

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	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Eileen Whalon Behr</i>					
STREET ADDRESS <i>4035 La France Road</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>Montgomery County Sheriff</i>		<i>Montco All</i>	<i>REP</i>	MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	MO. DAY YEAR	RECEIVED 2011 DEC -6 A 9:21 NOT RECORDED
30 DAY POST-PRIMARY	3.	<i>10 25 11</i>		<i>11 28 11</i>	
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$			
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$			
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO	
ANNUAL REPORT	7.	TERMINATION REPORT?	YES	NO	

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	NOTARIAL SEAL	SIGNATURE OF PERSON SUBMITTING REPORT
<i>9th</i> DAY OF <i>September</i>	<i>Patricia A. Giambrone</i>	<i>Eileen Whalon Behr</i>
<i>James C. Giambrone</i> SIGNATURE	Notary Public	PRINTED NAME
MY COMMISSION EXPIRES	My Commission Expires	DAYTIME TELEPHONE NUMBER
MO. DAY YR.	MO. DAY YR.	<i>215 941-0921 / 237-8713</i>
	AREA CODE	

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	SIGNATURE OF CANDIDATE
DAY OF _____ 20__	
SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES	DAYTIME TELEPHONE NUMBER
MO. DAY YR.	AREA CODE