Commonwealth of Pennsylvania

Campaign Finance Report

PAGE 1 OF 13 (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.) Filer Identification Report Number: Filed by: DOCTOR CLEMENT FOR CORONER Street Address: c/o 1325 DEFLAVIS CIRCLE City: BLUE BELL Zip Code: PA 19422-3314 TYPE OF REPORT (place X to the right of report type) 2011 Name of Office Sought by Candidate: DATE OF ELECTION District Number County Code CORONER, MONTGOMERY COUNTY OTH REP 46 11 80 2011 (SEE INSTRUCTIONS FOR CODES) Summary of Receipts and Expenditures from: Τo 01 2011 06 06 2011 A. Amount Brought Forward From Last Report \$ 0.00 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, comes Sworn to and subscribed before me this LTH OF PENNSY COMMONWE Notarial Seal onnelly, Notary Pyfolic JAOK FAKIŽZI Norristown foro, Montgomery County My Commission Expires March 16, 2013 My Commis My commission expire Ivania Association of No. (484) 614-3108 Member, Penns Area Code & Daytime Telephone Number And the State of the State (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. (P.L. 1333, No. 320) as amended. nd subscribed before me this COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Repette Susarr Gonder - Notary Public William County **GORDON S. CLEMENT** MY COMMISSION EXPIRES MAR. 27, 2012 Printed Name 2012 (215) 654-8186

Area Code

Daytime Telephone Number

My commission expires

SCHEDULE ! Contributions and Receipts

Detailed Summary Page

Detailed Guillinary Page	
Name of Filing Committee or Candidate DOCTOR CLEMENT FOR CORONER	Reporting Period From 1/1/2011 To 6/6/2011
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIE	SUTOR
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 REGEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC.	(FROM PARTIE)
TOTAL for the Reporting Period (4)	\$ 0.00
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.)	\$19,075.00

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.

with an aggregate value	from \$	50.01 to \$250.0	00 in th	e reportin	g period	l.
Name of Filing Committee or Candidate DOCTOR CLEMENT FOR CORONER				Reporting Peri	∞d 2011	_{то} 6/6/2011
				DATE		AMOUNT
Full Name of Contributing Committee				And the second of the second		\$ 0.00
Meiling Address						\$
City	State	Zip Code (Plus 4)		Sa re Allagore		\$
Full Name of Contributing Committee				TE LEAVE SE		\$
Mailing Address			<u> </u>			\$
City	State	Zip Code (Plus 4)	<u>L</u>			\$
Full Name of Contributing Committee			1.	2000V15		\$
Mailing Address				S. W. C. B. S.		\$
City	State	Zip Code (Plus 4)		Trance		\$
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 5 City Zip Code (Plus 4) \$ Full Name of Contributing Committee Mailing Address \$ City Zip Code (Plus 4) \$ Full Name of Contributing Committee \$ Mailing Address \$ City Zip Code (Plus 4)

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

PAGE TOTAL \$ 0.00

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.)

	Reporting Period
DOCTOR CLEMENT FOR CORONER	From 1/1/2011 To 6/6/2011

						10
				DATE		AMOUNT
Full Name of Contributing Committee					4 15 500	
SEE PART B ATTACHMENT				\$ 4,650.00		
Mailing Address	MITIG ACCITIESE			4.325.57	74 7 7 7 7 7 T	\$
City	State		_			1 .
· •	State	Zip Code (Plus 4)	and the second	28 S. 20		4 \$
Full Name of Contributing Committee	- 	<u> </u>	10.00	10000	S 15/// S	3
						₹ \$
Meiling Address			1.000		Ayda	
City						\$
○ iy	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee			3347.7			T
				T		\$
Mailing Address	<u> </u>		THE TANK	I GURN.		1
						† \$
City	State	Zip Code (Plus 4)	2000	0.31		\$
Full Name of Contributing Committee	<u> </u>	<u> </u>				*
The interior of Contributing Contribution			1 1 5 7 7 22	- 1		s
Melling Address		· · · · · · · · · · · · · · · · · · ·			± 4	
						\$
жу	State	Zip Code (Plus 4)	230 (50.0)	i sin (
		-		<u> </u>		 \$
ull Name of Contributing Committee			2.1		V 1982	s
Aelling Address			1945 at a 45 a 13	S	1.175.22	<u> </u>
					***	\$
Xty	State	Zip Code (Plus 4)	And the second of the second o			
		-				\$
ull Name of Contributing Committee			22.45.	* 12 A 40	NURBATE &	\$
lailing Address			Supplemental Control	S. A. STORES	1 2 1 2 1	<u> </u>
			San Anna El San Fi		1 4 60 70	\$
ky	State	Zip Code (Plus 4)	FILE OF	0.20.202.2		
		-				\$
uli Name of Contributing Committee			Section 1	FREEZ SE		S
siling Address			1.0000000000000000000000000000000000000			*
enil Aloras			over the Market Control	50.5323013		\$
ity	State	Zip Code (Plus 4)	200		5 52. 3	
	<u> </u>	-				\$
uli Name of Contributing Committee	407 7 july	71 \$75x (4)		\$		
ailing Address	superior serviciones	1.71 (80) 72307 (4)		*		
			- Willerson St. Line	COMMUNICATION OF THE PARTY OF T		\$
ty .	State	Zip Code (Plus 4)	Physical Designs		160000	
	<u> </u>	•				\$
		PAGE TOTAL				
nter Grand Total of Part B on Schedule I, Detaile	į	\$ 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
DUÇA	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	NAOL & YNOHTNA	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	
VANGROSSI	PAUL C.	319 SWEDE STREET, NORRISTOWN, PA 19401	3/30/11	200.00
VOLPE	DANTE & MARIBETH	420 WALMERE WAY, BLUE BELL, PA 19422	2/27/11	100.00
WESSELT	RICHARD	3530 ARCADIA LANE, COLLEGEVILLE, PA 19426	2/25/11	200.00 250.00

4,650.00

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		Reporting Peri	od			
DOCTOR CLEMENT FOR CORONER		From 1/1/	2011	_{то} <u>6/6/2011</u>		
	<u> </u>			DATE		AMOUNT
Full Name of Contributing Committee			is ger	\$ 0.00		
Melling Address			All Art grade	72 (27 <u>3</u> 2)		\$
City	State	Zip Code (Plus 4)	-000 G	H WESSE	12.577N W	\$
Full Name of Contributing Committee						\$
Malling Address		·····	4.000		TANK W	\$
City	State	Zip Code (Plus 4)		Maria de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela		\$
Full Name of Contributing Committee			0.50,620			\$
Mailing Address	THE PROPERTY A			\$		
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee				region of a contract of a contract of		\$
Mailing Address			7.75.57	arter	SERVA	\$
City	State	Zip Code (Plus 4)	The second secon		//:5125.E3	\$
Full Name of Contributing Committee					MITS TA	\$
Mailing Address						\$
Спу	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee	A Section of the sect		1783.50	\$		
Mailing Address	1	granita a		\$		
City	State	Zip Code (Plus 4) -				\$
Full Name of Contributing Committee	rangangan 1971 Kalabasa			\$		
Mailing Address		19700019	. 325K	\$		

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

State

Zip Code (Plus 4)

Zip Code (Plus 4)

PAGE TOTAL \$ 0.00

\$

\$

\$

DSEB-502 (7-99)

Mailing Address

Full Name of Contributing Committee

City

City

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.)

Lawrie of Lawrid Continuities of Caudiosite			F	Reporting Period	
DOCTOR CLEMENT FOR CORON	IER			From 1/1/2011	т _о <u>6/6/2011</u>
			Market and and	DATE	AMOUNT
Full Name of Contributing Committee SEE PART D ATTACHMENT					\$ 13,975.00
Mailing Address	-		and the second		\$
City	State	Zip Code (Plus 4)			\$
Employer Name		L	Occupation	n	
Employer Mailing Address/Principal Place of Business			<u>L</u>		
Full Name of Contributing Committee					\$
Mailing Address					\$
City	State	Zip Code (Plus 4)			\$
Employer Name	Employer Name				
Employer Mailing Address/Principal Place of Business			<u></u>		
Full Name of Contributing Committee	·		San de Sur		s
Mailing Address					s
City	State	Zip Code (Plus 4)		Tass design	\$
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributing Committee			And the second s		\$
Mailing Address			Gricks:		\$
City	State	Zip Code (Plus 4)	20000		\$
Employer Name	Occupation	L			
Employer Mailing Address/Principal Place of Business	-		<u> </u>		
Enter Grand Total of Part D on Schedule I	, Detailed S	iummary 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 HERI	TAGE 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	2,500.00 500.00
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	
TORNETTA	PAUL A.	600 OLD ELM STREET, CONSHOHOCKEN, PA 19426	5/9/11	5,000.00 500.00
				40.075.00

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 1/1/2011 To 6/6/2011		
Full Name							
Malling Address							
City	State	Zip Code (Plus 4)			1	Amount	
Receipt Description					<u> </u>	<u> </u>	
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)				Amount	
Receipt Description					<u> </u>		
Full Name		· · · · · · · · · · · · · · · · · · ·					
Mailing Address			· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code (Plus 4)			ym i j	Amount	
Receipt Description		-			1		
Full Name							
Mailing Address		,					
City	State	Zip Code (Plus 4) -		1		Amount	
Receipt Description							
Full Name	.,						
Mailing Address							
City	State	Zip Code (Plus 4)				Amount	
Receipt Description				. <u> </u>	1		
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)				Amount	
Receipt Description	1	<u>-</u>			1		
	· · · · · · · · · · · · · · · · · · ·					PAGE TOTAL	
Enter Grand Total of Part	E on Schedule I, Det	alled Summary Pa	ige Seci	ion 4.		\$ 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 CC	PRONER	Re	porting Period From 1/1/2011 To 6/6/2011
		\$ \$ 70 P.	and the second of the second o
	TOTAL for the Reporting Period	(1)	\$ 0.00
	Kathara ja dida dia anji dhenja atifi di sasa		
	TOTAL for the Reporting Period	(2)	\$ 0.00
	TOTAL for the Reporting Period	(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CO REPORTING PERIOD (Add and a And 3; also enter on Page 1, Report	enter amount totals from boxes 1, 2,		\$ 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 1/1/2011 To 6/6/2011			
			DATE	AMOUNT		
Full Name of Contributor				\$		
Mailing Address				\$		
City	State	Zip Code (Plus 4)		\$		
Description of Contribution	1			V		
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)		\$		
	State	Zip Code (Flus 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		<u> </u>				
Full Name of Contributor						
Mailing Address	 			\$		
City	State	Zip Code (Plus 4)		\$		
Description of Contribution		-		\$		
	· · · · · · · · · · · · · · · · · · ·	······································		PAGE TOTAL		
Enter Grand Total of Part F of Summary Page, Section 2.	on Schedule II, Ir	n-Kind Contributions	Detailed	\$ 0.00		
Juminary Fage, Section 2.				<u> </u>		

SCHEDULE II PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$ 250.00

Name of filing committee or Candidate		Reporting Po					
DOCTOR CLEMENT FOR CORONI	ER			From 1/1/	2011 TO 6/6/2011		
				DATE	AMOUNT		
Full Name of Contributor					\$		
Mailing Address		····			\$		
City	State	Zip Code (Ptus 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					<u>, , , , , , , , , , , , , , , , , , , </u>		
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	l		Occupation				
Employer Mailing Address/Principal Plece of Business			Description of Contribution				
Full Name of Contributor		<u></u>			\$		
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					\$		
Malling Address	100				\$		
City	State	Zip Code (Plus 4)			\$		
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Piece of Business			Description of Contribution				
Enter Grand Total of Part G on Sche Summary Page, Section 3.	dule II, I	n-Kind Contribut	ions Detai	ied	PAGE TOTAL \$ 0.00		

\$ 8,152.93

SCHEDULE III

STATEMENT OF EXPENDITURES

				Tar	4 D		
Name of filing committee or Candidate			orting Peri				
DOCTOR CLEMENT FOR CORONER				F	rom <u>1/1/2</u>	2011 To 6/6/2011	
To Whom Paid						Amount	
CEDARS ADVERTISING, INC.			03	16	11	\$ 591.33	
Mailing Address		,	Description of Contribution				
P.O. BOX 85			CAMPAIGN SIGN DESIGN				
City CEDARS	State PA	Zip Code (Plus 4) 19423 -					
To Whom Paid						Amount	
CEDARS ADVERTISING, INC.			05	05	2011	\$ 3,460.90	
Meiling Address			Description				
City	PO BOX 85 City State Zip Code (Pfus 4)			CAMPAIGN SIGNS			
CÉDARS	PA	10423 -			··- <u></u>		
To Whom Paid		<u> </u>				Amount	
MONTGOMERY COUNTY REPUBLICAN C	TIMMOC	TEE	05	07	2011	\$ 3,000.00	
Maling Address 314 E. JOHNSON HIGHWAY			1 '	Description of Contribution COUNTY-WIDE CAMPAIGN EXPENSES			
City	State	Zip Code (Plus 4)	COUNT	<u>Y-YY</u>	E CANE	AIGN EAPENOES	
NÓRRISTOWN	PA	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 -	SEARC				
To Whom Paid	سسنبه					Amount	
BILL SHAW, BILIJOHN GRAPHIC DESIGN	i		05	17	2011	\$ 1,035.70	
Mailing Address			Description	Description of Contribution			
PO BOX 366			PRINTIN	NG OF	LETTER	HEAD, NOTE AND	
CHY CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 -	PALM C				
To Whom Paid		<u></u>				Amount	
<u> </u>	 					\$	
Mailing Address			Description	n of Contri	ibution		
City	State	Zip Code (Plus 4)					
To Whom Paid	1	<u></u>			1	Amount	
<u> </u>		· · · · · · · · · · · · · · · · · · ·				\$	
- Mailing Address			Description of Contribution				
City	State	Zip Code (Plus 4)			,		
To Whom Paid						Amount \$	
Mailing Address			Description	n of Contr	ibution		
City	State	Zip Code (Plus 4)					
<u> </u>							
						PAGE TOTAL	

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

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		Reporting Period		
DOCTOR CLEMENT FOR CORONER	From	1/2011 To 6/6/2011		
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		
Name of Creditor		\$		
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				
		Outstanding Balance of Debt		
Name of Creditor		\$		
Mailing Address				
Сіту	State Zip Code (Plus 4)			
Description of Debt	<u> </u>			
Name of Creditor		Outstanding Balance of Debt		
		\$		
Mailing Address				
City	State Zip Code (Plus 4)			
Description of Debt	<u> </u>			
	ot Cover Dage Hom C	PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Repo	\$ 0.00			