

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		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>MARIE N. CAVANAUGH</b>							
STREET ADDRESS <b>410 S. TENTH ST</b>							
CITY <b>NORTH WALTON</b>			STATE <b>PA</b>	ZIP CODE <b>19454 - 3019</b>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE BOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	<b>COUNTY COMMISSIONER</b>			<b>R</b>	MO.	DAY YEAR	
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	MO. DAY YEAR	<div style="text-align: center;"> <p>RECEIVED</p> <p>2011 JAN 14 P 3:23</p> <p>OFFICE OF VOTER SERVICES</p> <p>MONTCO. CO. PA</p> </div>		
30 DAY POST-PRIMARY	3.	11 22 10		12 31 10			
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>					
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>					
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO			<input checked="" type="checkbox"/>
ANNUAL REPORT	7. <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO			<input checked="" type="checkbox"/>

**AFFIDAVIT SECTION**

COMMONWEALTH OF PENNSYLVANIA

Notarially signed by: **HEATHER R. MAKLER**, Notary Public, Abington Twp., Montgomery County, PA. My Commission Expires **Feb. 9 2012**

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 14th day of January, 2011.

Signature: Marie N. Cavanaugh  
 Signature of person submitting report: MARIE N. CAVANAUGH  
 Printed name: MARIE N. CAVANAUGH

Area code: 610 Daytime telephone number: 278-3257

**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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_  
 Signature of candidate: \_\_\_\_\_  
 Printed name: \_\_\_\_\_

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.  
 Area code: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_