

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Jenny Brown								
STREET ADDRESS 2 Gunning Lane								
CITY Gladwyne		STATE PA	ZIP CODE 19035					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Montgomery County Commissioner	DISTRICT NO.	PARTY REP	DATE OF ELECTION				
				MO.	DAY	YEAR		
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1.			11	08	2011		
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	2.							
30 DAY POST-PRIMARY <input type="checkbox"/>	3.							
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	4.							
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	5.							
30 DAY POST-ELECTION <input type="checkbox"/>	6.							
ANNUAL REPORT <input checked="" type="checkbox"/>	7.							
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		11	29	2011		12	31	2011
CASH BALANCE AT END OF REPORTING PERIOD:		\$ -0-						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ -0-						
AMENDMENT REPORT?		YES		NO	X			
TERMINATION REPORT?		YES		NO	X			
					FOR OFFICE USE ONLY			
					RECEIVED 2012 JAN 10 A 11:00 OFFICE OF VOTER SERVICES MONTG. CO. PA			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 16th DAY OF January 20 12

 SIGNATURE OF PERSON SUBMITTING REPORT
 Jenny Brown
 PRINTED NAME

 SIGNATURE
 JOANN KONOPKA
 Notary Public
 IN CONSHOHOCKEN BORO, MONTGOMERY CNTY
 My Commission Expires Jul 8, 2012

 MY COMMISSION EXPIRES

 AREA CODE (610) 526-1614
 DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign 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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 _____ DAY OF _____ 20 _____

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 SIGNATURE

 MY COMMISSION EXPIRES

 AREA CODE _____ DAYTIME TELEPHONE NUMBER

MO. DAY YR.