

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	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Diane B. Morgan</i>								
STREET ADDRESS <i>753 Johns Ln.</i>								
CITY <i>Ambler</i>			STATE <i>PA</i>	ZIP CODE <i>19002</i>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <i>Controller</i>			DISTRICT NO.	PARTY <i>Dem</i>		DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY	<input checked="" type="checkbox"/>							MO. DAY YEAR <i>05 17 2011</i>
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"/>							
		DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR
				<i>01 01 2011</i>				<i>05 02 2011</i>
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		<i>0.00</i>		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		<i>0.00</i>		
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
FOR OFFICE USE ONLY								
RECEIVED 2011 MAY -4 P 1:21 OFFICE OF VOTER SERVICES MONTG CO PA								

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
4th DAY OF *May* 20*11*

Diane B. Morgan
 SIGNATURE OF PERSON SUBMITTING REPORT

Diane B. Morgan
 PRINTED NAME

MY COMMISSION EXPIRES _____

NOTARIAL SEAL
 PHYLIS M. GRIFFIN, Notary Public
 Notary in Boro, Montgomery County
 My Commission Expires September 29, 2011

215 AREA CODE *646-9331* 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 _____ DAY OF _____ 20____

 SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE _____ DAYTIME TELEPHONE NUMBER