

Commonwealth of Pennsylvania  
**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: <input type="checkbox"/>                          |  | Report Filed By: <input type="checkbox"/> |                                       | CANDIDATE <sup>1.</sup> |  | COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/> |   | LOBBYIST <sup>3.</sup> |                                   |  |             |  |  |
| Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Jenny Brown</u> |  |   |                                       |                         |  |   |   |                        |                                   |  |             |  |  |
| Street Address: <u>2 Gunning Lane</u>  |  |   |                                       |                         |  |   |   |                        |                                   |  |             |  |  |
| City: <u>Gladwyne</u>  |  |   |                                       | State: <u>PA</u>        |  | Zip Code: <u>19035</u>                                      |   |                        |                                   |  |             |  |  |
| TYPE OF REPORT<br><br>(place X to the right of report type)                    | 6TH TUESDAY PRE-PRIMARY <sup>1.</sup>  |   | 2ND FRIDAY PRE-PRIMARY <sup>2.</sup>  |                         | 30 DAY POST PRIMARY <sup>3.</sup>                                      |   | AMENDMENT REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                        |                                   |  |             |  |  |
|  | 6TH TUESDAY PRE-ELECTION <sup>4.</sup> |   | 2ND FRIDAY PRE-ELECTION <sup>5.</sup> |                         | 30 DAY POST ELECTION <sup>6.</sup> <input checked="" type="checkbox"/> |   | TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>          |                        |                                   |  |             |  |  |
|  | ANNUAL REPORT <sup>7.</sup>            |   | YEAR <input type="checkbox"/>         |                         | FILING METHOD ( ) CHECK ONE <input type="checkbox"/>                   |   | PAPER <input checked="" type="checkbox"/>   |                        | DISKETTE <input type="checkbox"/> |  |             |  |  |
| Name of Office Sought by Candidate: <u>County Commissioner</u>                 |  |   |                                       |                         | DATE OF ELECTION   |   |   | District Number        | Office Code                       | Party Code   | County Code |  |  |
|  |  |   |                                       |                         | MO.  | DAY   | YEAR  |                        | <u>074</u>                        | <u>REP</u>   | <u>46</u>   |  |  |
|  |  |   |                                       |                         | <u>11</u>  | <u>2</u>  | <u>2010</u>   |                        | (SEE INSTRUCTIONS FOR CODES)      |  |             |  |  |
| Summary of Receipts and Expenditures from: <input type="checkbox"/>            |  |   | MO.                                   | DAY                     | YEAR   | To  | MO.   | DAY                    | YEAR                              | FOR OFFICE USE ONLY<br><br>RECEIVED<br>2011 JAN 10 A 9:57<br>VOTER SERVICES<br>MONTG. CO. PA |             |  |  |
|  |  |   | <u>10</u>                             | <u>19</u>               | <u>2010</u>  |   | <u>11</u>   | <u>22</u>              | <u>2010</u>                       |  |             |  |  |
| A. Amount Brought Forward From Last Report                                     |  |   | \$ <u>1,077.26</u>                    |                         |  |   |   |                        |                                   |  |             |  |  |
| B. Total Monetary Contributions and Receipts (From Schedule I)                 |  |   | \$ <u>11,000.00</u>                   |                         |  |   |   |                        |                                   |  |             |  |  |
| C. Total Funds Available (Sum of Lines A and B)                                |  |   | \$ <u>12,077.26</u>                   |                         |  |   |   |                        |                                   |  |             |  |  |
| D. Total Expenditures (From Schedule III)                                      |  |   | \$ <u>2,440.00</u>                    |                         |  |   |   |                        |                                   |  |             |  |  |
| E. Ending Cash Balance (Subtract Line D from Line C)                           |  |   | \$ <u>9,637.26</u>                    |                         |  |   |   |                        |                                   |  |             |  |  |
| F. Value of In-Kind Contributions Received (From Schedule II)                  |  |   | \$ <u>0.00</u>                        |                         |  |   |   |                        |                                   |  |             |  |  |
| G. Unpaid Debts and Obligations (From Schedule IV)                             |  |   | \$ <u>0.00</u>                        |                         |  |   |   |                        |                                   |  |             |  |  |

**AFFIDAVIT SECTION**

**PART I - If this is a Committee report, treasurer 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 07<sup>th</sup> day of JANUARY

Maryellen V. Raynor Signature

My commission expires 4 7 2013  
 MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 MARYELLEN V. RAYNOR, Notary Public  
 Radnor Twp / Delaware County  
 My Commission Expires April 7, 2013

Philip S. Ruzenzweig Esq. Signature of Person Submitting Report

Philip S. Ruzenzweig Esq. Printed Name

610 Area Code 263-0124 Daytime Telephone Number

**PART II - If this is a report of a Candidate's 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 3rd day of January

Todd F. Silbergeld Signature

My commission expires 4 2 2013  
 MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 TODD F. SILBERGELD, Notary Public  
 Bridgeport Boro. / Montgomery County  
 My Commission Expires April 2, 2013

Jenny Brown Signature of Candidate

Jenny Brown Printed Name

610 Area Code 389-9475 Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation  
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

|  |   |
|--|---|
| Name of Filing Committee or Candidate<br><i>Friends of Jenny Brown</i> | Reporting Period<br>From <i>10-19-2010</i> to <i>11-22-2010</i> |
|--|---|

| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR |     |                |
|--|-----|----------------|
| TOTAL for the Reporting Period   | (1) | \$ <i>0.00</i> |

| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) |     |                |
|---|-----|----------------|
| Contributions Received from Political Committees (Part A)     | \$  | <i>0.00</i>    |
| All Other Contributions (Part B)                              | \$  | <i>0.00</i>    |
| TOTAL for the Reporting Period                                | (2) | \$ <i>0.00</i> |

| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)   |     |                                |
|---|-----|--------------------------------|
| Contributions Received from Political Committees (Part C) | \$  | <i>0.00</i>                    |
| All Other Contributions (Part D)                          | \$  | <i>11,000.<sup>00</sup></i>    |
| TOTAL for the Reporting Period                            | (3) | \$ <i>11,000.<sup>00</sup></i> |

| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) |     |                |
|---|-----|----------------|
| TOTAL for the Reporting Period  | (4) | \$ <i>0.00</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 8.) | \$ <i>11,000.<sup>00</sup></i> |
|--|--------------------------------|

**PART D  
ALL OTHER CONTRIBUTIONS**

**OVER \$250.00**

Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

|  |   |
|--|---|
| Name of Filing Committee or Candidate<br><b>Friends of Jenny Brown</b> | Reporting Period<br>From <u>10/19/2010</u> To <u>11-22-2010</u> |
|--|---|

|  |                    |                                    |  | DATE   |     |      | AMOUNT                         |
|--|--------------------|------------------------------------|--|--|-----|------|--------------------------------|
| Full Name of Contributor<br><b>Karen Aydt</b>  |                    |                                    |  | MO.  | DAY | YEAR | \$ <b>1,000.<sup>00</sup></b>  |
| Mailing Address<br><b>1500 Sweetbriar Rd</b>   |                    |                                    |  | MO.  | DAY | YEAR | \$                             |
| City<br><b>Gladwyne</b>  | State<br><b>PA</b> | Zip Code (Plus 4)<br><b>19035-</b> |  | MO.  | DAY | YEAR | \$                             |
| Employer Name<br><b>Self employed - Legacy Photo</b>   |                    |                                    |  | Occupation<br><b>President</b>                     |     |      |                                |
| Employer Mailing Address/Principal Place of Business<br><b>408 E. Fourth Street, Ste. 307 Bridgeport, PA 19405</b> |                    |                                    |  |  |     |      |                                |
| Full Name of Contributor<br><b>Vahan Gureghian</b>   |                    |                                    |  | MO.  | DAY | YEAR | \$ <b>10,000.<sup>00</sup></b> |
| Mailing Address<br><b>841 Menon Square Rd</b>  |                    |                                    |  | MO.  | DAY | YEAR | \$                             |
| City<br><b>Gladwyne</b>  | State<br><b>PA</b> | Zip Code (Plus 4)<br><b>19035-</b> |  | MO.  | DAY | YEAR | \$                             |
| Employer Name<br><b>Charter School Management</b>  |                    |                                    |  | Occupation<br><b>CEO - Charter Sch. Management</b> |     |      |                                |
| Employer Mailing Address/Principal Place of Business<br><b>214 E. Fifth St., Chester, PA 19013</b>                 |                    |                                    |  |  |     |      |                                |
| Full Name of Contributor   |                    |                                    |  | MO.  | DAY | YEAR | \$                             |
| Mailing Address  |                    |                                    |  | MO.  | DAY | YEAR | \$                             |
| City   | State              | Zip Code (Plus 4)                  |  | MO.  | DAY | YEAR | \$                             |
| Employer Name  |                    |                                    |  | Occupation   |     |      |                                |
| Employer Mailing Address/Principal Place of Business   |                    |                                    |  |  |     |      |                                |
| Full Name of Contributor   |                    |                                    |  | MO.  | DAY | YEAR | \$                             |
| Mailing Address  |                    |                                    |  | MO.  | DAY | YEAR | \$                             |
| City   | State              | Zip Code (Plus 4)                  |  | MO.  | DAY | YEAR | \$                             |
| Employer Name  |                    |                                    |  | Occupation   |     |      |                                |
| Employer Mailing Address/Principal Place of Business   |                    |                                    |  |  |     |      |                                |
| Full Name of Contributor   |                    |                                    |  | MO.  | DAY | YEAR | \$                             |
| Mailing Address  |                    |                                    |  | MO.  | DAY | YEAR | \$                             |
| City   | State              | Zip Code (Plus 4)                  |  | MO.  | DAY | YEAR | \$                             |
| Employer Name  |                    |                                    |  | Occupation   |     |      |                                |
| Employer Mailing Address/Principal Place of Business   |                    |                                    |  |  |     |      |                                |

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL  
**\$ 11,000.<sup>00</sup>**

SCHEDULE III

STATEMENT OF EXPENDITURES

|  |   |
|--|---|
| Name of Filing Committee or Candidate<br><b>Friends of Jenny Brown</b> | Reporting Period<br>From <b>10-19-2010</b> To <b>11-22-2010</b> |
|--|---|

| To Whom Paid                           | MO.   | DAY                                | YEAR        | Amount                        |
|--|---|------------------------------------|-------------|-------------------------------|
| <b>E3 Group, LLC</b>                   | <b>11</b>                                       | <b>11</b>                          | <b>2010</b> | <b>\$ 2,000.<sup>00</sup></b> |
| Mailing Address<br><b>PO Box 26517</b> | Description of Expenditure<br><b>Consulting</b> |                                    |             |                               |
| City<br><b>Collegewille</b>            | State<br><b>PA</b>                              | Zip Code (Plus 4)<br><b>19426-</b> |             |                               |
| <b>US PS</b>                           | <b>11</b>                                       | <b>15</b>                          | <b>2010</b> | <b>\$ 440.<sup>00</sup></b>   |
| Mailing Address                        | Description of Expenditure                      |                                    |             |                               |
| City<br><b>Gladwyne</b>                | State<br><b>PA</b>                              | Zip Code (Plus 4)<br><b>19035-</b> |             |                               |
| <b>To Whom Paid</b>                    | <b>MO.</b>                                      | <b>DAY</b>                         | <b>YEAR</b> | <b>Amount</b>                 |
|  |   |                                    |             | <b>\$</b>                     |
| Mailing Address                        | Description of Expenditure                      |                                    |             |                               |
| City                                   | State   | Zip Code (Plus 4)                  |             |                               |
|  |   | -                                  |             |                               |
| <b>To Whom Paid</b>                    | <b>MO.</b>                                      | <b>DAY</b>                         | <b>YEAR</b> | <b>Amount</b>                 |
|  |   |                                    |             | <b>\$</b>                     |
| Mailing Address                        | Description of Expenditure                      |                                    |             |                               |
| City                                   | State   | Zip Code (Plus 4)                  |             |                               |
|  |   | -                                  |             |                               |
| <b>To Whom Paid</b>                    | <b>MO.</b>                                      | <b>DAY</b>                         | <b>YEAR</b> | <b>Amount</b>                 |
|  |   |                                    |             | <b>\$</b>                     |
| Mailing Address                        | Description of Expenditure                      |                                    |             |                               |
| City                                   | State   | Zip Code (Plus 4)                  |             |                               |
|  |   | -                                  |             |                               |
| <b>To Whom Paid</b>                    | <b>MO.</b>                                      | <b>DAY</b>                         | <b>YEAR</b> | <b>Amount</b>                 |
|  |   |                                    |             | <b>\$</b>                     |
| Mailing Address                        | Description of Expenditure                      |                                    |             |                               |
| City                                   | State   | Zip Code (Plus 4)                  |             |                               |
|  |   | -                                  |             |                               |
| <b>To Whom Paid</b>                    | <b>MO.</b>                                      | <b>DAY</b>                         | <b>YEAR</b> | <b>Amount</b>                 |
|  |   |                                    |             | <b>\$</b>                     |
| Mailing Address                        | Description of Expenditure                      |                                    |             |                               |
| City                                   | State   | Zip Code (Plus 4)                  |             |                               |
|  |   | -                                  |             |                               |

PAGE TOTAL  
**\$ 2,440.<sup>00</sup>**

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