

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: 27-5160316 | Report Filed By: CANDIDATE <input checked="" type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST <input type="checkbox"/> | | | |
| Name of Filing Committee, Candidate or Lobbyist: Pat Mosesso | | | | |
| Street Address: 146 Avondale Rd | | | | |
| City: Norristown | State: PA | Zip Code: 19403 - | | |
| TYPE OF REPORT (place X to the right of report type) | 1. 4TH TUESDAY PRE-PRIMARY <input type="checkbox"/> | 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> | 3. 30 DAY POST-PRIMARY <input type="checkbox"/> | AMENDMENT REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | 4. 5TH TUESDAY PRE-ELECTION <input type="checkbox"/> | 5. 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> | 6. 30 DAY POST-ELECTION <input type="checkbox"/> | TERMINATION REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | 7. ANNUAL REPORT <input type="checkbox"/> | YEAR: <input type="checkbox"/> | FILING METHOD: <input checked="" type="checkbox"/> CHECK ONE | PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/> |

| | | | | | |
|--|------------------|-----------------|-------------|------------|-------------|
| Name of Office Sought by Candidate: Register or Wills | DATE OF ELECTION | District Number | Office Code | Party Code | County Code |
| | MO. DAY YEAR | | | | |
| | 5 17 2011 | | OTH | REP | 46 |
| (SEE INSTRUCTIONS FOR CODES) | | | | | |

| Summary of Receipts and Expenditures from: | MO. DAY YEAR | | | To | MO. DAY YEAR | | |
|--|--------------|---|---|----|--------------|--|---|
| | | 1 | 1 | | 2011 | | 5 |
| A. Amount Brought Forward From Last Report | \$ 0 | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ 0 | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ 0 | | | | | | |
| D. Total Expenditures (From Schedule III) | \$ 8771.06 | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ (8771.06) | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ 0 | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ 0 | | | | | | |

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2011 MAY -3 P 2:28

OFFICE OF
MONTGOMERY COUNTY

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 17 day of May 2011

Deborah T. Pinho

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DEBORAH T. PINHO, Notary Public
Whitpain Twp., Montgomery County
My commission expires August 19, 2014

Pat Mosesso

Signature of Person Submitting Report

Patricia A. Mosesso

Printed Name

610 **610-783-0900**

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 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

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

STATEMENT OF EXPENDITURES

| | |
|---|--|
| Name of Filing Committee or Candidate Pat Masesso | Reporting Period From 11/1/2011 To 5/2/2011 |
|---|--|

| | | | | |
|---|--------------------|----------|------------------------------------|--|
| To Whom Paid FRIENDS OF Pat Masesso | MO. | DAY | YEAR | Amount |
| Mailing Address 2449 Schlosser Rd | 4 | 7 | 2011 | \$ 5000.⁰⁰ |
| City Hartleysville | State PA | | Zip Code (Plus 4) 19438- | Description of Expenditure loan to committee |

| | | | | |
|---|--------------------|----------|------------------------------------|---|
| To Whom Paid FRIENDS OF Pat Masesso | MO. | DAY | YEAR | Amount |
| Mailing Address 2449 Schlosser Rd | 3 | 4 | 11 | \$ 3771.⁰⁶ |
| City Hartleysville | State PA | | Zip Code (Plus 4) 19438- | Description of Expenditure mailings, copies, postage printings, set up fee, elec filing fee |

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

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

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

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

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

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

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

PAGE TOTAL
\$ 2771.⁰⁶