CAMPAIGN FINANCE REPORT

PAGE 1 OF //

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

THOTE This report host be clear and legible	a to may be typed or printed in	blue of black ink.)
Filer Identification Number: A7 - 516 0316 Report Filed	200.000.000.000.000.000.000.000	COMMUTTEE 2 LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist Miends of Park Mosessi		
Street Address:		
2449 Schlosser Rd	les	
Harleysville	State:	Zip Code: 19438 -
TYPE OF SIN TUESDAY 1. ZELININAY	2 SUDAY 34	COSTONERO VES NO
REPORT STHETISENDAY 4. 2000 FRIDAY	5. 6.	REPORTS
(place X to PRE-ELECTION PRE-ELECTION	POSTGLETTON	REPORTS YES NO
the right of ANNUAL 7. YEAR REPORT	FRANG METHOD SECRECK CINE	PAPER X DISKETTE
Name of Office Sought by Candidate:	DATE OF ELECTION	District Office Party County
register on wills	MIG. DAY YEAR	Number Code Code Code OTH REP 46
1,69,31,01,91,00,11,7	5 17 2011	(SEE INSTRUCTIONS FOR CODES)
SEG CORY MEAR	MO DAY YEAR	FOR OFFICE SCHOOLS
Summary of Receipts and Expenditures from:	To 66 2011	
A. Amount Brought Forward From Last Report	\$ 14,196.	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 6,175.	
C. Total Funds Available (Sum of Lines A and B)	· 20,371.	
D. Total Expenditures (From Schedule III)	\$ (8903.68)	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 11,467.32	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 492,50	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 8771.06	
AFFIDA	/IT SECTION	
PART I I I I I I I I I I I I I I I I I I I		
I swear (or affirm) that this report, including the attached schedules, on correct and complete.	paper or computer diskette, are to the	ne best of my knowledge and belief true,
Sworn to and subscribed before me this		$\gamma = 1$
151 day of) han Hx	sening To
Selout Puho	·	Person Submitting Report
Signature COMMONWEALTH OF PERMISYLVANIA	<i></i>	rinted Name
My promise con expense plat CCA	Area Code	Paytime Telephone Number
DEBORAH T. PINHO, Notary Public DAY YR.		
I swear (or affirm) that to the best of my knowledge and belief this poli		
(P.L. 1333, No. 320) as amended. Sworn to and subscribed before me this		
1510	1 total	
20000	Signat	ure of Candidate
Signature	ratricia !	rinted Name
HY CONTINUES OF PENNEY VANIA 2014	610	31.3-1115
NOTHIRIAL SEAL DAY YR.	Area Code	Daytime Telephone Number
Wimpain Twp., Montgomery County	Commissions Elections **	
	Commissions, Elections and Lorg, PA 17120-0029 ● (717	egislation /) 787-5280

SCHEDULE I

PAGE 2 OF ______

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod 3 1	l =-	6/6/11
FRIENDS OR Pat MOSESSU	710m	<u> </u>		<u> </u>
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS — \$50.08 OR LESS			•	_
TOTAL for the Reporting Period	d (1)	\$	4 as,	
2 CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	£ì			
Contributions Received from Political Committees (Part A)		\$	250),
All Other Contributions (Part B)		\$	2500),
TOTAL for the Reporting Period	d (2)	\$	2750	
CONTRIBUTIONS OVER \$250,000 (FROM PART CLAND PART D)				
Contributions Received from Political Committees (Part C)		\$		
All Other Contributions (Part D)		\$	3000	7 ·
TOTAL for the Reporting Period	3 (3)	\$	3000	
A CONTRACTOR OF THE PROPERTY O	ire. Comi		(a) (a) (a) (a)	7 E
TOTAL for the Reporting Period	(4)	\$		
			<u>.</u>	- 11
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.)		\$	617	5,
		394		

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

page 3 af 1

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	Period	1, 1,
FRIENDS OF Pat MOU	E 306		From	2311	то 6/6/11
LUTENDO OL LO 1100	, –55		DATE		AMOUNT
Ill Name of Contributing Committee	1.1. 1		2 99	NEAR S	150
Timothy Khox Lh P Polating Address	11 1716 a.l	ACT COMM	60 041	YEAR	B
400 Marylan D Driv	س ۲۵	Zip Code (Plus 4)		YEAR	P
FORT Washington	State	19034 -	MO DAY		\$ <u></u>
	_ا_ن_		PRE COAS		s /00, —
NONCISTONNICE Name of Contributing Committee NONCISTONNICE Committee Alling Address	<u>Omm</u>		2 99	YEAR	
205 W WOOD	5+		Mars State	i _1_	\$
Normistown	State PA	Zip Code (Pius 4)			\$ <u>_</u>
uil Name of Contributing Committee					\$
			SMC SAC	VEAR.	
Mailing Address					\$
ity	State	Zip Code (Plus 4)			\$
full Name of Contributing Committee					\$
				· · · · · · · · · · · · · · · · · · ·	
Mailing Address					<u> </u>
Sity	State	Zip Code (Plus 4)		y Ear	\$
Completes			Mir 200		\$
Full Name of Contributing Committee					3
Mailing Address					\$
city	State	Zip Code (Plus 4)		SV TAN	\$
A combine Committee					\$
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)			s
The inches					
Full Name of Contributing Committee	. 				
Mailing Address					\$
City	State	Zip Code (Plus 4)	35000		\$
			<u> </u>		PAGE TOTAL
Enter Grand Total of Part A on Se	chedule	I, Detailed Summar	y Page, Se	ction 2.	\$ 250.

PARI B

ALL OTHER CONTRIBUTIONS

page 4 ay 11

\$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 To 6/4//
PRIENDS OR POST MOSESSIC	
	DATE AMOUNT
Full Name of Contributor AKANKSha KAIRA	5 10 11 \$ 150.
Mailing Address	S S
State 219 Coo	e (Plus 4) SMC CASY SEAR
Blue Bell PA 1942	
Full Name of Contributor Rock Filey N Zch Or Mailing Address	5 10 11 \$ 100,
Mailing Address 150 ROSE WOOD Pr	S S
City State Zip Cod	(Pius 4)
0:00	
Prian fatrick Miles	5 10 11 \$ /001.
Mailing Address 1130 Longhorn Circle	3
City State Zip Coc	e (Plus 4)
Full Name of Contributor	
Full Name of Contributor Nona Schwart 7 Mailing Address	3 70 11 700
1926 Burgundy Way	le (Plus 4) SARV STEARS
city Hat Field PA 1944	
Full Name of Contributor	5 10 11 \$ 100.
Mailing Address	s
1065 SKI PPACK PIKE	Se (Plus 4)
Blue Bell PA 194	λ Σ \$
Full Name of Contributor Michael Golder 3	5 10 " \$ 100
Mailing Address	s s
State Zip Co	de (Pius 4) programme day seas
Phila PA 1912	
Full Name of Contributor	5 10 11 5 2001
Mailing Address Old Gulph Rd	\$
City State Zip Co	de (Plus 4)
01711174	
1) chorah 1. PINHO	3 70 17 700
Mailing Address 627 Hourrison St	\$
City Riverside No 080.	de (Plus 4)
11.02.101.0	PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detaile	d Summary Page, Section 2. \$ 950.

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	Reporting Period	To 6 6 11
FRIENDS OF PAT MOSESSO		
	DATE	AMOUNT
SEORAL A KORKUS	5 22 11	\$ /00.
128 William Penn Driuz		\$
City JEFFER ON UILLE PA 19403 -	MC CAY STAR	\$
Full Name of Contributor Irw+ton S Musselman	5 22 11	\$ /06, -
Mailing Address 238 Brank on Bd	MG DASH	\$
City State Zip Code (Plus 4)		\$
Full Name of Contributor		\$ 166,
Mailing Address () L. C.	5 22 11	\$
2000 Valley Forge Circle City State Zip Code (Plus 4)	ONE CONTRACTOR OF THE CONTRACT	
King of Prusia PA 19406-		\$
Full Name of Contributor Ranthership	5 /6 /1	s /00. =
Swite 200 1800 Pennbrook Pky		\$
City Lansdaz PA 19446-	SMC DAY SEASON	\$
Full Name of Contributor (C) (C) (C) (C) (C) (C) (C) (C	5 10 11	\$ /00,
Malting Address 142 Part Main St		\$
City hansdalz PA 19446 -	MC PART	s
Full Harme of Contributor Cice 1++ b TALS Pannewhip	5 9 11	\$ 150.
Mailing Address	960 PAS 35A5	\$
Chilereville PA 19426-		\$
Full Name of Contributor	5 9 11	\$ 100,-
Mailing Address	5 9 11	\$
POB6+44 City C1.14 6 8dd Ph 1943 6 -		\$
Full Name of Contributor	2000 2000 2000 2000 2000 2000 2000 200	\$
Mailing Address		\$
City State Zip Code (Plus 4)		<u> </u>
-		\$
	Bara Bastian 2	S 750
Enter Grand Total of Part B on Schedule I, Detailed Summa	ary Page, Section 2.	■

PART R

ALL OTHER CONTRIBUTIONS

page 6 2/11

\$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.)

lame of Filing Committee or Candidate		Reporting Period	
Friends of Pad Ma	223	From \$13/1	то 6 6 11
		DATE	AMOUNT
Steven F Gadon		5 19 11	\$ 100.
dailing Address	<u> </u>	SHO DAY	\$
7635 Market St	E Zip Code (Plus 4)	and comments	
nna	19/03-	MC DAY YEST	\$
ANDREW & DIPIERO		5 11 11	\$ /00,
Mailing Address 3879 Whitman Ro	1	MIC DAY SEAS	\$
City Stat	e Zip Code (Plus 4)		\$
Full Name of Contributor	111100	5 252 //	\$ 250,
Car Weiner	-D /	5 22 //	\$
1015 Phasant Meadle	2 /5 C	BAG CAY SEAR	*
Blue Bell A	7 /9422 -		\$
Full Name of Conscibutor TACK 13 OLLNICK		5 22 11	\$ 150.
Mailing Address	いしと		\$
City	te Zip Code (Plus 4)		•
Radnor P	7/9887-		\$
Full Name of Contributor 705 th 6 Walton Mailing Address		5 22 11	\$ /.06.
Mailing Address 102 Water arest Dr			\$
Doylestown Pi	12 Zip Code (Pius 4) 1890 -		\$
Pail Name of Contributor		5 10 11	\$ /00,
Donna M Parisi Mailing Address DI R	111	10 10 10 10 10 10 10 10 10 10 10 10 10 1	\$
	te Zip Code (Pius 4)		
Ply Mita	7 19462 -	/ !	\$ /2.
Full Name of Contributor		3 4 11	\$ /.
Mailing Address			\$
City	rte Zip Code (Plus 4)	(March 1997)	\$
Full Name of Contributor			\$
Mailing Address		F (1)	
	nte Zip Code (Plus 4)	M-2 (4.2 (4.2 (4.2 (4.2 (4.2 (4.2 (4.2 (4.	\$
City			\$
			PAGE TOTAL
Enter Grand Total of Part B on Schedule	e I, Detailed Summa	ry Page, Section 2.	* 0 CC,

ALL OTHER CONTRIBUTIONS

bank 1 of 11

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.)

(Exclude contributions			Rep	orting Peri	od	1.11.11
ne of Filing Committee or Candidate RICNDS OF Pat	Mn(-	(30	Fr	om <u>5</u>	3 11	To 6 6 11
KIENDS OF FOR	100			DATE		AMOUNT
Name of Contributor			5	3 1	\$	500.
Walter 17 Flamm			0	50AV		
249 Northwestern A	UE			DAY		
y _ , 	State	Zip Code (Plus 4)			1	<u> </u>
Phila ployer Name	<u>(' ' ' ' / '</u>	1190	Occupation	torr	24	
Flamm Walton PC						
Flamm Walton PC ployer Mailing Address/Principal Place of Business 794 Penllyn Pik E.	B	lwc Bell	Pa		/22	
U Name of Contributor			5	19 a	20//	2500.
Entest & SZOKE		als DOL			V. 275. SSS	\$
1312 Valley 1 314	I Same I	Zip Code (Plus 4)		7/AS		
" King OF Prusia	P17	Zip Code (Plus 4)				\$
nployer Name + C CPOKE, Es &	<u> </u>		Occupation			
mployer Mailing Address/Principal Place of Business 1000 Valley Forze Circle Suit	17.12	Kini on E		a A (7	9406
1000 Valley Firze Circle Duit	اد اعام	V1119 05	V(T)71	# ,	YEAR	
ull Name of Contributor					(100	<u> </u>
failing Address			M.C.			\$
ity	State	Zip Code (Plus 4)				\$
			Occupation	on 1		
mployer Name						
imployer Mailing Address/Principal Place of Business	B					
Full Name of Contributor			100		DES.	\$
						\$
Mailing Address						*
City	State	Zip Code (Plus 4)				\$
Employer Name			Occupat	ion		
	<u> </u>	<u></u>	1	<u></u>		
Employer Mailing Address/Principal Place of Busines			-			
Full Name of Contributor						\$
Mailing Address						\$
	State	Zip Code (Plus 4)				s
City			Occupa	<u> </u>	<u> </u>	
Employer Name			Occupa	(,. 11		
Employer Mailing Address/Principal Place of Busine	:55					
						PAGE TOTAL -

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

SCHEDULE II

PAGE 8 OF 11

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	Reporting Per	od	, [,],
FRIENDS OF Pat Mosessu	From <u>5</u>	3/11	то 6/6/11
	A STATE OF THE STA		-24-03-23-11-12-25-03-10-10-1
ONOTEMBZED IN ARRO CONTRIBUTIONS RESERVED - VALUE OF		1	
TOTAL for the Reporting Period	od (1)	\$	
		<u> </u>	
2. IN CONTRIBUTIONS REPEIVED IN VALUE OF \$50.00 TO \$	754000 (GT)(SB	A PA'S	
TOTAL for the Reporting Period	iod (2)	\$	
			
	_		
2. (BV-KIND) CONTRIBUTION RECEIVED - VALUE OVER \$250.90 PF	ROM (PART) C	3	
TOTAL for the Reporting Peri	iod (3)	s L	t92.50
1017-01-01-09-0-3			1191
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS			<i></i>
REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,	•	\$ (102
and 3; also enter on Page 1, Report Cover Page, Item F.)		1	1 101

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

page 9 af 11

VALUE OVER \$250.00

					- D-d-d		
Name of Filing Committee or Candidate			ļ	Reportin	A 31	11	To 6/6/1/
FRIENDS OR Pat MI	res	ک ک		From	2121		10
111101103				DATE			AMOUNT
Full Name of Contributor			ه ند. وک	5	()	\$	492 50
PAU Bartie	D 1		20	ĐAY	YEAS	S	
ISO WESTMINSTER	Va	•	200000000000000000000000000000000000000			*	
maple Glen		Zip Code (Plus 4) 9002-			RASY	\$	-
Employer of Contributor / LLP			Occup	H	ttor		
Employer Mailing Address/Principal Place of Business 40 East Hiry St Nor	risto	WU PA 19401				FOR	contribution
Full Name of Contributor			2/2		YEAR	\$	
Mailing Address			86 0.	DAX	TO SERVICE AND ADDRESS OF THE PARTY OF THE P	\$	
City	State	Zip Code (Plus 4)		SECTION OF THE PROPERTY OF THE	WEAR	\$	
Employer of Contributor			Occur	stion			
Employer Mailing Address/Principal Place of Business			Descr	iption of (Contribution		
Full Name of Contributor	<u>-</u> -			5.0%	100 100 1 ± 15 100	\$	
Mailing Address				W 7.2		\$	
City	State	Zip Code (Plus 4)	- NA	EX	XIII 833 823 83	\$	
Employer of Contributor			Occu	pation			
			Desc	ription of	Contribution		
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			200	224		\$	
Mailing Address						\$	
City	State	Zip Code (Plus 4)				\$	
Employer of Contributor	<u>. </u>		Occ	pation			
Employer Mailing Address/Principal Place of Business			Desc	ription of	Contribution	' '	
Full Name of Contributor				•	Y OYES	ş	
Mailing Address						\$	
City	State	Zip Code (Plus 4)		C	S2000 B007 PASS	\$	
Employer of Contributor	<u> </u>		000	upertion	1	<u>l</u>	
Employer Mailing Address/Principal Place of Business	<u> </u>		Des	cription of	Contribution	n	
Employer Mailing Address/Frincipal Flace of assistance							

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

SY92.

SCHEDULE III STATEMENT OF EXPENDITURES

page 10 of 11

			I Ret	porting Pe	niod /	, 1 1
TRIENDS OF Pad Mas was	۵		F	-rom <u>5</u>	13/11	_ to 6/6/11
					YEAR A	Amount A 8
Whom Paid Blue Bell Inn						\$ 1282.08
601 Skippack Pi	K E	Zin Code (Plus A)	FOOD,	PLINKS	tip's	larry Fundappion
Blue Bell	PA	Zip Code (Plus 4) 1942 -				
Ween Paid Cedars Advertising				3 n of Expen		\$ 4621.60
PUBBY 85	_		Descriptio	п от Ехрепч	aiture	
"Cedans	PA	Zip Code (Plus 4)				
Whom Paid MCRC			5	/3	%€AB	Amount 3 000.
314 & Johnson High	hur	1	Description	e KV F		
Norristour	State	Zip Code (Pius 4) 940 -				
Whom Paid	177			00:3 00		Amount \$
ailing Address	_		Description	on of Exper	nditure	
ity	State	Zip Code (Plus 4)	1		<u> </u>	
o Whom Paid					(A) (B) (A)	Amount \$
failing Address			Descripti	on of Expe	nditure	
Sity	State	Zip Code (Plus 4)	<u> </u>			
o Whom Paid			20.5			Amount \$
Mailing Address			Descript	on of Expe	enditure	3
Rity	State	Zip Code (Pius 4)	-			
To Whom Paid						Amount
Mailing Address			Descript	ion of Exp	enditure	\$
City	State	Zip Code (Pius 4)	-	<u>.</u>		
		_				
To Whom Paid Mailing Address			Descrip	tion of Exp	enditure	\$
Mailing Address City	State	E Zip Code (Plus 4	,			
City						PAGE TOTAL / 🛇
Enter Grand Total of Expenditures on I	Page 1	, Report Cover	Page, It	em D.		\$ 8903. —

DSEB-502 (7-99)

SCHEDULE IV STATEMENT OF UNPAID DEBTS

page 11 of 11

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

TRIENDS OF Pat MOJELIO		F	10m _ <u>7</u>		11 To 6/6/11
				<u> </u>	Outstanding Balance of
me of Creditor Pat Musessu	DATE	980		CONTRACTOR OF STREET	3 0 000
illing Address 140 AUONAAL Rd	DEBT INCURRED	ΥΙ	7 C	<u> ۱۱۵</u> ۵	2.3
" Worris town		State Z	9403-		
scription of Debt Loan to Committee			-	_	0
me of Creditor Pat MUSESS 6					Outstanding Balance of
ailing Address 140 Avon Dal & R	DATE DEBT INCURRED	3		3011 E	
~	1	State	Zip Code (F 19403 -	Plus 4}	
Warnistow N			<u> </u>	 _	
ame of Creditor					Outstanding Balance of
ane of Creditor	DATE DEBT			A CAN	
	DEBT	State	Zip Code	(Plus 4)	
ity					
escription of Debt					Outstanding Balance of
ame of Creditor		William		Shirt and	\$
failing Address	DATE DEST INCURRED			Τ	
Sity		State	Zip Code	vrius 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of \$
Mailing Address	DATE				
City	INCURRED	State	Zip Code	e (Plus 4)	
Description of Debt					Outstanding Balance
Name of Creditor		3000000			\$
Mailing Address	DATE DEBT INCURRED				
City		State	ZIP Co.	de (Plus 4)	
Description of Debt					
	-		خانن ى س ى	كنجيسي	PAGE TOTAL