

Commonwealth of Pennsylvania
Campaign Finance Report

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

Filer Identification Number:		Report Filed by:		1.	2. <input checked="" type="checkbox"/>	3.	
DOCTOR CLEMENT FOR CORONER							
Street Address: c/o 1325 DEFLAVIS CIRCLE							
City: BLUE BELL			State: PA	Zip Code: 19422-3314			
TYPE OF REPORT (place X to the right of report type)	1.	2.	3. <input checked="" type="checkbox"/>	4.	5.	6. <input checked="" type="checkbox"/>	
	7.	YEAR	2011	8.	9.	10. <input checked="" type="checkbox"/>	
	Name of Office Sought by Candidate: CORONER, MONTGOMERY COUNTY			DATE OF ELECTION		District Number	Office Code
				11	08	2011	OTH
						Party Code	County Code
						REP	46
						(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		01 01 2011		To	06 06 2011		
A. Amount Brought Forward From Last Report		\$ 0.00		RECEIVED 2011 JUN 15 P 1:4 OFFICE OF VOTER SERVICES MONTG. CO. PA.			
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 19,075.00					
C. Total Funds Available (Sum of Lines A and B)		\$ 19,075.00					
D. Total Expenditures (From Schedule III)		\$ 8,152.93					
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 10,922.07					
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0.00					
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0.00					

AFFADAVIT SECTION

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

14 day of June 20 11

[Signature]
 Signature

My commission expires 3 16 2013
 MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 James J. Connelly, Notary Public
 Norristown, Pa., Montgomery County
 My Commission Expires March 16, 2013
 Member, Pennsylvania Association of Notaries
[Signature]
 JACK FANIZZI
 Printed Name
 (484) 614-3108
 Area Code & Daytime Telephone Number

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, 1987 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

10th day of June

[Signature]
 Signature
 Rochelle Susan Gonder

My commission expires 3 27 2012
 MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 Rochelle Susan Gonder - Notary Public
 Norristown, Pa., Montgomery County
 MY COMMISSION EXPIRES MAR. 27, 2012

[Signature]
 Signature of Candidate
 GORDON S. CLEMENT
 Printed Name
 (215) 654-8186
 Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Name of Filing Committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From <u>1/1/2011</u> To <u>6/6/2011</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 450.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 4,650.00
TOTAL for the Reporting Period (2)	\$ 4,650.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 13,975.00
TOTAL for the Reporting Period (3)	\$ 13,975.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0.00

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING	
THIS REPORTING PERIOD <i>(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>	\$19,075.00

PART A

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.

Name of Filing Committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From <u>1/1/2011</u> To <u>6/6/2011</u>
--	---

	DATE			AMOUNT
Full Name of Contributing Committee				\$ 0.00
Mailing Address				\$
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				\$
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				\$
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				\$
City		State	Zip Code (Plus 4)	\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City		State	Zip Code (Plus 4)	\$

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

PAGE TOTAL
\$ 0.00

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 DOCTOR CLEMENT FOR CORONER	Reporting Period From <u>1/1/2011</u> To <u>6/6/2011</u>
--	---

	DATE	AMOUNT
Full Name of Contributing Committee SEE PART B ATTACHMENT		\$ 4,650.00
Mailing Address		\$
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		\$
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		\$
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		\$
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		\$
City State Zip Code (Plus 4)		\$

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

PAGE TOTAL
\$ 4,650.00

**DR. CLEMENT FOR CORONER
PART B
6/6/2011**

LAST NAME	1ST NAME(S)	ADDRESS	CHECK DATE	AMOUNT >\$50.00 <\$251
ATTANASIO	MICHAEL & KIMBERLY	1912 JOHNSON ROAD, PLYMOUTH MEETING, PA 19462	3/9/11	100.00
BATTAGLIA	SUSAN & RONALD	1 HAZELWOOD CIRCLE, PLYMOUTH MEETING, PA 19462	4/18/11	250.00
BORZILLO	ROBERT D.	257 JAMES HECKLER ROAD, HARLEYSVILLE, PA 19438	3/1/11	250.00
CAPPUCCIO	MARK S.	86 BRINKER DRIVE, DOYLESTOWN, PA 18901	3/10/11	100.00
CARFAGNO	FRANCIS M.	123B RIDGE PIKE, PLYMOUTH MEETING, PA 19462	4/6/11	200.00
CARUSO	EDWARD V.	UNKNOWN	2/15/11	200.00
DECARLO	WILLIAM & ANTOINETTE	1415 BOYER BLVD, NORRISTOWN, PA 19401	4/5/11	100.00
DIGIACOMO,	RUDOLPH A.	1170 DEKLAB PIKE, KING OF PRUSSIA, PA 19406	3/8/11	250.00
DUCA	PHILIP & ISABELLE	206 N. MANOA ROAD, HAVERTOWN, PA 19083	2/27/11	100.00
GANTMAN, ESQ.	LEWIS	1615 GERSON DRIVE, PENN VALLEY, PA 19072	4/3/11	100.00
GENUARDI SR	DOMINIC S.	470 NORRISTOWN ROAD, BLUE BELL, PA 19422	4/7/11	100.00
GRECO	ANTHONY & JOAN	1115 ROMSEY DRIVE, BLUE BELL, PA 19422	4/12/11	100.00
HOOD	DALE C.	4006 ASHBROOK DRIVE, LIMERICK, PA 19468	4/1/11	100.00
MATTIONI	MICHAEL	702 GAWAIN ROAD, PLYMOUTH MEETING, PA 19462	3/24/11	100.00
MATTIONI	JOHN & MARY	2052 SPRING MILL ROAD, LAFAYETTE HILL, PA 19444	3/22/11	250.00
MIRABILE	SEDA	3 MELISSA WAY, PLYMOUTH MEETING, PA 19462	4/4/11	250.00
MIRABILE JR	HARRY P.	PO BOX 1865, BLUE BELL, PA 19422	4/1/11	250.00
MONTALBANO	RUSSELL W.	2 ELISABETH LANE, COLLEGEVILLE, PA 19426	4/3/11	200.00
PANEPINTO	RONALD C.	700 SANSOM STREET, PHILADELPHIA, PA 19106-3207	2/19/11	100.00
PELTZ	STUART & VIRGINIA	1239 DENBIGH LANE, RADNOR, PA 19087	2/23/11	250.00
PIANTONE	PAUL C.	101 E. MAIN STREET, NORRISTOWN, PA 19401	3/19/11	100.00
ROMANO	ANGELO & BENEDETTA	590 FRAMDALE CIRCLE, BLUE BELL, PA 19422	3/2/11	100.00
TORNETTA	DONALD & CAROL	531 FAITH DRIVE, EAST NORRITON, PA 19403	3/7/11	100.00
TORNETTA	CHARLES & DOROTHY	4 FARRIER LANE, BLUE BELL, PA 19422	5/2/11	250.00
TROMBETTA	VINCENT J.	6622 CORMORANT PLACE, PHILADELPHIA, PA 19142	2/17/11	200.00
VANGROSSI	PAUL C.	319 SWEDE STREET, NORRISTOWN, PA 19401	3/30/11	100.00
VOLPE	DANTE & MARIBETH	420 WALMERE WAY, BLUE BELL, PA 19422	2/27/11	200.00
WESSELT	RICHARD	3530 ARCADIA LANE, COLLEGEVILLE, PA 19426	2/25/11	250.00

4,650.00

PART C
Contributions Received From Political Committees
OVER \$250.00

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

Name of Filing Committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From <u>1/1/2011</u> To <u>6/6/2011</u>
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	DATE	AMOUNT
Full Name of Contributing Committee		\$ 0.00
Mailing Address		\$
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		\$
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		\$
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		\$
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ 0.00
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PART D
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 DOCTOR CLEMENT FOR CORONER	Reporting Period From <u>1/1/2011</u> To <u>6/6/2011</u>
--	---

				DATE			AMOUNT
Full Name of Contributing Committee SEE PART D ATTACHMENT							\$ 13,975.00
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL
\$ 13,975.00

**DR CLEMENT FOR CORONER
PART D
6/6/2011**

LAST NAME	1ST NAME(S)	ADDRESS	CHECK DATE	AMOUNT >\$250
AMERICANS OF ITALIAN HERITAGE COUNCIL		2650 AUDUBON ROAD, AUDUBON, PA 19403	4/12/11	2,500.00
CLEMENT	PATRICIA & GORDAN	113 EVERGREEN COURT, BLUE BELL, PA 19422	2/1/11	500.00
DANELLA	JAMES D.	PO BOX 155, GWYNEDD, PA 19430	3/31/11	1,000.00
DIMINO	JOSEPH & JOSEPHINE	1500 PLYMOUTH BLVD, PLYMOUTH MEETING, PA 19462	3/25/11	500.00
FIORILLO	JOHN	1703 W. PORTER STREET, PHILADELPHIA, PA 19145	3/24/11	500.00
GENUARDI	MARYBETH	1004 THOMAS ROAD, LPYMOUTH MEETING, PA 19462	3/4/11	500.00
M.B. INVESTMENTS		260 AUDUBON ROAD,, AUDUBON, PA 19403	4/5/11	2,500.00
RUSSEL	MARTHA	2650 EISENHOWER AVENUE, NORRISTOWN, PA 19403	2/22/11	100.00
RUSSEL	MARTHA	2651 EISENHOWER AVENUE, NORRISTOWN, PA 19403	2/22/11	375.00
TAGUE	ANGELA C.	414 INVERARAY, VILLANOVA, PA 19085	2/16/11	5,000.00
TORNETTA	PAUL A.	600 OLD ELM STREET, CONSHOHOCKEN, PA 19426	5/9/11	500.00
				13,975.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

**Use this Part to report refunds received, interest earned, returned checks and
Prior expenditures that were returned to the filer.**

Name of filing committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From <u>1/1/2011</u> To <u>6/6/2011</u>
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Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	Amount	
-				
Receipt Description				
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	Amount	
-				
Receipt Description				
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	Amount	
-				
Receipt Description				
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	Amount	
-				
Receipt Description				
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	Amount	
-				
Receipt Description				
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	Amount	
-				
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page Section 4.

PAGE TOTAL \$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of filing committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From 1/1/2011 To 6/6/2011
TOTAL for the Reporting Period (1) \$ 0.00	
TOTAL for the Reporting Period (2) \$ 0.00	
TOTAL for the Reporting Period (3) \$ 0.00	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, And 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F**

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$ 250.00

Name of filing committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From <u>1/1/2011</u> To <u>6/6/2011</u>
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			DATE	AMOUNT
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Description of Contribution				

PAGE TOTAL \$ 0.00

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$ 250.00**

Name of filing committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From 1/1/2011 TO 6/6/2011
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			DATE	AMOUNT
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Piece of Business			Description of Contribution	
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Piece of Business			Description of Contribution	
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Piece of Business			Description of Contribution	
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Piece of Business			Description of Contribution	
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Piece of Business			Description of Contribution	

PAGE TOTAL \$ 0.00

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of filing committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From <u>1/1/2011</u> To <u>6/6/2011</u>
--	---

To Whom Paid CEDARS ADVERTISING, INC.	03	16	11	Amount \$ 591.33
Mailing Address P.O. BOX 85	Description of Contribution CAMPAIGN SIGN DESIGN			
City CEDARS	State PA	Zip Code (Plus 4) 19423 -		
To Whom Paid CEDARS ADVERTISING, INC.	05	05	2011	Amount \$ 3,460.90
Mailing Address PO BOX 85	Description of Contribution CAMPAIGN SIGNS			
City CEDARS	State PA	Zip Code (Plus 4) 10423 -		
To Whom Paid MONTGOMERY COUNTY REPUBLICAN COMMITTEE	05	07	2011	Amount \$ 3,000.00
Mailing Address 314 E. JOHNSON HIGHWAY	Description of Contribution COUNTY-WIDE CAMPAIGN EXPENSES			
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401 -		
To Whom Paid WEB LISTINGS INC.	05	11	2011	Amount \$ 65.00
Mailing Address 1623 MILITARY ROAD #926	Description of Contribution DOMAIN NAME SUBMISSIONS TO INTERNET			
City NIAGARA FALLS	State NY	Zip Code (Plus 4) 14304 -		
To Whom Paid BILL SHAW, BILJOHN GRAPHIC DESIGN	05	17	2011	Amount \$ 1,035.70
Mailing Address PO BOX 366	Description of Contribution PRINTING OF LETTERHEAD, NOTE AND			
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 -		
To Whom Paid				Amount \$
Mailing Address	Description of Contribution			
City	State	Zip Code (Plus 4)		
To Whom Paid				Amount \$
Mailing Address	Description of Contribution			
City	State	Zip Code (Plus 4)		
To Whom Paid				Amount \$
Mailing Address	Description of Contribution			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL \$ 8,152.93

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
Which are outstanding at the end of the reporting period.

Name of filing committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From <u>1/1/2011</u> To <u>6/6/2011</u>
--	---

Name of Creditor			Outstanding Balance of Debt \$
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address			
City	State	Zip Code (Plus 4)	
Description of Debt			

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

PAGE TOTAL
\$ 0.00