

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 <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Stewart J. Greenleaf, Jr.</i>							
STREET ADDRESS <i>417 Bartram Road</i>							
CITY <i>Willow Grove</i>			STATE <i>PA</i>	ZIP CODE <i>19090 - 3120</i>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	MO.	DAY	YEAR	MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY	<i>Montgomery County Controller</i>			<i>REP</i>	<i>11</i>	<i>02</i> <i>2010</i>	
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
6TH TUESDAY PRE-ELECTION	<i>07</i>	<i>13</i>	<i>2010</i>		<i>09</i>	<i>13</i>	<i>2010</i>
2ND FRIDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:				OFFICE OF VOTER SERVICES MONTG. CO. PA		
30 DAY POST-ELECTION	\$ <i>-187.39</i>				2010 SEP 21 A 8:45		
ANNUAL REPORT	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				RECEIVED		
	\$ <i>0</i>				✓		
	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>			
	TERMINATION REPORT?	YES	NO	<input checked="" 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
20 DAY OF *September* 20*10*

Stephanie A Dize
 SIGNATURE

Stewart J. Greenleaf, Jr.
 SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

MY COMMISSION EXPIRES _____

NOTARIAL SEAL
 STEPHANIE A DIZE
 NOTARY PUBLIC
 MONTGOMERY CNTY
 Expires Apr 23, 2013

215
 AREA CODE

977-1000
 DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Representative, 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

MY COMMISSION EXPIRES _____

MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER