

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 45-0678927		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 Moon Ahn					
STREET ADDRESS 142 E Main St.					
CITY Lansdale		STATE PA	ZIP CODE 19446		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Clerk of Courts	DISTRICT NO. Mont.	PARTY Rep	DATE OF ELECTION	
				MO. 11	DAY 8
6TH TUESDAY PRE-PRIMARY	2.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	3.	MO. 11	DAY 29	YEAR 2011	RECEIVED 2012 JAN 26 A 10:06 OFFICE OF VOTER SERVICES MONTG. CO PA
30 DAY POST-PRIMARY	4.	MO. 12	DAY 31	YEAR 2011	
6TH TUESDAY PRE-ELECTION	5.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0	
2ND FRIDAY PRE-ELECTION	6.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
30 DAY POST-ELECTION	7.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		ANNUAL REPORT <input checked="" type="checkbox"/>	
ANNUAL REPORT					

**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 18 DAY OF January

Kimberly Bullard SIGNATURE OF PERSON SUBMITTING REPORT  
 NOTARIAL SEAL  
 KIMBERLY BULLARD  
 Notary Public  
 PHILADELPHIA CITY, PHILADELPHIA COUNTY  
 My Commission Expires Oct 18, 2014

Holt PRINTED NAME  
 847-0506 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES OCT. 18 2014  
 MO. DAY YR. 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 20th DAY OF January

Jenny Kim SIGNATURE OF CANDIDATE  
 NOTARIAL SEAL  
 JENNY KIM  
 Notary Public  
 PHILADELPHIA CITY, PHILADELPHIA COUNTY  
 My Commission Expires Dec 2, 2015

Moon Ahn PRINTED NAME  
 222-8417 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES 12 / 2 / 2015  
 MO. DAY YR. AREA CODE