

# 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 NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST STREET ADDRESS CITY STATE ZIP CODE	REPORT FILED ON BEHALF OF CANDIDATE <input checked="" type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST <input type="checkbox"/>	Eileen Whalon Behr 4035 LA FRANCE ROAD Plymouth Meeting PA 19462
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE DISTRICT NO. PARTY DATE OF ELECTION NO. DAY YEAR	Montgomery County Sheriff Montco ALL REP. 11 8 2011
DATES OF REPORTING PERIOD NO. DAY YEAR TO NO. DAY YEAR 11 29 2011 TO 12 31 2011		FOR OFFICE USE ONLY RECEIVED 2012 JAN 26 P 2:56 NOTARIAL SEAL
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>		
AMBUSH REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> 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  
 DAY OF January  
 SIGNATURE: [Signature]  
 MY COMMISSION EXPIRES 12 13 2012

NOTARIAL SEAL  
 20 PATRICIA A. GAMBRO  
 Notary Public  
 BRISTOL BOROUG, MONTGOMERY COUNTY  
 My Commission Expires Dec. 13, 2012  
 SIGNATURE OF PERSON SUBMITTING REPORT: Eileen Whalon Behr  
 PRINTED NAME: Eileen Whalon Behr  
 AREA CODE: 215 DAYTIME TELEPHONE NUMBER: 237-8713

**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: \_\_\_\_\_  
 MY COMMISSION EXPIRES \_\_\_\_\_

SIGNATURE OF CANDIDATE: \_\_\_\_\_  
 PRINTED NAME: \_\_\_\_\_  
 AREA CODE: \_\_\_\_\_ DAYTIME TELEPHONE NUMBER: \_\_\_\_\_