

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.} <input checked="" type="checkbox"/>		COMMITTEE ^{2.} <input type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: <u>Stewart J. Greenleaf, Jr.</u>										
Street Address: <u>417 Bartram Road</u>										
City: <u>Willow Grove</u>				State: <u>PA</u>		Zip Code: <u>19090 - 3120</u>				
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}		2ND FRIDAY PRE-PRIMARY ^{2.}		30 DAY POST PRIMARY ^{3.}		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	8TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST-ELECTION ^{6.} <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	ANNUAL REPORT ^{7.}		YEAR ▶		FILING METHOD () CHECK ONE ▶		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate: <u>Montgomery County Controller</u>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code
					MO. DAY YEAR <u>11 02 2010</u>			<u>OTH</u>	<u>REP</u>	<u>46</u>
(SEE INSTRUCTIONS FOR CODES)										
Summary of Receipts and Expenditures from: ▶			MO. DAY YEAR <u>10 19 2010</u>		MO. DAY YEAR <u>11 12 2010</u>		FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report							<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">MONTG. CO. PA</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">OFFICE OF VOTER SERVICES</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">DEC - 2 P 1:43</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</div> </div>			
B. Total Monetary Contributions and Receipts (From Schedule I)										
C. Total Funds Available (Sum of Lines A and B)										
D. Total Expenditures (From Schedule III)										
E. Ending Cash Balance (Subtract Line D from Line C)										
F. Value of In-Kind Contributions Received (From Schedule II)										
G. Unpaid Debts and Obligations (From Schedule IV)										

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 2010

Stephanie A. Disc Signature

My commission expires 04-23-2013

MO. DAY YR.

Stewart J. Greenleaf, Jr. Signature of Person Submitting Report

Stewart J. Greenleaf, Jr. Printed Name

215 Area Code 977-1000 Daytime Telephone Number

PART II - If this is a Candidate's Authorized Committee, candidate shall 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. 333, 230).

NOTARIAL SEAL
STEPHANIE A. DISC
Notary Public
WILLOW GROVE, MONTGOMERY CNTY
My Commission Expires Apr 23, 2013

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

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <i>10/19/2010</i> To <i>11/22/2010</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTORTOTAL for the Reporting Period (1) \$ *0***2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)**Contributions Received from Political Committees (Part A) \$ *0*All Other Contributions (Part B) \$ *0*TOTAL for the Reporting Period (2) \$ *0***3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**Contributions Received from Political Committees (Part C) \$ *300.00*All Other Contributions (Part D) \$ *0*TOTAL for the Reporting Period (3) \$ *300.00***4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**TOTAL for the Reporting Period (4) \$ *0*

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.)

\$ *300.00*

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 <u>Stewart + J. Greenleaf, Jr.</u>	Reporting Period From <u>10/19/2010</u> To <u>11/22/2010</u>
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	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>

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>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <u>10/19/2010</u> To <u>11/22/2010</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
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 <u>Stewart J. Greenleaf, Jr.</u>	Reporting Period From <u>10/19/2010</u> To <u>11/22/2010</u>
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				DATE			AMOUNT	
				MO.	DAY	YEAR		
Full Name of Contributing Committee <u>Friends of Stewart Greenleaf</u>				10	22	2010	\$ 300.00	
Mailing Address <u>417 Bartram Road P.O. Box 155</u>				MO.	DAY	YEAR	\$	
City <u>Willow Grove</u>		State <u>PA</u>	Zip Code (Plus 4) <u>19090 -0155</u>		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	\$

PAGE TOTAL
\$ 300.00

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 Stewart J. Greenleaf, Jr.	Reporting Period From <u>10/19/2010</u> To <u>11/22/2010</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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

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>Stewart J. Greenleaf Jr.</i>	Reporting Period From <i>10/19/2010</i> To <i>11/22/2010</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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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate Stewart J. Greenleaf, Jr.	Reporting Period From <u>10/19/2010</u> To <u>11/22/2010</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
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 Stewart J. Greenleaf, Jr.	Reporting Period From <u>10/19/2010</u> To <u>11/22/2010</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
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			
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 Stewart J. Greenleaf, Jr.	Reporting Period From 10/19/2010 To 11/22/2010
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To Whom Paid	MO.	DAY	YEAR	Amount
Montgomery County Republican Committee	10	21	2010	\$ 300.00
Mailing Address 314 E. Johnson Highway, Suite 200	Description of Expenditure Ticket			
City Norristown	State PA	Zip Code (Plus 4) 19401 -		
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 \$ 300.00

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>Stewart J. Greenleaf, Jr.</i>	Reporting Period From <u>10/19/2010</u> To <u>1/24/2010</u>
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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					

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>
