

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Mark Levy</i>									
STREET ADDRESS <i>2113 Sierra Rd</i>									
CITY <i>Plymouth Meeting</i>			STATE <i>PA</i>		ZIP CODE <i>19462 -</i>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION			
	<i>Prothonotary</i>			<i>N/A</i>	<i>DEM</i>	MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD			FOR OFFICE USE ONLY			RECEIVED 2011 JUN 16 P 12:11 OFFICE OF VOTER SERVICES MONTG. CO. PA	
2ND FRIDAY PRE-PRIMARY	2.								
30 DAY POST-PRIMARY	3.								
6TH TUESDAY PRE-ELECTION	4.								
2ND FRIDAY PRE-ELECTION	5.								
30 DAY POST-ELECTION	6. <input checked="" type="checkbox"/>								
ANNUAL REPORT	7.								
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>					
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>				
TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 16th DAY OF June 2011

Sarah M. Gordon
 SIGNATURE

Mark Levy
 SIGNATURE OF PERSON SUBMITTING REPORT

MARK LEVY
 PRINTED NAME

267 AREA CODE 738-6536 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES **NOTARIAL SEAL** 13, 2011
SARAH M. GORDON, Notary Public
Nonistown Boro, Montgomery County
 My Commission Expires July 13, 2011

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____ 2011

 SIGNATURE

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER