

# 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 <b>1</b>		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 <b>LINDA M. HEE</b>					
STREET ADDRESS <b>1519 EDGE HILL ROAD</b>					
CITY <b>ADLINGTON</b>		STATE <b>PA</b>	ZIP CODE <b>18801</b>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY <b>DEM</b>	DATE OF ELECTION	
				MO. <b>11</b>	DAY <b>06</b> YEAR <b>2012</b>
6TH TUESDAY PRE-PRIMARY				FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY					
30 DAY POST-PRIMARY					
6TH TUESDAY PRE-ELECTION					
2ND FRIDAY PRE-ELECTION					
30 DAY POST-ELECTION					
ANNUAL REPORT <input checked="" type="checkbox"/>					
DATES OF REPORTING PERIOD		DATE OF REPORTING PERIOD			
NO. DAY YEAR		NO. DAY YEAR			
<b>04 10 2012</b>		<b>12 31 2012</b>			
CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>00</b>					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>00</b>					
AMENDMENT 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 10 DAY OF January 2013

*[Signature]* SIGNATURE OF PERSON SUBMITTING REPORT  
**LINDA M. HEE** PRINTED NAME

*[Signature]* SIGNATURE  
**KAREN A. COSE, Notary Public** PRINTED NAME  
City of Philadelphia, Phila. County  
My Commission Expires **October 18, 2016**

**738-2234** DAYTIME TELEPHONE NUMBER

### 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 CANDIDATE'S AUTHORIZED COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1393, 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 \_\_\_\_\_