

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: 45-0678927	Report Filed By: CANDIDATE 1. <input type="checkbox"/> COMMITTEE 2. <input checked="" type="checkbox"/> LOBBYIST 3. <input type="checkbox"/>																					
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF MOON AHN																						
Street Address: 142 E MAIN STREET																						
City: LANSDALE	State: PA Zip Code: 19446-2519																					
TYPE OF REPORT (place X to the right of report type)	<table border="1"> <tr> <td>1. PRE-PRIMARY</td> <td>2. <input checked="" type="checkbox"/></td> <td>3. POST-PRIMARY</td> <td>4. AMENDMENT REPORT</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>4. PRE-ELECTION</td> <td>5. <input type="checkbox"/></td> <td>6. POST-ELECTION</td> <td>7. TERMINATION REPORT</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>7. ANNUAL REPORT</td> <td>YEAR 2011</td> <td>FILING METHOD</td> <td><input checked="" type="checkbox"/> PAPER</td> <td><input type="checkbox"/> DISKETTE</td> <td colspan="2"></td> </tr> </table>	1. PRE-PRIMARY	2. <input checked="" type="checkbox"/>	3. POST-PRIMARY	4. AMENDMENT REPORT	YES	NO	<input checked="" type="checkbox"/>	4. PRE-ELECTION	5. <input type="checkbox"/>	6. POST-ELECTION	7. TERMINATION REPORT	YES	NO	<input checked="" type="checkbox"/>	7. ANNUAL REPORT	YEAR 2011	FILING METHOD	<input checked="" type="checkbox"/> PAPER	<input type="checkbox"/> DISKETTE		
1. PRE-PRIMARY	2. <input checked="" type="checkbox"/>	3. POST-PRIMARY	4. AMENDMENT REPORT	YES	NO	<input checked="" type="checkbox"/>																
4. PRE-ELECTION	5. <input type="checkbox"/>	6. POST-ELECTION	7. TERMINATION REPORT	YES	NO	<input checked="" type="checkbox"/>																
7. ANNUAL REPORT	YEAR 2011	FILING METHOD	<input checked="" type="checkbox"/> PAPER	<input type="checkbox"/> DISKETTE																		

Name of Office Sought by Candidate: CLERK OF COURT	DATE OF ELECTION NO. DAY YEAR 4 17 2011	District Number: MONT	Office Code: OH	Party Code: REP	County Code: 46
--	--	------------------------------	------------------------	------------------------	------------------------

Summary of Receipts and Expenditures from:	From: 3 17 2011	To: 5 2 2011
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1125.00
C. Total Funds Available (Sum of Lines A and B)	\$	1125.00
D. Total Expenditures (From Schedule III)	\$	9709.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1416.00
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

RECEIVED
 2011 MAY -6 A 11:13
 MONTGOMERY COUNTY

AFFIDAVIT SECTION

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 5th day of May 2011

My commission expires 2011
 NOTARIAL SEAL
 JOANNE Y AHN
 Notary Public
 My Commission Expires Dec 18, 2011

Signature of Person Submitting Report: Ronald Holt
 Printed Name: RONALD HOLT
 Area Code: (267) Daytime Telephone Number: 847-0506

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 2, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 5th day of May 2011

My commission expires 12 MO. 18 DAY
 NOTARIAL SEAL
 JOANNE Y AHN
 Notary Public
 My Commission Expires Dec 18, 2011

Signature of Candidate: [Signature]
 Printed Name: MOON AHN
 Area Code: 267 Daytime Telephone Number: 222-8417

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF MOON AHN	Reporting Period From 3/17/2011 To 5/2/2011
---	--

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 25.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 4,000.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 1,125.00

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 1,125
--	-----------------

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 FRIENDS OF MOON AHN	Reporting Period From 3/17/2011 To 5/2/2011
---	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
FREDRICK KIM	4		11	\$ 100.00
Mailing Address 2506 CREEKSIDE DR				\$
City LANSDALE	State PA	Zip Code (Plus 4) 19446-		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$

PAGE TOTAL
\$ 100.00

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

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

Name of Filing Committee or Candidate FRIENDS OF MOON AHN	Reporting Period From 3/17/11 To 5/2/11
---	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
HIBONG LEE	3		11	\$ 1,000.00
Mailing Address 1345 WEST CHESTER PIKE				\$
City HAVERTOWN	PA	Zip Code (Plus 4) 19083-		\$
Employer Name Hibong Lee (Owner of Business)	Occupation			
Employer Mailing Address/Principal Place of Business Best Jewelry, 1345 West Chester Pike, Havertown, PA 19083				
ADAM KIM	3		11	\$ 500.00
Mailing Address 1372 LAUREL DALE				\$
City NORTH WAKE	PA	Zip Code (Plus 4) 19454-		\$
Employer Name Retired	Occupation			
Employer Mailing Address/Principal Place of Business N/A				
SUK WOON CHOI	3		11	\$ 1,000.00
Mailing Address 411 TOWNSHIP LINE RD				\$
City ELKINS PARK PA	PA	Zip Code (Plus 4) 19027-		\$
Employer Name Natural Green Cleaners (Owner)	Occupation			
Employer Mailing Address/Principal Place of Business 411 Township Line Rd., Elkins Park PA 19027				
JONG SOOK JANG	3		11	\$ 500.00
Mailing Address 409 S. 60th STREET				\$
City PHILA	PA	Zip Code (Plus 4) 19148-		\$
Employer Name Owner of A-Z Family Hardware	Occupation			
Employer Mailing Address/Principal Place of Business 409-411 S. 60th St., Philadelphia, PA 1914				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$3000.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate		Reporting Period		
FRIENDS OF MOON AHN		From 3/17/11 To 5/2/11		
		DATE	AMOUNT	
Full Name of Contributor		MO.	DAY	YEAR
VANG S. CHOI		2		11
Mailing Address		MO.	DAY	YEAR
502 LAUNFALL RD				
City	State	MO.	DAY	YEAR
PHILADELPHIA	PA			
Employer Name	Occupation			
Self Employed / CPA				
Employer Mailing Address/Principal Place of Business				
7425 Old York Rd., #220, EIKENS PARK, PA 19027				
Full Name of Contributor		MO.	DAY	YEAR
KYOUNG - HUN KIM		4		11
Mailing Address		MO.	DAY	YEAR
6254 BILLINGS GATE				
City	State	MO.	DAY	YEAR
MECHANICSBURG	PA			
Zip Code (Plus 4)				
17050-				
Employer Name	Occupation			
Student's Life, Inc / President				
Employer Mailing Address/Principal Place of Business				
6254 Billingsgate, Mechanicsburg, PA 17050				
Full Name of Contributor		MO.	DAY	YEAR
YOUNG NAM-KIM		4		11
Mailing Address		MO.	DAY	YEAR
5501 OLD YORK RD				
City	State	MO.	DAY	YEAR
PHILA	PA			
Zip Code (Plus 4)				
19141				
Employer Name	Occupation			
Albert Einstein Medical Center				
Employer Mailing Address/Principal Place of Business				
5501 Old York Rd., Philadelphia, PA 19141				
Full Name of Contributor		MO.	DAY	YEAR
MON SEOR LEE		4		11
Mailing Address		MO.	DAY	YEAR
100 QUIGLEY BLVD				
City	State	MO.	DAY	YEAR
NEW CASTLE	DE			
Zip Code (Plus 4)				
19720-				
Employer Name	Occupation			
Rising Sun Contractors				
Employer Mailing Address/Principal Place of Business				
100 Quigley Blvd., New Castle, DE 19720				
Full Name of Contributor		MO.	DAY	YEAR
SUN YI CHON				
Mailing Address		MO.	DAY	YEAR
4943 GETTYSBURG RD				
City	State	MO.	DAY	YEAR
MECHANICSBURG	PA			
Zip Code (Plus 4)				
17055				
Employer Name	Occupation			
Country Inn & Suites				
Employer Mailing Address/Principal Place of Business				
4943 Gettysburg Rd, Mechanicsburg, PA 17055				
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.				PAGE TOTAL
				\$ 4000.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Reporting Period			
FRIENDS OF MOON AHN				From 3/17/2011 To 5/2/2011			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
MICHAEL KIM				4		11	\$ 2,000.00
Mailing Address				MO.	DAY	YEAR	\$
2873 STERLING DRIVE							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
HATFIELD	PA	19440 -					\$
Employer Name				Occupation			
Youngtron, Inc							
Employer Mailing Address/Principal Place of Business							
2873 Sterling Drive, Hatfield, PA 19440							
Full Name of Contributor				MO.	DAY	YEAR	
JEONG SONG				4		11	\$ 500.00
Mailing Address				MO.	DAY	YEAR	\$
2200 NORTH BROAD STREET							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
PHILA	PA	19132 -					\$
Employer Name				Occupation			
Owner of Beer Deli store							
Employer Mailing Address/Principal Place of Business							
2200 North Broad St., Philadelphia, PA 19132							
Full Name of Contributor				MO.	DAY	YEAR	
CHANG WOO				4		11	\$ 500.00
Mailing Address				MO.	DAY	YEAR	\$
1002 SKIPPACK PIKE							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
BLUE BELL	PA	19422 -					\$
Employer Name				Occupation			
Owner of Gaya Restaurant							
Employer Mailing Address/Principal Place of Business							
1002 Skippack Pike, Blue Bell, PA 19422							
Full Name of Contributor				MO.	DAY	YEAR	
SONG H YI				4		11	\$ 1,000.00
Mailing Address				MO.	DAY	YEAR	\$
2047 CHESTNUT STREET							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
PHILA	PA	19103 -					\$
Employer Name				Occupation			
Owner of Colney Deli							
Employer Mailing Address/Principal Place of Business							
2047 Chestnut St., Philadelphia, PA 19103							
Full Name of Contributor				MO.	DAY	YEAR	\$
							\$
Mailing Address				MO.	DAY	YEAR	\$
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
							\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL
							\$ 4,000.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF MOON AHN	Reporting Period From 3/17/2011 To 5/2/2011
---	--

To Whom Paid CEDARS ADV.	MO.	DAY	YEAR	Amount
Mailing Address P.O. BOX 85	Description of Expenditure LABELS			\$ 228.00
City CEDARS	State PA	Zip Code (Plus 4) 19423		

To Whom Paid CEDARS ADV.	MO.	DAY	YEAR	Amount
Mailing Address P.O. BOX 85	Description of Expenditure SIGNS			\$ 3461.00
City CEDARS	State PA	Zip Code (Plus 4) 19423		

To Whom Paid MCRG	MO.	DAY	YEAR	Amount
Mailing Address JOHNSON HWY	Description of Expenditure H & EXPENSES			\$ 6000.00
City NORRISTOWN	State PA	Zip Code (Plus 4) 19404		

To Whom Paid VARIOUS EXPENSES	MO.	DAY	YEAR	Amount
Mailing Address N/A	Description of Expenditure			\$ 20.00
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4) -		

PAGE TOTAL
\$ 9709.00

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