	NANCE REPORT	PAGE 1 OF / (COVER PAGE)
(NOTE: This report must be clear and legible.	It may be typed or printed in i	blue or black ink.)
Filer Identification > 27-5160316 Report Number:		COMMUTTRE 2 LOBBYIST .
Name of Filing Committee, Candidate or Lobbyist FRIENDS OF Put MOSCISO		
Street Address 2449 Schlosser Rd		
city: Hanleysville	State:	zip9938 -
TYPE OF REPORT     STH THESDAY     1.     280 FRIDAY     2       (place X to the right of report type)     STH THESDAY     4.     280 FRIDAY     1       (place X to the right of report type)     ANNUAL     7.     YEAR	2 X 30 DAY POST FRIMARY 5. 30 DAY POST FLECTION FLIMKS METHOD LAY CRECK GINE DATE OF ELECTION	AMENDMENT REPORT? YES NO TERMINATION REPORT? YES NO PAPER DISKETTE District Office Party County
Name of Office Sought by Candidate Register Br Wills	5 17 2011	Number Code Code Code OTH REP 46 (SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:	To 5 2 2011	FOR OFFICE LISE ONLY
A. Amount Brought Forward From Last Report	\$ X \$ 14461	só 🖺 🞵
B. Total Monetary Contributions and Receipts (From Schedule I)		
C. Total Funds Available (Sum of Lines A and B)	5 71-5-	
D. Total Expenditures (From Schedule III)		
E Ending Cash Balance (Subtract Line D from Line C)	17,90	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0 \$ 8771.00	
G. Unpaid Debts and Obligations (From Schedule IV)		
PART I - I un COMMENSATION OF PRINKS PROVIDE SUP Mere	VIT SECTION If the the Conditionte report paper or computer diskette, are to	candidate Sign have
Towamencin Twp., Montgomery County         Sworn to and subscribble Devolution Expires July 12, 2014         Member Pennsylvania Association of Notaries         20         Signature         My commission expires         07       12         MO.       DAY         YR.	Alia A Signature Nora F 215 Area Code	of Person Submitting Report f Schwartz Printed Name <u>733</u> -(1592 Daytime Telephone Number
PART'S - If this is a report of a Candidate's Authorized Co	somittee, candidate shall sign	nere
PAR       1 this is         1 swear (or affirm) that to the best of my knowledge and belief this property in the second subscribed before me this         Sworn to and subscribed before me this         Sworn to an and subscrite me this	- - - - - - - - - -	And the second s
Department of State  Bureau	of Commissions, Elections an sburg, PA 17120-0029 ●	MONTGOMERY COUNTY COURT HUUS d Legislation Board of Electrons (717) 787–5280 P.O. Box 311 Norristown, PA 19494

4 1 A 1 1

PAGE 2 OF \_\_\_\_\_

e of Filing Committee or Candidate		Reporting Peri	оч 126/1 то 5/220
FRIENDS OF Pat 1	1)(36336	From	
UNITEMIZED CONTRIBUTIONS AN	DARECEARIES - 550000 R HEES	PERICONT	READECH
	TOTAL for the Reporting Period	si (1)	\$ 561.
CONTRACTIONS \$50.00 II.0 \$250	od HROM PARI A AND PARI	B)	
ontributions Received from Political	Committees (Part A)		\$ 350. \$ 3650.
Il Other Contributions (Part B)			\$ 3650.
	TOTAL for the Reporting Perio	d (2)	\$ 407.
CONTRIBUTIONS OVER \$250.00	FROM PAUL CAND PAUL D		1
Contributions Received from Political	Committees (Part C)		\$
All Other Contributions (Part D)			\$10,700.
	TOTAL for the Reporting Perio	d (3)	\$10100

OTHER RECERTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART EL Ø (4) \$ TOTAL for the Reporting Period

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.)	\$ 14,461

,

÷

د

PART A

Fase 3 apro

## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

ame of Filing Committee or Candidate	~		Reporting Perio	
Privnos af Pat M	165 61	70	From _/ _/	3016 51212111
			DATE	AMOUNT
Unit Name of Contributing Committee	uncil	OF REP Loomen	4 5 20	
ailing Address				\$
1527 Janoy Hill	10000	Zip Code (Plus 4)		
Plymts		19462-		\$
HI Nome of Contributing Committee	upper_	······	4 14 20	11 \$ 256.
Address Juccespord	Ré			\$
nower Swynese	State PH	Zip Code (Pius 4) (900ス -		\$
ull Name of Contributing Committee				\$
Mailing Address				f
City	State	Zip Code (Plus 4)		
		-		\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City /	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee				
Mailing Address		· · · · · · · · · · · · · · · · · · ·		\$
				<b>\$</b>
City	State	Zip Code (Plus 4)		\$
Full Name of Committee				\$
Mailing Address		<u></u>		5
City	State	Zip Code (Plus 4)		
				\$
Full Name of Contributing Committee				⇒
Mailing Address			Sale of South Species and State	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee				\$
Mailing Address		,		\$
J City	State	Zip Code (Plus 4)		
		-		
Enter Grand Total of Part A on	Schedule	, Detailed Summa	ary Page, Section	2 \$ 350
FUEL MINING LAND AL LAND A AND		•	• • •	■ ♀ ノ ) ビ

1

ALL OTHER CONTRIBUTIONS

 d/	7	C	
 -Λ			
- U			

\$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.)

	Reporting Period	
FRIENDS OF Pat MOSESSU	From 1130	11 To 5 2 11
	DATE	AMOUNT
Name of Contributor Maria Ettradt Gibbons ling Address	3 29 11	\$ 250.00
1527 Sundy Hill Rd Isare L Zie Code (Plus 4)		\$
Plymouth Mtg PA 19462-		\$
Name of Contributor		\$ 250.00
William Kerr Jr	4 5 2011	\$
545 Stakespearn Dr State Zip Code (Plus 4)	MC UAY INTERN	
Harleysville PA 19438-		\$
Name of Contributor Richard J Cifelli	4 6 2011 MO DAY 1001	• 250
8 Doivelas iPt		\$
Huntinsponvalles PA 19006-		\$
1 Name of Contributor Dowslas Surine Hing Address	4 7 2011	\$ 100.00
5117 Brandywinz Dr		\$
F. a. ale will e PA 19403 -		\$
		<u>ر</u> کې
Richard MOSESSO	4 5 2011	\$ /00
378 Bridge St Store Zip Code (Plus 4		
Collegeville PA 19426-		<b>\$</b>
Coulston SHEnry	4 8 201	\$ 150.
alling Address 1626 Amity Rd		<b>7</b> \$
Rybal PA 19046 -		\$
R Broold Huller	4 6 201	\$ 250.00
42 Crestling Rd		
Traccord PA 19087 -	0	\$
til Name of Contributer-	4 2 26	e 256 60
Joel Hasen Hailing Address	<u> </u>	
313 PONDEROSA han E ity Ambles PA 19002-	4)	
Ambler PA 19002-		S PAGE TOTAL

1 , \_

 $\omega$	70
- 0	

# 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.)

ame of Filing Committee or Candidate	Reporting Period	
FRIENDS of Pad Mosessu	From 111201	1 To 5/2/28/1
	DATE	AMOUNT
Mary Pod logar	4 6 2011	\$ 100-
156 ADD ison han 4		\$
State Zip Code (Plus 4)		- 
hansdale PA 19446-		\$
Name of Contributor Edward General	4 8 2611	\$ 106.00
		\$
y State Zip Code (Plus 4)		•
King al Prussia PA 19406 -		\$
PAWL Plantonie	3 31 2611	\$ 166.00
161 & Main St	CAN DAY SYENES	\$
y State Zip Code (Plus 4)		\$
Il Name, of Contributor Sandra Samkauitz ailing Address	4 14 2010	\$ 150
1630 Dublin Rd		\$
ty State Lip code trius a		\$
Dresky PA 19025-		
Mary Snorley	4 2 2011	\$ 100.
1523 Janby Hill Rd		\$
Phy Mta PA 19/62 -		\$
		\$ 100.
all Name of Contributor have back & Strohm Jr	4 19 2811	
166 Blen Riddly Rd		\$
Media Pil 19063-		\$
	4 20 2011	\$ 100-
Mailing Address	4 20 2011	\$
163 Consont Hill		<b></b>
Media PA 19063 -		\$
Will Name of Contributor Giletty	- 22 2011	S /00.
Mailing Address		\$
2399 Magnolia Dr		<u>  ₹.</u>
Sinte Zip Code Plus 4 PA 19525 -		\$
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summ	nary Page, Section 2.	\$ 2.6.

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

purt IS	- Cont
UTIONS	- Cay
	- U

10

			Pur+
All	OTHER	CONTRI	BUTIONS

#### \$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.)

me of Filing Committee or Candidate		Reporting Period	_ [ ]
Friends on Part M	OSESSO	From 111 21	511 To 512 2011
		DATE	AMOUNT
Il Name of Contributor		1 22 25 11	
iling Address			
165 Seitz Hd	State Zip Code (Plus 4)		
Schwenksville	PH 19473 -		\$
Il Name of Contributor JACOOS		4 25 2011	\$ /60
illing Address			
435 Holly tid	State Zip Code (Plus 4)		
Blue Bell	PH 19422 -	4	\$
I Name of Contributor		4 21 2011	\$ 150.
Monika Krwg			
244 Lenape Dr	State Zip Code (Plus 4)		1
Derwyn	PH 19312 -		\$
	Dee Abcock	4 14 201	\$ 153.
ailing Address 1714 Brook RL			
THIN OFFOR INC	State Zip Code (Plus 4)		
RyDal	PA 19046 -		\$
HI Name of Contributor Arthur Barbara Blut	tead	4 36 301	
ailing Address	P5304143		
2085 Bustand Rd	State Zip Code (Plus 4)		
Cedars	PA 19423 -		\$
William + Cojette	McBrathey	4 26 261	
3326 Chippenbaly	с С		\$
ity	State Zip Code (Pius 4)	CONTRACTOR ( AND CONTRACTOR ) AND CONTRACTOR ( AND CONTRACTOR )	
Phile	PA 19136-350	2	\$
Mac CINER Hanvey Enters	phises pantnenship	4 8 261	
17 West Miner St			\$
lity	State Zip Code (Plus 4) PA 19382 -		s s
ULST Chester	1111 100 -		
Mannion Prise LP		4 18 20	11 S 250
Railing Address S- HUE Ste	. 100		\$
Kins of Prusia	State Zip Code (Plus 4 PA 19 406 -		\$ \$
			PAGE TOTAL
Enter Grand Total of Part B on S	Schedule I, Detailed Sumr	nary Page, Section 2.	\$ 1250.

DSEB-502 (7-99)

ALL OTHER CONTRIBUTIONS Page 7 4/18 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.) are of Filing Committee or Candidate FRIENDS OR Part MOSESSO The Mrs Paul Bartly Address From JIII Juli To S a II Mailing Address PART Mark S. hwartz hhp PA 19002 Part Dart & Mosesso To Contributor High Address PO Bot 436 City Sti PPACK PA 201 State of Business PO Bot 436 City Sti PPACK PA 19474 Pail Name of Contributor High Address PO Bot 436 City Sti PPACK PA 19474 Pail Name of Contributor PO Bot 436 PA 2000 PA 2000
Over \$250.00 in the reporting period.         Exclude contributions from political committees reported in Part C.)         arre of Filing Committees or Candidate         Following Period.         Following Committees or Candidate         Following Period.         Following Period.         Following Period.         Following Period.         Following Committees reporting Period.         Following Committees reporting Period.         Following Committees reporting Period.         Following Committees of Contributor         Following Committees of Contributor         AMOUNT         Mailing Address Part Mosters B         AMOUNT         Mailing Address Part Pincipal         AMOUNT         Mailing Address Principal Place of Business         Catron         Mailing Address Principal Place of Business         <
arre of Filing Committee or Candidate FBIENDS OR Pat MOSESSO FromBUI To S A 11 Pati Name of Contributor Mailing Address ADD LE AMOUNT Full Name of Contributor Mailing Address PO Bob 436 City Skiel PARK City Skiel PARK PA 19002- Couperion PA 19401 Pat 19401 Pat 2011 S 1080.00 State 210 code Plus A) City Couperion PA 19401 Pat 2011 S 1080.00 State 210 code Plus A) City PA 19401 Pat Anne of Contributor PO Bob 436 City Skiel PARK PO Bob 436 City Skiel PARK PA 19474- Docuperion T Consultant - Self Employed Employer Name T Consultant - Self Employed Employer Mailing Address/Principal Place of Business PO Bob 436 City Skiel PARK PA 19474- Docuperion T Consultant - Self Employed Employer Mailing Address/Principal Place of Business PO Bob 436 Store of Business PO Bob 436 Skiel PARK PA 19474 Pat Name of Contributor PA 19474 PA 19
FRIENDS OF Part Moselso       From IIIIdit To SIAII         Pail Name of Contributor         Mailing Address       Bartly       Bartly       Bartly       Bartly       Bartly       Bart       ANOUNT         Mailing Address       Bart       Bart       Bart       Bart       Sold
Date     AMOUNT       Mailing Address     Bartly     State     210 Code Plus 41     State     <
Mailing Address     \$       Address     \$       Address     \$       City     \$       Mailing Address     \$       Occupation       Employer Name     Alt of the Alt P     PA 19002-     \$       Occupation       High Sichwartz HAP     Altorney       High Gadress/Principal Place of Business     Occupation       Hy East Airy St Norristown PH 19401     \$     1080.03       Full Name of Contributor       D P Lin Mosess6     4     2     2011       Mailing Address     PA 19401     \$     1080.03       Full Name of Contributor     Mailing Address (Principal Place of Business     \$     1080.03       PO B S + 436     \$     \$     1080.03       City SkippAck     PA 19474-     \$     \$       Employer Name     \$     \$     1000000       Inditing Address/Principal Place of Business     \$     \$       Po B S + 436     \$     \$     \$       Employer Name     I Consultant - Self E Employed     IT Consultant       Employer Mailing Address/Principal Place of Business     \$     \$       Po B S + 436     \$     \$     \$
201 West Minster Kd City Maple Glen PA 19002- Employer Name High S. hwarte LAP High S. hwarte LAP History St Norristown PH 19401 Fall Name of Contributor DA LIN Mosesson PO Box 436 City Skippack PA 19474- Employer Name IT Consultant - Self Employed IT Consultant PO Box 436 Skippack PA 19474 Po Box 436 Stippack PA 19474 Employer Mailing Address/Principal Place of Business PO Box 436 Stippack PA 19474 Full Name of Contributor PO Box 436 Stippack PA 19474 Po Box 436 Stippack PA 19474 Full Name of Contributor Po Box 436 Skippack PA 19474 Full Name of Contributor Consultant Source Science Pack PA 19474 Full Name of Contributor Consultant Pack PA 19474 Full Name Of Contributor Consultant Pack PA 19474 Full Name Of Contributor Consultant Pack PA 19474 Full Name Pack PA 19474 Full Name Pack PA 19474 Full Name Pack PA 194
Maple     Glen     PA     19002-       Employer Name     High     S:hwartt     h.h.P       High     S:hwartt     h.h.P       High     S:hwartt     h.h.P       Employer Name     Httorney       YO     East Airy St     Norristown       YO     East Airy St     Norristown       PO     East Airy St     Norristown       PO     East Airy St     Norristown       PO     Po     Y     2       Mailing Address     Po     Some       PO     Bot     436       City     Stip Code (Plus 4)       Skip PAck     PA       IT     Consultant - Self Employed       IT     Consultant - Self Employed       IT     Consultant - Self PA       Employer Mailing Address/Principal Place of Business       PO     Bot       PO     StippAck       IT     Consultant - Self PA       IT     Consultant       Employer Mailing Address/Principal Place of Business       PO     Bot       PO     Bot       IT     Consultant
Employer Name High S.:hwantzhh? Employer Name Gast Airy St Norristown PH 19401 Full Name of Contributor Mailing Address/Principal Place of Business POBOX 436 City Skippack PA 19474- Employer Name IT Consultant - SelF Employed IT Consultant Employer Mailing Address/Principal Place of Business POBOX 436 Employer Mailing Address/Principal Place of Business POBOX 436 Y 13 2011 \$ 2506. Y 13 2011
Employer Mailing Address/Principal Place of Business 40 East Airy St Norristown PH 19401 Full Name of Contributor Mailing Address POBOX 436 City SkippAck PA 19474- Employer Name IT Consultant - SelF Employed IT Consultant Employer Mailing Address/Principal Place of Business POBOX 436 Employer Address/Principal Place 4 Employer Add
Full Name of Contributor     4     2     2011     \$ 1086.00       Mailing Address     POBOX 436     \$     \$     \$     \$       City     Stree     Zip Code (Plus 4)     \$     \$     \$       City     Stree     PA     19474-     \$     \$       Employer Name     I     Consultant - Self Employed     T     Consultant       I     Consultant - Self Employed     T     Consultant       Employer Name     I     Consultant     \$       Po Box     Y36     SkippAck     PA       Po Box     Y36     SkippAck     Y       Po Box     Y36     SkippAck     Y       Full Name of Contributor     G     SZOK       Ch nest     G     SZOK
Mailing Address     Store     Zip Code (Plus 4)       POBOX 436     Store     Zip Code (Plus 4)       City     SkippAck     PA 19474-       Employer Name     IT Consultant - Self Employed     Decupation       IT Consultant - Self Employed     IT Consultant       Employer Mailing Address/Principal Place of Business     PA 19474       Full Name of Contributor     Store of Business       Chnest G Szok E     Y 13 2611
City     Store     Zip Code (Plus 4)       SkippAck     PA     19474-       Employer Name     II Consultant - Self Employed     II Consultant       II Consultant - Self Employed     II Consultant       Employer Mailing Address/Principal Place of Business     PA       PO Bou     Yau       Full Name of Contributor     G SZOKE       Yull Name of Contributor     G SZOKE
Employer Name IT Consultant - SelF Employed IT Consultant Employer Mailing Address/Principal Place of Business POB64 436 SKIPPACK PA 19474 Full Name of Contributor Ernest G SZOKE 4 13 2611 \$ 2506. Crnest G SZOKE
Full Name of Contributor Full Name of Contributor Crnest G SZOKE 4 13 2011 \$ 2500. Crnest
Full Name of Contributor G SZOKE 4 13 2611 \$ 2506.
CHNEST & SEONE
1312/ Ualley roky inclusion
Since 120 contrast \$
Occupation
Crinest C. Selves of Business
1000 U CATEG FOR CECTIFE FOR COMPENSION
Mailing Address S
24 Kachel Du
Richtoro 14 18151
Semanopp, Ormhay, Concumbers + Torchila
2617 Huntingdon Pike Hunting convalley
Full Name of Contributor Gary and Janet Volpe Y 24 2011 \$ 550.
Ayyg Schlosser Rd
City PA 19438 -
Unipe Enterprises Business Business
Employer Mailing Address/Principal Place of Business 3238 (Septimen funn Pike Norristown Pit 19463 PAGE IOTAL

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

\$ 5700.

÷

(Exclude cont	ributions from p	in the reporting olitical committe	ees reporte	d in Part C	
e of Filing Committee or Candidate	Pat Mas	2350	Reportin From		1 To 5 2 201
L HITCHOD- CK			DATE		AMOUNT
Name of Contributor MCSESS	()		77	3011	\$ 5000.
no Address				YEAR	\$
140 Auonbal	<u>e</u> Rd	Zip Code (Plus 4)	MAGE STAT	VEAR	
Norristown	and the second	Zip Code (Plus 4) 403 -	Occupation	<u></u>	\$
over Name	LLC		BUSIN	الالان فرد	5.c.
over Name 10ngan Wentworth over Mailing Address/Principal Place o 200 Unity-CRyelin	t Business	King w Pru	ssin 1	PA 197	106
Name of Contributor		J 6 '			\$
ing Address					\$
ING 4461633		Zip Code (Plus 4)	MC. DA	Y	✓
	State				\$
			Occupation		
ioyer Name			1		
	of Business				
oloyer Mailing Address/Principal Place	of Business				
loyer Mailing Address/Principal Place	of Business				\$
Name of Contributor	of Business				\$ \$
Name of Contributor	of Business	Zip Code (Plus 4)		Y SMEAS	
Nover Mailing Address/Principal Place Name of Contributor ling Address /		Zip Code (Plus 4)		Y SMEAS	\$
Name of Contributor	State	Zip Code (Plus 4)	(10) (10) (10) (10) (10) (10) (10) (10)	Y SMEAS	\$
Name of Contributor Name of Contributor Name Address / Y	State	Zip Code (Plus 4)	Occupation		\$
Name of Contributor Name of Contributor ling Address / ployer Name ployer Mailing Address/Principal Place	State	Zip Code (Plus 4)	Occupation		\$
Name of Contributor	State	Zip Code (Plus 4)	Occupation		\$
Name of Contributor Name of Contributor ling Address / / ployer Name ployer Mailing Address/Principal Place I Name of Contributor iling Address	State	Zip Code (Plus 4)	Occupation		\$ \$ \$ \$
y ployer Name ployer Mailing Address/Principal Place Il Name of Contributor ailing Address	of Business		Occupation		\$ \$ \$
Nover Mailing Address/Principal Place	of Business State		Occupation		\$ \$ \$ \$
Name of Contributor Name of Contributor ling Address / ployer Name ployer Mailing Address/Principal Place I Name of Contributor niling Address ty ployer Name	of Business State		Occupation		\$ \$ \$ \$
Name of Contributor  Ing Address / / / ployer Name ployer Mailing Address/Principal Place I Name of Contributor  Iling Address I Name of Contributor  I Name of Contributor  I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of Contributor I Name of	of Business State		Occupation		\$ \$ \$ \$ \$
Name of Contributor Ing Address/Principal Place Ing Address / / / / ployer Name ployer Mailing Address/Principal Place I Name of Contributor illing Address ty mployer Name nployer Mailing Address/Principal Place II Name of Contributor	of Business State		Occupation		\$ \$ \$ \$ \$ \$
Name of Contributor Name of Contributor Iling Address / / / / / / / / / / / / /	of Business State State		Occupation		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Name of Contributor Ing Address/Principal Place Ing Address / / / / ployer Name ployer Mailing Address/Principal Place I Name of Contributor illing Address ty mployer Name nployer Mailing Address/Principal Place II Name of Contributor	of Business State	Zip Code (Plus 4)	Occupation		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

### SCHEDULE III STATEMENT OF EXPENDITURES

ame of Filing Committee or Candidate				Report	ing Pe	riod	
ame of Flung committee of Californiate	د بنحب	× .	ł	-	n_(	130	11 To 5 22011
FRIENDS OF Pat Mos	، 17،						
a Whom Paid	Δ			8.883			mount
edurs Advertising	<u>) n</u>	د	<u> </u>	3(		1105	Anount 365 Aulm curds
PUBER 85			Descrip	tion of	Expense		Almeande
PU DON 03	State	Zip Code (Plus 4)		17 - 1	- <b>C</b> . C.	G= /	
in Cledars	PA	Zip Code (Plus 4) 19423 -					
o Whom Paid							Amount
Asiling Address			Descrip	tion of	Ехреп		\$
ABIING ADDIESS							· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code (Plus 4)					
							Amount
fo Whom Paid			500000000000000000000000000000000000000				\$
Mailing Address			Descri	ption of	Exper	diture	
City	State	Zip Code (Plus 4)	+				
		-					
To Whom Paid							Amount
			Descri	ption a	f Expe	nditure	\$
Mailing Address				-		-	
City	State	Zip Code Plus 4					
				8000° 80000			Amount
To Whom Paid						*****	\$
Mailing Address			Descri	iption c	of Expe	nditure	
	State	Zip Code (Plus 4)					
City		-					
To Whom Paid							
			Descr	intion	of Exp	nditure	\$
Mailing Address							
City	State	Zip Code (Plus 4	,				
					a an		Amount
To Whom Paid							\$
Mailing Address			Desc	ription	of Exp	enditure	
	State	Zip Code (Plus	L)				
City		-					
To Whom Paid							
			Desc	ription	of Ex	enditure	
Mailing Address				-			
City	State	Zip Code (Pius	4)				
	1	<u> </u>			اننفائه		BACE TOTAL
							PAGE TOTAL

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

\$ 265.

lame of Filing Committee or Candidate	g at the end of t	Peripd /		
FRIENDS OF Pat Mose	012		<u>   до/ </u> то	5122
ame of Creditor			Outstandi	ng Balance
Pat Mosesso	DATE	NIC CIN		1001
140 HUONDALE BC	DEBT INCURRED	Y 7 State Zip Code	D.C.11 e (Pius 4)	
Norristown		PA 19403	5	
Description of Debt Oan to Committe	じえ			na Balan
Name of Creditor Pat MOSESSO		MAC DAT		ing Balance チチノ <u>ニ</u> 生
Mailing Address 140 AUONDALE RE	DATE DEBT INCURRED	03 31	2011 e (Plus 4)	
Norristown		PA /9403-		
Description of Debt Mailins, Postady, Printins, Filli	instruction and a	- 17 16 2 m 1		
Name of Creditor			\$	ling Balance
Mailing Address	DATE DEBT INCURRED	MICL. SCORY		
City	A CONTRACTOR OF THE PARTY OF TH	State Zip Cod	de (Plus 4)	
Description of Debt				
Name of Creditor			Outstand	ding Balanc
Mailing Address	DATE	ANC CAS		
Сіту	INCURRED	State Zip Cod	ide (Plus 4)	
Description of Debt				
Name of Creditor	والمتعار فيستعادهم والمتعاوي			nding Balanc
Name of Creditor Mailing Address	DATE	960 29A	\$	
	DEBT		ode (Plus 4)	
City			-	
Description of Debt				nding Balan
			Outstar \$	
Name of Creditor Mailing Address	DATE	hite sta	VEXE STR	

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.