

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>Mark Levy</i>					
STREET ADDRESS <i>2113 SIERRA RD</i>					
CITY <i>PLYMOUTH MEETING</i>		STATE <i>PA</i>	ZIP CODE <i>19462</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>PROTHONOTARY</i>		DISTRICT NO. <i>N/A</i>	PARTY <i>DEM</i>	
	DATE OF ELECTION				
		MO.	DAY	YEAR	
<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					
		DATES OF REPORTING PERIOD			
		MO.	DAY	YEAR	TO
		<i>1</i>	<i>1</i>	<i>10</i>	
		MO.	DAY	YEAR	
		<i>12</i>	<i>31</i>	<i>10</i>	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>			
		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
		TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
		FOR OFFICE USE ONLY			
		RECEIVED 2011 JAN 26 P 12:51 OFFICE OF VOTER SERVICES MONTG. CO PA			

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
*25*th DAY OF *January* 20*11*

Sarah M. Gordon
 SIGNATURE

NOTARIAL SEAL
 SARAH M. GORDON, Notary Public
 My Commission Expires *July 30, 2012*

Mark Levy
 SIGNATURE OF PERSON SUBMITTING REPORT

MARK LEVY
 PRINTED NAME

610 AREA CODE *238-5343* 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 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