

Commonwealth of Pennsylvania  
**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 <sup>1.</sup> <input type="checkbox"/>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Stewart Greenleaf</i>											
Street Address: <i>417 Bartram Road, P.O. Box 155</i>											
City: <i>Willow Grove</i>					State: <i>PA</i>		Zip Code: <i>19090 - 0155</i>				
TYPE OF REPORT  (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY <sup>1.</sup>		2ND FRIDAY PRE-PRIMARY <sup>2.</sup>		30 DAY POST PRIMARY <sup>3.</sup>		AMENDMENT REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	5TH TUESDAY PRE-ELECTION <sup>4.</sup>		2ND FRIDAY PRE-ELECTION <sup>5.</sup> <input checked="" type="checkbox"/>		30 DAY POST ELECTION <sup>6.</sup>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT <sup>7.</sup>		YEAR <input type="checkbox"/>		FILING METHOD ( ) CHECK ONE <input checked="" type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: <i>Montgomery County Controller</i>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR				
					<i>11</i>	<i>02</i>	<i>2010</i>		<i>OTH</i>	<i>REP</i>	<i>46</i>
					(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<i>09</i>	<i>14</i>	<i>2010</i>	To	<i>10</i>	<i>18</i>	<i>2010</i>	RECEIVED 2010 DEC - 2 P 1:43 OFFICE OF VOTER SERVICES MONTG. CO PA X	
A. Amount Brought Forward From Last Report				\$ <i>4471.50</i>							
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ <i>200.00</i>							
C. Total Funds Available (Sum of Lines A and B)				\$ <i>4671.50</i>							
D. Total Expenditures (From Schedule III)				\$ <i>234.90</i>							
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <i>2349.60</i>							
F. Value of In-Kind Contributions Received (From Schedule II)				\$ <i>0</i>							
G. Unpaid Debts and Obligations (From Schedule IV)				\$ <i>433.99</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 *2nd* day of *December* 20*10*

*Stephanie A. Dize*  
 Signature

My commission expires *04-23-2013*  
 MO. DAY YR.

*Colin D. Dougherty*  
 Signature of Person Submitting Report  
 Printed Name

*215* *977-1000*  
 Area Code Daytime Telephone Number

**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 this political committee has not violated any provisions of the Act of June 3, 1937, P.L. 1333, No. 32.

Notary Public  
 Sworn to and subscribed before me this *2nd* day of *December* 20*10*

*Stephanie A. Dize*  
 Signature

My commission expires *04-23-2013*  
 MO. DAY YR.

*Stewart J. Greenleaf, Jr.*  
 Signature of Candidate  
 Printed Name

*215* *977-1000*  
 Area Code Daytime Telephone Number

NOTARIAL SEAL  
 STEPHANIE A. DIZE  
 Notary Public  
 WHITPAIN TWP., MONTGOMERY CNTY  
 My Commission Expires Apr 23, 2013

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

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>09/14/2010</i> To <i>10/18/2010</i>
--	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	(1)	\$ <i>0</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ <i>200.00</i>
TOTAL for the Reporting Period	(2)	\$ <i>200.00</i>

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

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	(4)	\$ <i>0</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>200.00</i>
---	------------------

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 Stewart Greenleaf</i>	Reporting Period From <i>09/14/2010</i> To <i>10/18/2010</i>
--	---

				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 \$ <u>0</u>
---------------------------

# 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 <b>Friends of Stewart Greenleaf</b>	Reporting Period From <b>09/14/2010</b> To <b>10/18/2010</b>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mark Hildreth	09	15	2010	\$ 100.00
Mailing Address 1154 N. Taylor Street	MO.	DAY	YEAR	\$
City Arlington	MO.	DAY	YEAR	\$
State VA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 22201 - 4793	MO.	DAY	YEAR	\$
Gregory and Vicky Smith	09	27	2010	\$ 100.00
Mailing Address 491 Church Road	MO.	DAY	YEAR	\$
City Reading	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19607 - 9618	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL  
**\$ 200.00**

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 Stewart Greenleaf</i>	Reporting Period From <i>09/14/2010</i> To <i>10/18/2010</i>
--	---

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

PAGE TOTAL \$ <u>0</u>
---------------------------

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

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 Stewart Greenleaf</i>	Reporting Period From <i>09/14/2010</i> To <i>10/18/2010</i>
--	---

				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
					\$
Mailing Address					\$
City					\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
					\$
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  
\$ 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 Stewart Greenleaf</i>	Reporting Period From <i>09/14/2010</i> To <i>10/18/2010</i>
--	---

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 Stewart Greenleaf</i>	Reporting Period From <i>09/14/2010</i> To <i>10/18/2010</i>
--	---

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

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

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
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>
--	-------------



**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>09/14/2010</i> To <i>10/18/2010</i>
--	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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 F  
IN-KIND CONTRIBUTIONS RECEIVED**

**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>09/14/2010</i> To <i>10/18/2010</i>
--	---

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

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>09/14/2010</i> To <i>10/18/2010</i>
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
<i>Norristown Republican Committee</i>	<i>09</i>	<i>11</i>	<i>2010</i>	<i>\$30.00</i>
Mailing Address	Description of Expenditure			
	<i>Beef and Beer ticket</i>			
City	State	Zip Code (Plus 4)		
		-		
<i>Montgomery County Republican Committee</i>	<i>09</i>	<i>17</i>	<i>2010</i>	<i>\$1000.00</i>
Mailing Address	Description of Expenditure			
<i>314 E. Johnson Highway, Suite 200</i>	<i>Chairmans Club</i>			
City	State	Zip Code (Plus 4)		
<i>Norristown</i>	<i>PA</i>	<i>19401 -</i>		
<i>Hatboro Republican Committee</i>	<i>09</i>	<i>24</i>	<i>2010</i>	<i>\$30.00</i>
Mailing Address	Description of Expenditure			
	<i>Ticket</i>			
City	State	Zip Code (Plus 4)		
		-		
<i>Hatfield Township Republican Committee</i>	<i>09</i>	<i>24</i>	<i>2010</i>	<i>\$40.00</i>
Mailing Address	Description of Expenditure			
	<i>Ticket</i>			
City	State	Zip Code (Plus 4)		
		-		
<i>New Majority Republican Council</i>	<i>09</i>	<i>24</i>	<i>2010</i>	<i>\$35.00</i>
Mailing Address	Description of Expenditure			
<i>1434 Greenwalt Road</i>	<i>Ticket</i>			
City	State	Zip Code (Plus 4)		
<i>Huntingdon Valley</i>	<i>PA</i>	<i>19006 -</i>		
<i>Upper Merion Republican Committee</i>	<i>09</i>	<i>24</i>	<i>2010</i>	<i>\$50.00</i>
Mailing Address	Description of Expenditure			
	<i>Ticket</i>			
City	State	Zip Code (Plus 4)		
		-		
<i>Ambler Republican Committee</i>	<i>09</i>	<i>30</i>	<i>2010</i>	<i>\$35.00</i>
Mailing Address	Description of Expenditure			
	<i>Ticket</i>			
City	State	Zip Code (Plus 4)		
		-		
<i>The Pennsylvania Society</i>	<i>10</i>	<i>04</i>	<i>2010</i>	<i>\$350.00</i>
Mailing Address	Description of Expenditure			
<i>808 Bethlehem Pike, Suite one</i>	<i>Ticket</i>			
City	State	Zip Code (Plus 4)		
<i>Erdenheim</i>	<i>PA</i>	<i>19038 -</i>		

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

PAGE TOTAL  
*\$1570.00*

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Stewart Greenleaf</b>	Reporting Period From <b>09/14/2010</b> To <b>10/18/2010</b>
--	---

To Whom Paid <b>Ambler Savings Bank</b>	MO.	DAY	YEAR	Amount
	<b>09</b>	<b>30</b>	<b>2010</b>	<b>\$ 10.00</b>
Mailing Address <b>155 East Butler Avenue</b>		Description of Expenditure <b>Service charge</b>		
City <b>Ambler</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19002 -</b>		

To Whom Paid <b>Towamencin Republican Committee</b>	MO.	DAY	YEAR	Amount
	<b>10</b>	<b>14</b>	<b>2010</b>	<b>\$35.00</b>
Mailing Address		Description of Expenditure <b>Ticket</b>		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid <b>Kirkland Printing</b>	MO.	DAY	YEAR	Amount
	<b>10</b>	<b>14</b>	<b>2010</b>	<b>\$121.90</b>
Mailing Address <b>526 N. York Road</b>		Description of Expenditure <b>Thank you notes</b>		
City <b>Willow Grove</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19090 -2626</b>		

To Whom Paid <b>Horsham Republican Committee</b>	MO.	DAY	YEAR	Amount
	<b>10</b>	<b>14</b>	<b>2010</b>	<b>\$35.00</b>
Mailing Address		Description of Expenditure <b>Ticket</b>		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid <b>Stewart J. Greenleaf, Jr.</b>	MO.	DAY	YEAR	Amount
	<b>10</b>	<b>14</b>	<b>2010</b>	<b>\$350.00</b>
Mailing Address <b>417 Bartram Road</b>		Description of Expenditure <b>Reimbursement for out of pocket expense</b>		
City <b>Willow Grove</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19090 -3120</b>		

To Whom Paid <b>Upper Dublin Republican Committee</b>	MO.	DAY	YEAR	Amount
	<b>10</b>	<b>14</b>	<b>2010</b>	<b>\$200.00</b>
Mailing Address		Description of Expenditure <b>Ticket</b>		
City	State	Zip Code (Plus 4)		
		-		

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

To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
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  
**\$ 751.90**

## 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 <b>Friends of Stewart Greenleaf</b>	Reporting Period From <b>09/14/2010</b> To <b>10/19/2010</b>
--	---

Name of Creditor <b>Heather S. Greenleaf</b>				Outstanding Balance of Debt <b>\$ 162.18</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO. <b>07</b>	DAY <b>16</b>	YEAR <b>2010</b>	
City <b>Willow Grove</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt  
**Reimbursement for letterhead**

Name of Creditor <b>Stewart Greenleaf, Jr.</b>				Outstanding Balance of Debt <b>\$ 60.00</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO. <b>07</b>	DAY <b>05</b>	YEAR <b>2010</b>	
City <b>Willow Grove</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt  
**Reimbursement for post office box, 1 year contract**

Name of Creditor <b>Stewart Greenleaf, Jr.</b>				Outstanding Balance of Debt <b>\$ 44.00</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO. <b>07</b>	DAY <b>17</b>	YEAR <b>2010</b>	
City <b>Willow Grove</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt  
**Reimbursement for postage**

Name of Creditor <b>Stewart Greenleaf, Jr.</b>				Outstanding Balance of Debt <b>\$ 11.08</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO. <b>07</b>	DAY <b>26</b>	YEAR <b>2010</b>	
City <b>Willow Grove</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt  
**Reimbursement for meeting with municipal leader**

Name of Creditor <b>Stewart Greenleaf, Jr.</b>				Outstanding Balance of Debt <b>\$ 13.71</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO. <b>07</b>	DAY <b>27</b>	YEAR <b>2010</b>	
City <b>Willow Grove</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt

Name of Creditor <b>Stewart Greenleaf, Jr.</b>				Outstanding Balance of Debt <b>\$ 29.14</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO. <b>07</b>	DAY <b>30</b>	YEAR <b>2010</b>	
City <b>Willow Grove</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt  
**Reimbursement for meeting with municipal leader**

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL <b>\$ 320.09</b>
---	--------------------------------

## 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 <b>Friends of Stewart Greenleaf</b>	Reporting Period From <u>09/14/2010</u> To <u>10/10/2010</u>
--	---

Name of Creditor <b>Stewart Greenleaf, Jr.</b>				Outstanding Balance of Debt <b>\$ 11.17</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <b>Willow Grove</b>		<b>08</b>	<b>03</b>	<b>2010</b>	
		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt  
**Reimbursement for meeting with municipal leader**

Name of Creditor <b>Stewart Greenleaf, Jr.</b>				Outstanding Balance of Debt <b>\$ 18.31</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <b>Willow Grove</b>		<b>08</b>	<b>04</b>	<b>2010</b>	
		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt  
**Reimbursement for meeting with municipal leader**

Name of Creditor <b>Heather S. Greenleaf</b>				Outstanding Balance of Debt <b>\$ 55.32</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <b>Willow Grove</b>		<b>08</b>	<b>13</b>	<b>2010</b>	
		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt  
**Reimbursement for fundraiser food**

Name of Creditor <b>Stewart Greenleaf, Jr.</b>				Outstanding Balance of Debt <b>\$ 29.10</b>	
Mailing Address <b>417 Bartram Road</b>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <b>Willow Grove</b>		<b>09</b>	<b>24</b>	<b>2010</b>	
		State <b>PA</b>	Zip Code (Plus 4) <b>19090-3120</b>		

Description of Debt  
**out of pocket expense reimbursement**

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

Description of Debt

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
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 <b>\$ 113.90</b>
---	--------------------------------