

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	45-0698927	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 MOON AHN																					
STREET ADDRESS 142 E. MAIN STREET																					
CITY LANSDALE		STATE PA		ZIP CODE 19446-2519																	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY																
	CLERK OF COURT			MONT	R																
DATE OF ELECTION			DATE OF ELECTION																		
			MO.	DAY	YEAR																
			5	17	2011																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>DATE OF REPORTING PERIOD</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td></td> <td>3</td> <td>17</td> <td>11</td> <td></td> <td>5</td> <td>2</td> <td>11</td> </tr> </table>			DATE OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR		3	17	11		5	2	11	FOR OFFICE USE ONLY RECEIVED 2011 MAY -6 A 11:13 MONROE SERVICES MONTGOMERY CO. PA		
DATE OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR														
	3	17	11		5	2	11														
CASH BALANCE AT END OF REPORTING PERIOD: \$ _____			TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____																		
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>REINSTATEMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>			REINSTATEMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO										
REINSTATEMENT REPORT?	YES	NO																			
TERMINATION REPORT?	YES	NO																			
2ND FRIDAY PRE-PRIMARY <input checked="" 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 type="checkbox"/>																					
ANNUAL REPORT <input type="checkbox"/>																					

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
 5th DAY OF May 2011

 SIGNATURE OF PERSON SUBMITTING REPORT
 RONALD HOCT
 PRINTED NAME

 SIGNATURE OF NOTARY PUBLIC
 JOANNE YAHN
 NOTARY PUBLIC
 MY COMMISSION EXPIRES 12 MO. 18, 2011

(267) 847-0506
 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 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
 5th DAY OF May 2011

 SIGNATURE OF CANDIDATE
 Moon AHN
 PRINTED NAME

 SIGNATURE OF NOTARY PUBLIC
 JOANNE Y AHN
 NOTARY PUBLIC
 MY COMMISSION EXPIRES 12 MO. 18, 2011

(267) 222-8417
 AREA CODE DAYTIME TELEPHONE NUMBER