

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	COMMITTEE	LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>FRIENDS OF LINDA HEE</b>						
STREET ADDRESS <b>PO BOX 41</b>						
CITY <b>APPLINGTON</b>		STATE <b>PA</b>	ZIP CODE <b>19001 - 0041</b>			
TYPE OF REPORT (CHECK ONE) <input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input checked="" type="checkbox"/> ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO. <b>5</b>	PARTY <b>DEM</b>		
	DATE OF ELECTION		DATE OF REPORTING PERIOD			
	MO. DAY YEAR <b>11 02 2010</b>		MO. DAY YEAR <b>01 10 10</b> TO <b>12 31 10</b>			
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>14.34</b>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>-0-</b>			
	AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>			
	FOR OFFICE USE ONLY		DATE OF RECEIPT			
	VOTER SERVICES MONTG. CO. PA.		<b>RECEIVED</b> <b>2011 JAN 31 A 9 57</b>			

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidate'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 OF CASH, IN KIND CONTRIBUTIONS, AND THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) DURING THE REPORTING PERIOD.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 DAY OF Jan

*Kathleen M. Joyce*  
 SIGNATURE  
 MY COMMISSION EXPIRES Jan 4 2013

**NOTARIAL SEAL**  
**KATHLEEN M JOYCE**  
 Notary Public  
 UPPER DUBLIN TWP, MONTGOMERY CNTY  
 My Commission Expires Jun 4, 2013

*David H. Floyd*  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**DAVID H. FLOYD**  
 PRINTED NAME  
715 576-1512  
 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 THE AGGREGATE RECEIPTS OF CASH, IN KIND CONTRIBUTIONS, AND THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) DURING THE REPORTING PERIOD.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27 DAY OF JAN

*Kathleen M. Joyce*  
 SIGNATURE  
 MY COMMISSION EXPIRES JAN 4 2013

**NOTARIAL SEAL**  
**KATHLEEN M JOYCE**  
 Notary Public  
 UPPER DUBLIN TWP, MONTGOMERY CNTY  
 My Commission Expires Jun 4, 2013

*Linda M Hee*  
 SIGNATURE OF CANDIDATE  
**LINDA M HEE**  
 PRINTED NAME  
(267) 738-2234  
 AREA CODE DAYTIME TELEPHONE NUMBER