

# 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: <b>27 516 0316</b>	Report Filed By: <b>CANDIDATE</b> <input checked="" type="checkbox"/> <b>COMMITTEE</b> <input type="checkbox"/> <b>LOBBYIST</b> <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: <b>Pat Mosesso</b>	
Street Address: <b>140 Avon Dale RL</b>	
City: <b>Norristown</b>	State: <b>PA</b>
Zip Code: <b>19403</b>	

TYPE OF REPORT <small>(place X to the right of report type)</small>	1. PREVIOUS ELECTION	2. PREVIOUS ELECTION	3. PREVIOUS ELECTION	4. PREVIOUS ELECTION	5. PREVIOUS ELECTION	6. PREVIOUS ELECTION	7. PREVIOUS ELECTION
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FILING METHOD (CHECK ONE)			PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>				

Name of Office Sought by Candidate: <b>Register or Wills</b>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO: <b>11</b> DAY: <b>8</b> YEAR: <b>2011</b>		<b>OTH</b>	<b>REP</b>	<b>46</b>
<small>(SEE INSTRUCTIONS FOR CODES)</small>					

Summary of Receipts and Expenditures from:	MO	DAY	YEAR	To	MO	DAY	YEAR
	<b>6</b>	<b>7</b>	<b>2011</b>		<b>10</b>	<b>24</b>	<b>2011</b>
A. Amount Brought Forward From Last Report	\$ <b>(8771.06)</b>						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <b>0</b>						
C. Total Funds Available (Sum of Lines A and B)	\$ <b>(8771.06)</b>						
D. Total Expenditures (From Schedule II)	\$ <b>(11,679.70)</b>						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <b>(20,450.76)</b>						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <b>0</b>						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <b>0</b>						

OFFICE OF VOTER SERVICES

2011 OCT 27 P 2:18

RECEIVED

### AFFIDAVIT 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 26<sup>th</sup> day of October 2011

**DEBORAH T. PINHO, Rotary Public Notary**  
Whippen Twp., Montgomery County  
My Commission Expires August 14, 2014

*Patricia A. Mosesso*

Signature of Person Submitting Report

**Patricia A. Mosesso**

Printed Name

**610**                      **213 - 1115**

Area Code                      Daytime Telephone Number

### PART B

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.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

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

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

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

\_\_\_\_\_  
Area Code                      Daytime Telephone Number

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF Pat Mosesso</b>	Reporting Period From <b>6/7/2011</b> To <b>10/24/2011</b>
--	---

To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
FRIENDS OF Pat Mosesso	8	29	2011	\$ 10,000	loan to campaign
Mailing Address 2449 Schlosser Rd					
City Hanleysville	State PA	Zip Code (Plus 4) 19438-			
FRIENDS OF Pat Mosesso	8	22	2011	\$ 487.00	pens w/ imprint of camp
Mailing Address 2449 Schlosser Rd					
City Hanleysville	State PA	Zip Code (Plus 4) 19438-			
FRIENDS OF Pat Mosesso	9	1	2011	\$ 1192.70	photo session plus tax
Mailing Address 2449 Schlosser Rd					
City Hanleysville	State PA	Zip Code (Plus 4) 19438-			
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
				\$	
Mailing Address					
City	State	Zip Code (Plus 4)			
		-			
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
				\$	
Mailing Address					
City	State	Zip Code (Plus 4)			
		-			
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
				\$	
Mailing Address					
City	State	Zip Code (Plus 4)			
		-			
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
				\$	
Mailing Address					
City	State	Zip Code (Plus 4)			
		-			
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
				\$	
Mailing Address					
City	State	Zip Code (Plus 4)			
		-			

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

PAGE TOTAL  
**\$ 11,679.70**