

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 ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST LINDA M. HEE					
STREET ADDRESS 1519 EDGE HILL ROAD					
CITY ARLINGTON		STATE PA	ZIP CODE 17001		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE RECORDER OF DEEDS	DISTRICT NO. 07A	PARTY DEM	DATE OF ELECTION	
				MO. 11	DAY 08
6TH TUESDAY PRE-PRIMARY	1.			FOR OFFICE USE ONLY RECEIVED 2011 MAY -6 A 11: 11 VOTING SERVICES 1500 N. 3RD ST. PA HARRISBURG, PA	
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD			
30 DAY POST-PRIMARY	3.	MO. DAY YEAR	MO. DAY YEAR		
6TH TUESDAY PRE-ELECTION	4.	01 01 2011	05 05 2011		
2ND FRIDAY PRE-ELECTION	5.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 100.00			
30 DAY POST-ELECTION	6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 00.00			
ANNUAL REPORT	7.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" 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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

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 4 DAY OF MAY 2011

Kathleen M. Joyce
SIGNATURE

MY COMMISSION EXPIRES 6/4/13 MO. _____ DAY _____ YR.

NOTARIAL SEAL
 KATHLEEN M. JOYCE
 Notary Public
 UPPER DUBLIN TWP., MONTGOMERY CNTY
 My Commission Expires 6/7/12

Linda M. Hee
SIGNATURE OF CANDIDATE

LINDA M. HEE
PRINTED NAME

738-2234
DAYTIME TELEPHONE NUMBER

AREA CODE