REPORT | 7. | | | | | | |

DATES OF REPORTING PERIOD: MO. 10 DAY 19 YEAR 10 TO MO. 11 DAY 22 YEAR 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-

| | YES | | NO | |
|---|---|---|---|---|
| AMENDMENT REPORT? | YES | | NO | |
| TERMINATION REPORT? | YES | | NO | |

FOR OFFICE USE ONLY

RECEIVED 2010 NOV 30 A 11:05 OFFICE OF VOTER SERVICES MONTG. CO PA

## 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 OF PERSON SUBMITTING REPORT

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. DAY YR.

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 2010

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Wanda L. Barbee - Notary Public Norristown, Montgomery County MY COMMISSION EXPIRES APR. 23, 2012

SIGNATURE OF CANDIDATE

James R. Matthews

PRINTED NAME

MY COMMISSION EXPIRES 4/23/2012 MO. DAY YR.

215 AREA CODE | 885-5311 DAYTIME TELEPHONE NUMBER