

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: ▶		Report Filed By: ▶		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}		
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Mark Levy</i>										
Street Address: <i>PO Box 176</i>										
City: <i>Norristown</i>					State: <i>PA</i>		Zip Code: <i>19404 - 0176</i>			
TYPE OF REPORT (place X to the right of report type)	1. PRE-PRIMARY	2. PRIMARY	3. POST-PRIMARY	4. PRE-ELECTION	5. ELECTION	6. POST-ELECTION	AMENDMENT REPORT	YES	NO	
	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>	
	7. YEAR		<i>2011</i>		FILING METHOD		PAPER		DISKETTE	
				CHECK ONE		<input checked="" type="checkbox"/>				
Name of Office Sought by Candidate: <i>Prothonotary</i>					DATE OF ELECTION			District Number	Office Code	
					MO.	DAY	YEAR	<i>N/A</i>	<i>OTH</i>	
					<i>11</i>	<i>8</i>	<i>2011</i>		<i>DEM</i>	
									<i>46</i>	
								(SEE INSTRUCTIONS FOR CODES)		
FOR OFFICE USE ONLY										
Summary of Receipts and Expenditures from: ▶					MO. DAY YEAR			MO. DAY YEAR		
					<i>11 29 2011</i>			To <i>12 31 2011</i>		
A. Amount Brought Forward From Last Report					\$ <i>766.56</i>					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <i>2,000.00</i>					
C. Total Funds Available (Sum of Lines A and B)					\$ <i>2,766.56</i>					
D. Total Expenditures (From Schedule III)					\$ <i>2660.58</i>					
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <i>105.98</i>					
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <i>0</i>					
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <i>0</i>					

AFFIDAVIT SECTION

PART I - I (as 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 30th day of January 20 12

[Signature]
Signature

My commission expires May 10 2015
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

Patrick Parkinson
Printed Name

267 773-3251
Area Code Daytime Telephone Number

PART II - I (as a Committee report) treasurer sign here. (If this is a Candidate report, candidate 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. 32) as amended. Notary Public

Sworn to and subscribed before me this 30th day of January 20 12

[Signature]
Signature

My commission expires May 10 2015
MO. DAY YR.

[Signature]
Signature of Candidate

MARK LEVY
Printed Name

267 738-6536
Area Code Daytime Telephone Number

NOTARY PUBLIC
LISA J. MURRAY
Notary Public
NORRISTOWN BORO., MONTGOMERY COUNTY
My Commission Expires May 10, 2015

• Bureau of Commissions, Elections and Legislation
• Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Mark Levy</i>	Reporting Period From <u>11/29/11</u> To <u>12/31/2011</u>
--	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>0</u>
All Other Contributions (Part B)	\$ <u>0</u>
TOTAL for the Reporting Period	(2) \$ <u>0</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0</u>
All Other Contributions (Part D)	\$ <u>2,000.-</u>
TOTAL for the Reporting Period	(3) \$ <u>2,000.-</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u>0</u>

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.)	\$ <u>2,000.-</u>
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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.

Name of Filing Committee or Candidate Friends of Mark Levy	Reporting Period From <u>11/29/11</u> To <u>12/31/2011</u>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
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)					\$
		-					\$
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)					\$
		-					\$
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)					\$
		-					\$
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)					\$
		-					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

**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 <i>Friends of Mark Levy</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/2011</i>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <i>N/A</i>							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$

PAGE TOTAL
\$ 0

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Friends of Mark Levy</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/2011</i>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <i>N/A</i>							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
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)					\$
		-					
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)					\$
		-					
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)					\$
		-					
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)					\$
		-					

PAGE TOTAL
\$ *0*

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

ALL OTHER CONTRIBUTIONS

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.)

Name of Filing Committee or Candidate <i>Friends of Mark Levy</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/2011</i>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <i>see attached</i>							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL <i>\$2,000 -</i>

Part D
All Other Contributions
over \$250

Name of the Filing Committee
Friends of Mark Levy

Reporting Period
From 11/29/11 to 12/31/11

Date	Name	Address	Amount	Employer	Employers Address	Occupation
12/7/2011	Mike Hinkson	1908 Midfield Ave Feasterville PA 19053	\$2,000.00	PSI	3494 Progress Drive Bensalem PA 19020	Owner
Page Total			\$2,000.00			

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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 <i>Friends of Mark Levy</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/2011</i>
--	---

Full Name <i>N/A</i>						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						

PAGE TOTAL

\$ *0*

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 <i>Friends of Mark Levy</i>	Reporting Period From <u>11/29/11</u> To <u>12/31/2011</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <u>0</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <u>0</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <u>0</u>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0</u>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Mark Levy</i>	Reporting Period From <u>11/29/11</u> To <u>12/31/2011</u>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>N/A</i>				\$ <u>0</u>
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$

Description of Contribution:

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate <i>Friends of Mark Levy</i>	Reporting Period From <u>11/29/11</u> To <u>12/31/2011</u>
--	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <i>N/A</i>							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

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

PAGE TOTAL
\$ 0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Mark Levy</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/2011</i>
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
<i>see attached</i>				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

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

PAGE TOTAL <i>\$2,660.58</i>

Schedule III
Statement of Expenditures

Name of the Filing Committee
Friends of Mark Levy

Reporting Period
From 11/29/11 to 12/31/11

Date	To Whom Paid	Address	Description of Expenditure	Amount
12/12/2011	Redstone	512 W Germantown Pk Plym Mtg PA 19462	Meeting Expense	-53.46
12/13/2011	Courthouse Diner	36 E. Main Street Norristown PA 19401	Meeting Expense	-32.77
12/14/2011	Tony A's Pizza	200 W. Ridge Pike Conshohoclen, PA 19428	Meeting Expense	-17.88
12/16/2011	Redstone	512 W Germantown Pk Plym Mtg PA 19462	Meeting Expense	-76.50
12/17/2011	Lukoil	199 W Germantown Pk Plym Mtg PA 19462	Fuel for political event	-19.97
12/20/2011	Great American Pub	123 Fayette Street Conshohocken PA 19428	Annual Holiday Party	-2,300.00
12/20/2011	Petty Cash	123 Fayette Street Conshohocken PA 19428	Gratuity for Holiday Party Servers	-150.00
12/31/2011	First Niagara	401 Plymouth Rd Plymouth Meeting PA 1946	Bank Fee	-10.00
Total Expenditures				-2,660.58

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SCHEDULE IV STATEMENT OF UNPAID DEBTS

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 <i>Friends of Mark Levy</i>	Reporting Period From <i>11/29/11</i> To <i>12/31/2011</i>
--	---

Name of Creditor <i>N/A</i>					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
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
\$ *0*