

# CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Report Filed By: **CANDIDATE**  **COMMITTEE**  **LOBBYIST**

File Identification Number: **Friends of Ann Thornburg Weiss**

Street Address: **1100 Donna Drive**

City: **Ft. Washington** State: **PA** Zip Code: **19034**

TYPE OF REPORT (place X to the right of report type)	1. 1ST TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	4. 2-MONTH REPORT	5. YES	6. NO	7. YES	8. NO	9. YES	10. NO
	4. 3RD TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	7. 3-MONTH REPORT	8. YES	9. NO	10. YES	11. NO	12. YES	13. NO
	7. ANNUAL REPORT	8. YEAR	FILING METHOD CHECK ONE		PAPER		DISKETTE			

Name of Office Sought by Candidate: **Clerk of Courts**

DATE OF ELECTION: **11 8 2011**

District Number: **OTH** Office Code: **DEM** Party Code: **44** County Code: **44**

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: **1 1 11** To **5 2 11**

A. Amount Brought Forward From Last Report	\$ 1362.80
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 2875.00
C. Total Funds Available (Sum of Lines A and B)	\$ 4237.80
D. Total Expenditures (From Schedule III)	\$ 64.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 4173.80
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0

RECEIVED

2011 MAY -6 P 1:03

OFFICE OF VOTER SERVICES MONTG CO PA

**AFFIDAVIT SECTION**

**PART I** This is a Committee report. 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 **6th** day of **MAY** 20 **11**.

*Michelle C. Berk* Signature of Person Submitting Report  
 Michelle C. Berk Printed Name  
 215 Area Code 793-4800 Daytime Telephone Number

My commission expires **December 8, 2013**

**PART II** This is a report of a Candidate's Authorized Committee. 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 **6th** day of **MAY** 20 **11**.

*Ann Thornburg Weiss* Signature of Candidate  
 Ann Thornburg Weiss Printed Name  
 215 Area Code 540-2652 Daytime Telephone Number

My commission expires **December 8, 2013**

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Ann Thornburg Weiss</i>	Reporting Period From <i>1-1-11</i> To <i>5-2-11</i>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <i>145.00</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>1530.00</i>
TOTAL for the Reporting Period	(2) \$ <i>1530.00</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <i>0</i>
All Other Contributions (Part D)	\$ <i>1200.00</i>
TOTAL for the Reporting Period	(3) \$ <i>1200.00</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <i>0</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <i>2875.00</i>
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PART B  
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 <b>Friends of Ann Thornburg Weiss</b>	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	\$
Sharon Dummeldinger	514 Summit Ave.	Ft. Washington	PA	19034-	3	24	2011	\$ 60.00
Larry Nathan	11 Schiavone Drive	Ambler	PA	19002-	3	12	2011	\$ 100.00
George + Grace Ann Dempster	627 Loch Alsh Avenue	Ambler	PA	19002-	3	15	2011	\$ 60.00
Kathy James	702 Hartranft Ave.	Ft. Washington	PA	19034-	3	20	2011	\$ 100.00
Joanne Olszewski	1260 Holstein Ct.	Blue Bell	PA	19422-	3	13	2011	\$ 100.00
Joan Sklaroff	1127 Donna Drive	Ft. Washington	PA	19034-	3	19	2011	\$ 100.00
Joanne + Don Faul	2 Bradford Circle	Ft. Washington	PA	19034-	3	20	2011	\$ 100.00
Judy + Jay Marku	1316 Dundee Drive	Preshar	PA	19	3	19	2011	\$ 60.00

PAGE TOTAL  
\$ **680.00**

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

PART B  
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 <b>Friends of Ann Thornburg Weiss</b>	Reporting Period From <u>1-1-11</u> To <u>5-2-11</u>
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	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	\$
<b>Betsy Parziale</b> Mailing Address: <u>534 Bell Lane</u> City: <u>Maple Glen</u> State: <u>PA</u> Zip Code (Plus 4): <u>19002-</u>	3 19 2011	\$ 100.00
<b>Ellen Brookstein</b> Mailing Address: <u>150 Victor Lane</u> City: <u>Ft. Washington</u> State: <u>PA</u> Zip Code (Plus 4): <u>19034 -</u>	3 19 2011	\$ 100.00
<b>John Thomas</b> Mailing Address: <u>516 Wischman Ave.</u> City: <u>Oreland</u> State: <u>PA</u> Zip Code (Plus 4): <u>19075 -</u>	3 19 2011	\$ 100.00
<b>Michelle Berk</b> Mailing Address: <u>1408 Cinnamon Circle</u> City: <u>Dresher</u> State: <u>PA</u> Zip Code (Plus 4): <u>19025 -</u>	3 19 2011	\$ 100.00
<b>Robert + Yvonne Pesavento</b> Mailing Address: <u>642 Meadowbrook Ave.</u> City: <u>Ambler</u> State: <u>PA</u> Zip Code (Plus 4): <u>19002 -</u>	3 12 2011	\$ 250.00
<b>Joe Hendrickson</b> Mailing Address: <u>505 Loch Alsh Ave.</u> City: <u>Ambler</u> State: <u>PA</u> Zip Code (Plus 4): <u>19002 -</u>	3 19 2011	\$ 100.00
<b>Stan Ropski</b> Mailing Address: <u>1550 Cooper Drive</u> City: <u>Ambler</u> State: <u>PA</u> Zip Code (Plus 4): <u>19002 -</u>	4 10 2011	\$ 100.00
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	MO. DAY YEAR	\$

PAGE TOTAL  
**\$ 850.00**

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 <b>Friends of Ann Thornburg Weiss</b>	Reporting Period From <b>1/1/11</b> To <b>5/2/11</b>
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO	DAY	YEAR	
Alice Hendrickson	505 Loch Aish Ave.	Ambler	PA	19002	2	16	2011	\$ 250.00
					3	17	2011	\$ 250.00
					4	18	2011	\$ 200.00
Employer Name Montgomery County	Employer Mailing Address/Principal Place of Business PO Box 311, Norristown, PA 19004				Occupation Manager			

Full Name of Contributor Robert and Jean Thornburg	Mailing Address 1009 Debbie Lane	City Allentown	State PA	Zip Code (Plus 4) 18103	MO	DAY	YEAR	\$ 500.00
Employer Name Retired	Employer Mailing Address/Principal Place of Business				Occupation			

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
								\$
								\$
Employer Name	Employer Mailing Address/Principal Place of Business				Occupation			

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
								\$
								\$
Employer Name	Employer Mailing Address/Principal Place of Business				Occupation			

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
								\$
								\$
Employer Name	Employer Mailing Address/Principal Place of Business				Occupation			

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

PAGE TOTAL \$ 1,200.00

