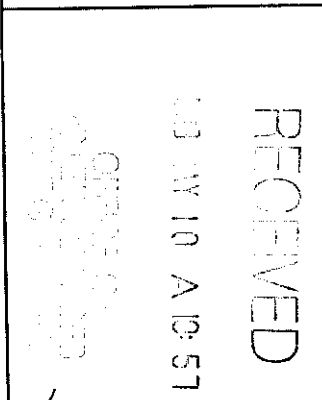


COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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	<input checked="" type="checkbox"/> LOBBYIST																	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Ann Thornburg Weiss																					
STREET ADDRESS 1100 Donna Drive																					
CITY Fort Washington	STATE PA	ZIP CODE 19034-																			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION																	
				MO.	DAY	YEAR															
6TH TUESDAY PRE-PRIMARY				5	21	2013															
2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY																	
30 DAY POST-PRIMARY																					
6TH TUESDAY PRE-ELECTION																					
2ND FRIDAY PRE-ELECTION																					
30 DAY POST-ELECTION																					
ANNUAL REPORT																					
DATES OF REPORTING PERIOD <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>1</td> <td>1</td> <td>13</td> <td></td> <td>5</td> <td>6</td> <td>13</td> </tr> </table>							MO.	DAY	YEAR	TO	MO.	DAY	YEAR	1	1	13		5	6	13	
MO.	DAY	YEAR	TO				MO.	DAY	YEAR												
1	1	13		5	6	13															
CASH BALANCE AT END OF REPORTING PERIOD: \$ 499.32 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0																					
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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

AREA CODE

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 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

10 DAY OF May 2013

SIGNATURE

MY COMMISSION EXPIRES May 10 2015

SIGNATURE OF CANDIDATE

Ann Thornburg Weiss
PRINTED NAME

215 AREA CODE

643-0496 DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 LISA J MURPHY, Notary Public
 Department of State • Bureau of Commissions, Elections and Legislation
 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280
 NORRISTOWN BORO., MONTGOMERY COUNTY
 My Commission Expires May 10, 2015