

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		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)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO				
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO				
	ANNUAL REPORT	7.	YEAR <i>2012</i>		FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>		PAPER	DISKETTE					
Name of Office Sought by Candidate: <i>Prothonotary</i>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code		
					MO.	DAY	YEAR	<i>n/a</i>	<i>0TH</i>	<i>DEM</i>	<i>46</i>		
					<i>11</i>	<i>6</i>	<i>2012</i>	(SEE INSTRUCTIONS FOR CODES)					
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY			
			<i>10</i>	<i>23</i>	<i>2012</i>		<i>12</i>	<i>31</i>	<i>2012</i>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED JAN 30 PM 2:49 2013 </p>			
A. Amount Brought Forward From Last Report		\$	<i>1988.23</i>										
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	<i>1535.-</i>										
C. Total Funds Available (Sum of Lines A and B)		\$	<i>3523.23</i>										
D. Total Expenditures (From Schedule III)		\$	<i>2667.74</i>										
E. Ending Cash Balance (Subtract Line D from Line C)		\$	<i>855.49</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 - If this is 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 *13*

Angelina Salomone Focht
Signature

My commission expires: *05 / 10 / 2015*

Patrick Parkinson
Signature of Person Submitting Report

Patrick Parkinson
Printed Name

267 *773-3251*
Area Code Daytime Telephone Number

NOTARIAL SEAL
ANGELINA SALOMONE FOCHT

PART II - If this is a Report of a Candidate's Authorized Committee, candidate shall 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. This political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320).

Sworn to and subscribed before me this

30th day of *January* 20 *13*

Angelina Salomone Focht
Signature

My commission expires: *05 / 10 / 2015*

Mark Levy
Signature of Candidate

MARK LEVY
Printed Name

267 *738-6536*
Area Code Daytime Telephone Number

NOTARIAL SEAL
ANGELINA SALOMONE FOCHT
Notary Public
NORRISTOWN BOROUGH, 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 <i>10/23/12</i> To <i>12/31/12</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>35. -</i>

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <i>1500. -</i>
All Other Contributions (Part D)		\$ <i>0</i>
TOTAL for the Reporting Period	(3)	\$ <i>1500. -</i>

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

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>1535. -</i>
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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 <i>Friends of Mark Levy</i>	Reporting Period From <i>10/23/12</i> To <i>12/31/12</i>
--	---

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

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

PAGE TOTAL \$ <i>0</i>

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>10/23/12</i> To <i>12/31/12</i>
--	---

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

PAGE TOTAL
\$ *0*

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

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>10/23/12</i> To <i>12/31/12</i>
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>see attached</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)				\$

PAGE TOTAL	<i>\$ 1500. —</i>
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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Part C
Contributions Received From Political Committees
Over \$250.00

Name of Filing Committee	Reporting Period	Date	Name	Address	Amount
Friends of Mark Levy	From 10/23/2012 to 12/31/2012	11/20/2012	Friends of Vince Gillen	103 Red Rambler Dr Lafayette Hills PA 1944	\$500.00
		11/20/2012	Local Union #98 IBEW Com. On Political Educ.	1719 Spring Garden St, Phila, PA 19130	\$1,000.00
Page Total					\$1,500.00

**PART D
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 <u>10/23/12</u> To <u>12/31/12</u>
--	---

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

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
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
\$ 0

**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>10/23/12</i> To <i>12/31/12</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						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						

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

PAGE TOTAL \$ <i>0</i>

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 <i>10/23/12</i> To <i>12/31/12</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

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

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

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.)	\$ <i>0</i>
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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 <i>10/23/12</i> To <i>12/31/12</i>
---	---

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

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

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
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>10/23/12</u> To <u>12/31/12</u>
--	---

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

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Mark Levy</i>	Reporting Period From <i>10/23/12</i> To <i>12/31/12</i>
--	---

To Whom Paid <i>see attached</i>	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)		
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>2667.74</i>

Schedule III
Statement of Expenditures

Name of the Filing Committee
Friends of Mark Levy

Reporting Period
From 10/23/2012 to 12/31/2012

1/30/14

Date	To Whom Paid	Address	Description of Expenditure	Amount
10/23/2012	Qdoba	505 W Germantown Pk Plymouth Meeting PA 19462	Meeting Expense	-24.86
10/24/2012	Redstone	512 W Germantown Pike Plymouth Meeting PA 19462	Meeting Expense	-105.04
10/29/2012	Redstone	512 W Germantown Pike Plymouth Meeting PA 19462	Meeting Expense	-57.02
10/29/2012	Colonial Area Dem		Address requested	-50.00
11/9/2012	Doubletree Cafe Bistro	237 S. Broad Street, Philadelphia, PA 19107	Meeting Expense	-110.65
11/10/2012	Sessano's	1840 Markley St Norristown PA 19401	Meeting Expense	-18.95
11/16/2012	Redstone	512 W Germantown Pike Plymouth Meeting PA 19462	Meeting Expense	-116.51
11/17/2012	Pauline's Deli	36 E Main St Norristown PA 19401	Meeting Expense	-15.37
11/23/2012	Panera Bread	48 E Ridge Pk Conshohocken PA 19426	Meeting Expense	-13.60
11/27/2012	AT&T	8 East Germantown Pike Norristown PA 19401	Campaign cell phones expense	-98.00
12/3/2012	Qdoba	505 W Germantown Pk Plymouth Meeting PA 19462	Meeting Expense	-17.34
12/7/2012	Bella Trattoria	4258 Main Street, Manayunk, PA 19127	Meeting Expense	-40.94
12/17/2012	Andy's Diner	505 W. Ridge Pike, Conshohocken, PA 19426	Holiday Dinner and Meeting	-96.74
12/18/2012	Great American Pub	123 Fayette St Conshohocken PA 19426	Holiday party	-1,600.00
12/20/2012	Restaurant Name Unreadable (Ink light King of Prussia, PA 19406		Meeting Expense	-137.56
12/22/2012	Isabella	382 E. Elm Street, Conshohocken, PA 19426	Meeting Expense	-50.54
12/27/2012	Qdoba	505 W Germantown Pk Plymouth Meeting PA 19462	Meeting Expense	-25.27
12/28/2012	Starbucks	413 West Ridge Pk Plymouth Meeting PA 19462	Meeting Expense	-35.85
12/31/2012	Outback	322 W. Ridge Pike, Conshohocken, PA 19426	Meeting Expense	-53.50

Total Expenditures

-2,667.74

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 <u>10/23/12</u> To <u>12/31/12</u>
--	---

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 \$ <u>0</u>
