

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 40396		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 BRUCE L. CASTOR, JR.						
STREET ADDRESS 679 Camp Wawa Road						
CITY Lederach		STATE PA	ZIP CODE 19450			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE BOUGHT BY CANDIDATE Montgomery County Commissioner	DISTRICT NO.	PARTY REP	DATE OF ELECTION		
				MO.	DAY	YEAR
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY	1.			11	08	2011
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY	2.					
<input type="checkbox"/> 30-DAY POST-PRIMARY	3.					
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION	4.					
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION	5.					
<input checked="" type="checkbox"/> 30-DAY POST-ELECTION	6.					
<input type="checkbox"/> ANNUAL REPORT	7.					

DATES OF REPORTING PERIOD	NO.	DAY	YEAR	TO	NO.	DAY	YEAR
	10	25	2011		11	28	2011

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"/>

RECEIVED
2011 DEC - 6 A 11:03
OFFICE OF
VOTER SERVICES
MONTG. CO. PA

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
5th DAY OF December 2011

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
BRUCE L. CASTOR, JR.
 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____
 AREA CODE (610) DAYTIME TELEPHONE NUMBER 278-3100

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 _____ 20____

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 SIGNATURE
 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____

 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____