CAMPAIGN FIN							
(NOTE: This report must be clear and legible. I	It may be typed or printed in	blue or black ink.)					
Filer Identification Report Number: Filed By		COMMITTEE X LOOBYIST 3.					
Name of Filing Committee, Candidate or Lobbyist. PRIENDS OF LINDA M. HE							
Street Address: PC BCX 41							
CityAMINGTON	State:	Zip Code: [9(07] _					
TYPE OF REPORT STN TUESDAY PRE-PRIMARY 1. 200 TRIDAY PRE-PRIMARY 2. (place X to the right of report type) STN TUESDAY PRE-ELECTION 4. 200 FRIDAY PRE-ELECTION 5. (place X to the right of report type) ANNUAL REPORT 7. YEAR	POST PRIMARY	AMENEDMENT NEPORT2 YES NO TERMINATION REPORT? YES NO PAPER DISKETTE					
Name of Office Sought by Candidate: MUNT GOMERE TOUNTE REFERENCE OF PEEDS	DATE OF ELECTION MO. DAY TEAN (1 US >0(1	District Office Party County Number Code Code Code AL OTLL DEM 4(ISEE INSTRUCTIONS FOR CODES)					
Summary of Receipts and Expenditures from:	To 06 06 >aH	FOR OFFICE USE ONLY					
	5 - 146. N5	RECEIVED					
	<u>* 1, 1~~ dd () () () () () () () () () () () () () </u>						
	\$ 2,629,12 \$ 00	-0 					
	، برل						
	· • • •						
PART I If this is a Committee report, treasurer sign here. If	T SECTION Star is a Candidate report of	andidate sign tugre.					
1 swear (or affirm) that this report, including the attached schedules, on pa correct and complete. Sworn to and subscribed before me this (3 m day of June 2005 2005 2005 2005 2005 2005 2005 200		the best of my knowledge and belief true,					
ABINGTON TWP: MONTGO ABINGTON TWP: MONTGO WMy Commission Expires Signature	Dec 19, 2012 DAVID	F Person Submitting Report H - F - C - C - C - C - C - C - C - C - C					
My commission expires /2 (? (Z MO. DAY YR.	Area Code	Daytime Telephone Number					
PART II - 11 this is a report of a Candidate's Authorized Comm	nittee, candidate shall sign be	re.					
I swear (or affirm) that to the best of my knowledge and writer this points (P.L. 1333, No. 320) as amended. Sworn to and subscribed before at this ROBIN A BEALL Notary Public (3 day of UN CABINGTON TWP., MONTGOMERY COUNT My Bergmission Expires Dep 19: 2012	10 101	ee					
	- UNDA	M-HEG Printed Name					
My commission expires $\frac{12}{MO}$ $\frac{12}{DAY}$ $\frac{12}{YR}$	Area Code	Daytime Telephone Number					

Department of State

Bureau of Commissions, Elections and Legislation
303 North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280

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PAGE 2 OF 4

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Peri FRIENPS OF LINDA M-HEF From 05/0	03/2011 To 6/06/2011
L UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONT	
TOTAL for the Reporting Period (1)	\$ 1,146,00
2 CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART & AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 576-(h)
TOTAL for the Reporting Period (2)	\$ 576-00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	s ·
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC	EROM PART E
TOTAL for the Reporting Period (4)	I
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.)	\$ 1,722.00
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ALL OTHER CONTRIBUTIONS

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\$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	Reporting Period	
FRIENDS OF LINDA M-HEE	From 5/09/>01	1 To 06/06/2011
	DATE	AMOUNT
Full Name of Contributor RISE NEWMAN	US 12 2011	\$ 136-00
Mailing Address MARLET STREET STELS 40	MO. DAY YEAR	<u> </u>
City State Zip Code (Plus 4)	MO. DAY YEAR	.
81412405201712 PA 19107 -		\$
Full Name of Contributor BACH ICEELIN Mailing Address	MO: DAY YEAR	\$ 80-00
1578 WALNUT 3T.	MO. DAY YEAR	•
City 21 + 1 AOIO (1) 10 State Zip Code (Plus 4)	MO. DAY YEAR	\$
		\$
Full Name of Contributor HOWAND SOLONON	MO. DAY YEAR US 16 2011	
Mailing Address MARKET St.	MO DAY YEAR	100.00
City Olympic A concerning of the State Zip Code (Plus 4)		5
1/10/032011012 (A 19103 -	MO. DAY YEAR	5
Full Name of Contributor DUKN MANCUSO Mailing Address	MO. DAY YEAR	
Sog DOMING LARD	MO. DAY YEAR	<u> </u>
City OLLUNG CIK State Zip Code (Plus 4)		5
OTTERNELOTIO PA 10128-	MO. DAY YEAR	6
Full Name of Contributor ROMLN CASTEN	MO. DAY YEAR	AN 12/2
Mailing Address	MO. DAY YEAR	00 00
306 BROUKDALE AVENJE	9	S
GLEPSING RA 10,079 -4501	MO. DAY YEAR	
Full Name of Contributor	MO. DAY YEAR	
Mailing Address	OS 19 >011 \$	80-00
Mailing Address 1109 CHAREL RUAD	\$	\$
Sity E2KINS BARK A 1907 -	MO. DAY YEAH	······································
ull Name of Contributor	MO. DAY YEAR	
Mailing Address	MO. DAY YEAR)
	\$	5
State Zip Code (Pius 4)	MO. DAY YEAR	
Uli Name of Contributor	MO. DAY YEAR	
Mailing Address	\$	·
	MO. DAY YEAR \$	
City State Zip Code (Plus 4)	MO. DAY YEAR	
	\$	GE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2. \$	r o c
EB-502 (7-99)	· •9•/ 0••••••• 2. •	1 42-00

PAGE 4 OF 4

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period			
FRIENDS OF LINDA M. HED			From 05/07/>011 To 6/06/2011			
TO Whom Paid EEVIN SHAW			DG DULL S 100-00			
Mailing Address 975 EAST SOUTHAMOTON AVENUS		Descrip	Description of Expenditure CAM(AKN WEBSTIFF			
CITY G-ENSING	State	Zip Code Plus 4) 10(135 - 7434		trac Amirida		
To Whom Paid PLUSH		25 15 2011 \$ 400-00				
Mailing Address EESWICK AVENUE			PU	Description of Expenditure PUNDARISER PUR		
Grenzine	State []]	Zip Code (Plus 4) 10(035 -		MG 7 182		
TO MONTGONGA COUNT DG	N.	CNTE	20 20	25 7011 \$ 250.00		
P0 857			Descrip	tion of Expenditure		
CHY YORAL STOWY	State TA	Zip Code (Pius 4) [9404	6	NTEL IBUT WH		
TO WHOM Paid EHELTENVAN DENCEMPAN		COMMITTER	05	$\frac{1}{2} \frac{1}{2} \frac{1}$		
Mailing Address OLD YORK RUAD			Descrip	tion of Expenditure INUVET AND SILVERT		
ELKINS BARK	State {}	Zip Code (Plus 4) (01.0>1 -		ICTION CONTAIRVIND		
TO Whom Paid AUGTON RUCICLEDED		SM. CMTE	2 D	10.81 \$ 110-52		
Mailing Address			Descrip	tion of Expenditure PURANC		
ADLIGTON	State (A-	$\frac{2ip Code (Plus 4)}{\sqrt{0}(0)} + \frac{1}{\sqrt{3}}$	PU	NO DIX 150N		
To Whom Paid				31 2011 \$ 21.13		
Mailing Address			tion of Expenditure SGT PUR PROCESSING			
VALS ALTO	CA	·		GALS CANCE - PULLICA		
TO MOOT PAID TOUNT FUNDATONNA (201	N. (MTE	UG UG	Amount UG >011 \$ (000 01)		
PC \$57			Descrip	tion of Expenditure		
NORALSTOWN	State	Zip Code (Plus 4) 19404 -	Cu	NTRIBUTUD		
To Whom Paid			Amount S			
Mailing Address			Descrip	tion of Expenditure		
City	State	Zip Code (Plus 4) -				
			I			

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

PAGE TOTAL \$ 1,841.63