

# 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 <input checked="" type="checkbox"/>	LOBBYIST <sup>1.</sup>
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF MARIE CAVANAUGH</b>				
Street Address: <b>410 S. TENTH ST.</b>				
City: <b>NORTH WALES</b>		State: <b>PA</b>		Zip Code: <b>19454-3019</b>
TYPE OF REPORT  (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	2ND FRIDAY PRE-PRIMARY	30 DAY POST-PRIMARY	AMENDMENT REPORT? YES NO
	4TH TUESDAY PRE-ELECTION	2ND FRIDAY PRE-ELECTION	30 DAY POST-ELECTION	TERMINATION REPORT? YES NO
	ANNUAL REPORT <input checked="" type="checkbox"/>	YEAR: <b>2010</b>	FILING METHOD (CHECK ONE) <input type="checkbox"/> PAPER <input checked="" type="checkbox"/> DISKETTE	

Name of Office Sought by Candidate: <b>COUNTY COMMISSIONER</b>		DATE OF ELECTION		District Number	Office Code	Party Code	County Code
		MO. DAY YEAR					
		<b>5 17 2011</b>			<b>0TH REP</b>	<b>REP</b>	<b>46</b>
(SEE INSTRUCTIONS FOR CODES)							

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	<b>12 2 2010</b>		<b>12 31 2010</b>	
A. Amount Brought Forward From Last Report	\$		<b>0.00</b>	RECEIVED 2011 2011 JAN -3 P 12:30 XND OFFICE OF VOTER SERVICES MONTG. CO PA ✓
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		<b>250.00</b>	
C. Total Funds Available (Sum of Lines A and B)	\$		<b>250.00</b>	
D. Total Expenditures (From Schedule III)	\$		<b>15.00</b>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$		<b>235.00</b>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		<b>0.0</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		<b>0.0</b>	

**AFFIDAVIT SECTION**

**PART I** - 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 2nd day of SEPT 2011

NOTARIAL SEAL  
 MICHELE M HARRIS  
 Notary Public  
 LANSDALE BORO, MONTGOMERY COUNTY  
 My Commission Expires Aug 10, 2012

My commission expires 8 10 2012

Signature of Person Submitting Report: HElizabeth Y. Thomas  
 Printed Name: HELENE Y. THOMAS  
 Area Code: 215 Daytime Telephone Number: 699-7130

**PART II** - 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 2nd day of SEPT 2011

NOTARIAL SEAL  
 MICHELE M HARRIS  
 Notary Public  
 LANSDALE BORO, MONTGOMERY COUNTY  
 My Commission Expires Aug 10, 2012

My commission expires 8 10 2012

Signature of Candidate: Marie N. Cavanaugh  
 Printed Name: MARIE N. CAVANAUGH  
 Area Code: 610 Daytime Telephone Number: 228-3257

**CONTRIBUTIONS AND RECEIPTS****Detailed Summary Page**

Name of Filing Committee or Candidate <b>FRIENDS OF MARIE CAVANAUGH</b>	Reporting Period From <b>12/2/10</b> To <b>12/31/10</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <b>50.00</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <b>0.00</b>
All Other Contributions (Part B)	\$ <b>200.00</b>
TOTAL for the Reporting Period	(2) \$ <b>200.00</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>0.00</b>
All Other Contributions (Part D)	\$ <b>0.00</b>
TOTAL for the Reporting Period	(3) \$ <b>0.00</b>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <b>0.00</b>

<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 B.)	\$ <b>250.00</b>
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# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <b>FRIENDS OF MARIE CAVANAUGH</b>	Reporting Period From <u>12/2/10</u> To <u>12/31/10</u>
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
MARIE M. CAVANAUGH	12	2	2010	\$ 200.00	
Mailing Address 410 S. 10th ST	MO.	DAY	YEAR		
City NORTH WALES	State PA	Zip Code (Plus 4) 19454 -		MO.	DAY
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)		MO.	DAY
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)		MO.	DAY
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)		MO.	DAY
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)		MO.	DAY
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)		MO.	DAY
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)		MO.	DAY
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)		MO.	DAY
Full Name of Contributor	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)		MO.	DAY

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL <b>\$ 200.00</b>
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# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF MARIE CARANAUGH</b>	Reporting Period From <u>12/2/10</u> To <u>12/31/10</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>UPHNEST NATIONAL BANK &amp; TRUST</b>	12	14	2010	\$ 15.00
Mailing Address <b>Rt 309 &amp; STUMP RD</b>	Description of Expenditure <b>CHECKS</b>			
City <b>MONTGOMERYVILLE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18936</b>		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				

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

PAGE TOTAL
\$ 15.00