

(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: CANDIDATE  COMMITTEE  LOBBYIST

**Name of Filing Committee, Candidate or Lobbyist:**  
**ROBERT J. DURANTE**

**Street Address:**  
**220 W. BROWN ST.**

**City:** **NORRISTOWN** **State:** **PA** **Zip Code:** **19901**

<b>TYPE OF REPORT</b> <small>(place X to the right of report type)</small>	<b>6TH TUESDAY PRE-PRIMARY</b>	1.	<b>2ND FRIDAY PRE-PRIMARY</b>	2.	<b>30 DAY POST-PRIMARY</b>	3.	<b>AMENDMENT REPORT?</b>	YES	NO
	<b>6TH TUESDAY PRE-ELECTION</b>	4.	<b>2ND FRIDAY PRE-ELECTION</b>	5.	<b>30 DAY POST-ELECTION</b>	6.	<b>TERMINATION REPORT?</b>	YES	NO
	<b>ANNUAL REPORT</b>	7.	<b>YEAR</b>		<b>FILING METHOD</b>		<b>PAPER</b>		<b>DISKETTE</b>

**FILING METHOD:**  CHECK ONE  PAPER  DISKETTE

**Name of Office Sought by Candidate:** **SHERIFF MONTGOMERY COUNTY**

DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		07H	REP.	46
05	17	2011		(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To		MO.	DAY	YEAR	FOR OFFICE USE ONLY	
		05	03	2011			06	06	2011	RECEIVED 2011 JUN 15 P 2:30 OFFICE OF VOTER SERVICES MONTG. CO. PA	
A. Amount Brought Forward From Last Report											
B. Total Monetary Contributions and Receipts (From Schedule I)											
C. Total Funds Available (Sum of Lines A and B)											
D. Total Expenditures (From Schedule III)											
E. Ending Cash Balance (Subtract Line D from Line C)											
F. Value of In-Kind Contributions Received (From Schedule II)											
G. Unpaid Debts and Obligations (From Schedule IV)											

**AFFIDAVIT SECTION**

**PART I** If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
Signature of Person Submitting Report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**PART II** If this is a report of a Candidate, Authorized Committee, candidate sign and date 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.

**NOTARIAL SEAL**  
**ETTA J GUNDLACH-MELCHER**  
 Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

**1 S. E. NORRITON TWP. MONTGOMERY COUNTY**  
 My Commission Expires Oct 24, 2013

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Candidate

**Robert Durante**  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

MONTGOMERY COUNTY COURT HOUSE  
 Department of State • Bureau of Commissions, Elections and Legislation Board of Elections  
 303 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280 P.O. Box 311  
 Norristown, PA 19404

DSEB-502 (7-99)  
 RECEIPT IS REPAYMENT OF LOAN,  
 NOT A CONTRIBUTION.

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>ROBERT J. DURANTE</b>	Reporting Period From <u>5-3-11</u> To <u>6-6-11</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>BLACK HORSE TAVERN</b>	5	16	2011	\$ 34.09
Mailing Address <b>3223 GERMANTOWN PIKE</b>		Description of Expenditure <b>WORKERS FOOD</b>		
City <b>NORRISTOWN PA</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401 -</b>		
<b>WAWA</b>	5	12	2011	\$ 24.95
Mailing Address <b>701 W. GERMANTOWN PIKE</b>		Description of Expenditure <b>GASOLINE SIGN Workers</b>		
City <b>EAST NORRITON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401 -</b>		
<b>WAWA</b>	5	17	2011	\$ 6.50
Mailing Address <b>701 W. GERMANTOWN PIKE</b>		Description of Expenditure <b>FOOD ELECTION DAY WORKERS</b>		
City <b>EAST NORRITON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401 -</b>		
<b>CHICK-FIL-A</b>	5	17	2011	\$ 19.91
Mailing Address <b>DEKALB PIKE</b>		Description of Expenditure <b>FOOD ELECTION DAY WORKERS</b>		
City <b>EAST NORRITON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401 -</b>		
<b>GENUARDIS</b>	5	17	2011	\$ 25.98
Mailing Address <b>25 W. GERMANTOWN PIKE</b>		Description of Expenditure <b>FOOD ELECTION DAY WORKERS</b>		
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401 -</b>		
<b>OFFICE DEPOT</b>	5	17	2011	\$ 18.35
Mailing Address <b>570 S. TROOPER ROAD</b>		Description of Expenditure <b>ELECTION DAY SUPPLIES</b>		
City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19403 -</b>		
To Whom Paid				\$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

**PAGE TOTAL**  
**\$ 129.78**

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

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 <b>ROBERT J. DURANTE</b>	Reporting Period From <b>5-3-11</b> To <b>6-6-11</b>
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Full Name <b>COMMITTEE TO ELECT ROBERT DURANTE</b>
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Mailing Address <b>220 W. BROWN STREET</b>
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City <b>NORRISTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401 -</b>	MO <b>6</b>	DAY <b>6</b>	YEAR <b>2011</b>	Amount <b>\$ 1022.30</b>
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Receipt Description <b>PARTIAL REPAYMENT OF EXPENSES PAID BY CANDIDATE SEE 5-2-11 REPORT</b>
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Full Name
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Mailing Address
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City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
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Receipt Description
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Full Name
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Mailing Address
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City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
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Receipt Description
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Full Name
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Mailing Address
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City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
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Receipt Description
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Full Name
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Mailing Address
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City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
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Receipt Description
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Full Name
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Mailing Address
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City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
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Receipt Description
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PAGE TOTAL <b>\$ 1022.30</b>
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Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

# STATEMENT OF UNPAID DEBTS

~~6 of 6~~  
3 of 3

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 <b>COMMITTEE TO ELECT ROBERT DURANTE</b>	Reporting Period From <b>5-3-11</b> To <b>6-6-11</b>
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Name of Creditor <b>ROBERT J. DURANTE</b>	Outstanding Balance of Debt <b>\$ 4380.00</b>
Mailing Address <b>220 W. BROWN STREET</b>	DATE DEBT INCURRED MO: <b>03</b> DAY: <b>31</b> YEAR: <b>2011</b>
City <b>NORRISTOWN PA</b>	State: <b>PA</b> Zip Code (Plus 4): <b>19401-</b>
Description of Debt <b>LOAN TO COMMITTEE - SEE 5/2/2011 REPORT - BALANCE DUE</b>	

Name of Creditor <b>ROBERT J. DURANE</b>	Outstanding Balance of Debt <b>\$ 853.19</b>
Mailing Address <b>220 W. BROWN STREET</b>	DATE DEBT INCURRED MO: <b>5</b> DAY: <b>2</b> YEAR: <b>2011</b>
City <b>NORRISTOWN</b>	State: <b>PA</b> Zip Code (Plus 4): <b>19401-</b>
Description of Debt <b>INVOICES PAID BY CANDIDATE TO BE REIMBURSED BY COMMITTEE SEE 5-2-2011 REPORT - BALANCE DUE</b>	

Name of Creditor	Outstanding Balance of Debt <b>\$</b>
Mailing Address	DATE DEBT INCURRED
City	State Zip Code (Plus 4)
Description of Debt	

Name of Creditor	Outstanding Balance of Debt <b>\$</b>
Mailing Address	DATE DEBT INCURRED
City	State Zip Code (Plus 4)
Description of Debt	

Name of Creditor	Outstanding Balance of Debt <b>\$</b>
Mailing Address	DATE DEBT INCURRED
City	State Zip Code (Plus 4)
Description of Debt	

Name of Creditor	Outstanding Balance of Debt <b>\$</b>
Mailing Address	DATE DEBT INCURRED
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 <b>\$ 5233.19</b>
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**OWED TO CANDIDATE BY COMMITTEE.**