

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: ▶		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
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)	1.	2.	3.	4.	5.	6.	7.	8.	9.
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Office Sought by Candidate: <i>Montgomery County Controller</i>				DATE OF ELECTION MO. DAY YEAR <i>5 17 2011</i>		District Number	Office Code <i>OTH REP</i>	Party Code <i>REP</i>	County Code <i>46</i>
Summary of Receipts and Expenditures from: MO. DAY YEAR <i>5 3 2011</i>				To MO. DAY YEAR <i>6 6 2011</i>		RECEIVED 2011 JUN 16 A 8:54 OFFICE OF VOTER SERVICES MONTG. CO. PA			
A. Amount Brought Forward From Last Report				\$ 12,745.47					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 3,125.32					
C. Total Funds Available (Sum of Lines A and B)				\$ 15,870.79					
D. Total Expenditures (From Schedule III)				\$ 5,055.59					
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 10,815.20					
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 0					
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 0					

AFFIDAVIT SECTION

PART I 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 15th day of June 2011

Stephanie A Dize
Signature

My commission expires 04-23-13 DAY YR.

NOTARIAL SEAL
STEPHANIE A DISE
Notary Public

Colin D. Dougherty
Signature of Person Submitting Report

Colin D. Dougherty
Printed Name

215 Area Code 977-1000 Daytime Telephone Number

PART II I swear (or affirm) that this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 133, No. 500) as amended.

Sworn to and subscribed before me this 15th day of June 2011

Stephanie A Dize
Signature

My commission expires 04-23-13 DAY YR.

NOTARIAL SEAL
STEPHANIE A DISE
Notary Public

Stewart J. Greenleaf, Jr.
Signature of Candidate

Stewart J. Greenleaf, Jr.
Printed Name

215 Area Code 977-1000 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Stewart Greenleaf</u>	Reporting Period From <u>5/3/2011</u> To <u>6/6/2011</u>
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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>200.00</u>
All Other Contributions (Part B)	\$ <u>925.00</u>
TOTAL for the Reporting Period	(2) \$ <u>1125.00</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>500.00</u>
All Other Contributions (Part D)	\$ <u>1500.00</u>
TOTAL for the Reporting Period	(3) \$ <u>2000.00</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. FROM PART E	
TOTAL for the Reporting Period	(4) \$ <u>0.32</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>3125.32</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 <i>Friends of Stewart Greenleaf</i>	Reporting Period From <u>5/3/2011</u> To <u>6/6/2011</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <i>Friends of Senator Jubelirer</i>				5	12	2011	\$ 200.00
Mailing Address <i>12 Sheraton Drive</i>							\$
City <i>Altoona</i>		State <i>PA</i>	Zip Code (Plus 4) <i>16601 -9316</i>				\$
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
\$ 200.00

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 Stewart Greenleaf</i>	Reporting Period From <i>5/3/2011</i> To <i>6/6/2011</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Moony Ahn</i>	5	3	2011	\$ 100.00
Mailing Address <i>141 E. Main Street</i>	MO.	DAY	YEAR	\$
City <i>Lansdale</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19446 -2519</i>	MO.	DAY	YEAR	\$
<i>Michael Bellano</i>	5	6	2011	\$ 75.00
Mailing Address <i>27 Knock n' Knoll Circle</i>	MO.	DAY	YEAR	\$
City <i>Willow Grove</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19090 -</i>	MO.	DAY	YEAR	\$
<i>Mario Mele</i>	5	16	2011	\$ 250.00
Mailing Address <i>1240 Pinetown Road</i>	MO.	DAY	YEAR	\$
City <i>Fort Washington</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19034 -1704</i>	MO.	DAY	YEAR	\$
<i>Matthew M. Ryan</i>	5	20	2011	\$ 250.00
Mailing Address <i>606 University Place</i>	MO.	DAY	YEAR	\$
City <i>Swarthmore</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19091 -2309</i>	MO.	DAY	YEAR	\$
<i>Joshua Atkins</i>	6	3	2011	\$ 250.00
Mailing Address <i>120 Spruce Street</i>	MO.	DAY	YEAR	\$
City <i>Philadelphia</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19106 -4315</i>	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
\$ 825.00

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 <u>Friends of Stewart Greenleaf</u>	Reporting Period From <u>5/3/2011</u> To <u>6/6/2011</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Agua America, Inc. H2O Political Action Committee</u>	<u>5</u>	<u>10</u>	<u>2011</u>	<u>\$ 500.00</u>
Mailing Address <u>762 W. Lancaster Ave.</u>				\$
City <u>Bryn Mawr</u>				\$
State <u>PA</u>				\$
Zip Code (Plus 4) <u>19010-3402</u>				\$
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
\$500.00

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 Friends of Stewart Greenleaf	Reporting Period From <u>5/3/2011</u> To <u>6/6/2011</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor Diane M. Welsh				5	9	2011	\$500.00
Mailing Address 281 Winthrop Lane				MO.	DAY	YEAR	\$
City Wayne	State PA	Zip Code (Plus 4) 19097-2153		MO.	DAY	YEAR	\$
Employer Name JAMS				Occupation Mediator			
Employer Mailing Address/Principal Place of Business 1717 Arch Street, Suite 4010 - Bell Atlantic Tower, Philadelphia, PA 19103							
Full Name of Contributor Willig, Williams and Davidson				5	10	2011	\$500.00
Mailing Address 1845 Walnut Street, 24th Floor				MO.	DAY	YEAR	\$
City Philadelphia	State PA	Zip Code (Plus 4) 19103-4708		MO.	DAY	YEAR	\$
Employer Name Willig, Williams and Davidson				Occupation Attorneys			
Employer Mailing Address/Principal Place of Business 1945 Walnut Street, 24th Floor, Philadelphia, PA 19103							
Full Name of Contributor Sandra Schultz Newman				6	2	2011	\$500.00
Mailing Address 1120 Ginko Lane				MO.	DAY	YEAR	\$
City Gladwyne	State PA	Zip Code (Plus 4) 19035-1038		MO.	DAY	YEAR	\$
Employer Name Honorable Sandra Schultz Newman LLC				Occupation Mediator			
Employer Mailing Address/Principal Place of Business 8 Tower Bridge, Suite 400, 161 Washington St., Conshohocken, PA 19428							
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
\$1500.00

**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>5/3/2011</i> To <i>6/6/2011</i>
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Full Name <i>PayPal</i>						
Mailing Address <i>2211 N. First Street</i>						
City <i>San Jose</i>	State <i>CA</i>	Zip Code (Plus 4) <i>95131-2021</i>	MO <i>5</i>	DAY <i>6</i>	YEAR <i>2011</i>	Amount <i>\$.32</i>
Receipt Description <i>Test transaction.</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>\$0.32</i>
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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>5/3/2011</i> To <i>6/6/2011</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 <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>5/3/2011</i> To <i>6/6/2011</i>
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				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:							

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 Stewart Greenleaf</i>	Reporting Period From <u>5/3/2011</u> To <u>6/6/2011</u>
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				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 Friends of Stewart Greenleaf	Reporting Period From 5/3/2011 To 6/6/2011
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				Amount
To Whom Paid Pay Pal	MO	DAY	YEAR	\$.59
Mailing Address 2211 N. First Street	5	5	2011	
City San Jose	State CA		Zip Code (Plus 4) 95131 -2021	Description of Expenditure Service charge.
To Whom Paid Montgomery County Republican Committee	MO	DAY	YEAR	\$ 3000.00
Mailing Address 314 E. Johnson Highway, Suite 200	5	5	2011	
City Norristown	State PA		Zip Code (Plus 4) 19401 -3172	Description of Expenditure Primary expenses.
To Whom Paid Pathfinder Communications	MO	DAY	YEAR	\$ 2045.00
Mailing Address 603 Swedesford Road, Swedesford Corp. Center	5	13	2011	
City Malvern	State PA		Zip Code (Plus 4) 19355 -1570	Description of Expenditure Palm cards.
To Whom Paid Ambler Savings Bank	MO	DAY	YEAR	\$ 10.00
Mailing Address 155 E. Butler Pike	5	31	2011	
City Ambler	State PA		Zip Code (Plus 4) 19002 -4425	Description of Expenditure Service charge.
To Whom Paid	MO	DAY	YEAR	\$
Mailing Address				
City	State		Zip Code (Plus 4)	Description of Expenditure
			-	
To Whom Paid	MO	DAY	YEAR	\$
Mailing Address				
City	State		Zip Code (Plus 4)	Description of Expenditure
			-	
To Whom Paid	MO	DAY	YEAR	\$
Mailing Address				
City	State		Zip Code (Plus 4)	Description of Expenditure
			-	
To Whom Paid	MO	DAY	YEAR	\$
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
\$ 5055.59

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 Friends of Stewart Greenleaf	Reporting Period From <u>5/3/2011</u> To <u>6/6/2011</u>
--	---

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
\$ 0