

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
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				
6TH TUESDAY PRE-PRIMARY	1.			MO.	DAY
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		MO.	DAY
30 DAY POST-PRIMARY	3.			YEAR	YEAR
6TH TUESDAY PRE-ELECTION	4.			5	17
2ND FRIDAY PRE-ELECTION	5.			11	11
30 DAY POST-ELECTION	6.			FOR OFFICE USE ONLY	
ANNUAL REPORT	7.			OFFICE OF VOTER SERVICES MONTG. CO. PA	
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>		RECEIVED 2011 MAY -6 P 12:06	
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
3rd DAY OF May 2011
Sarah M. Gordon
 SIGNATURE

Mark Levy
 SIGNATURE OF PERSON SUBMITTING REPORT
 MARK LEVY
 PRINTED NAME

610 238-5343
 AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES July 13, 2011
 MO. DAY YR.

NOTARIAL SEAL

SARAH M. GORDON, Notary Public
 My Commission Expires July 13, 2011

PART II -

If statement is filed on behalf of a Political Committee or Candidates's 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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. DAY YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____