

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 45-0678927		Report Filed By:		1. <input type="checkbox"/> CANDIDATE	2. <input checked="" type="checkbox"/> COMMITTEE	3. <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: Friends of Moon Ahn								
Street Address: 142 E. Main St.								
City: Lansdale			State: PA	Zip Code: 19446				
TYPE OF REPORT (place X to the right of report type)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	6. <input checked="" type="checkbox"/>		
	7. <input checked="" type="checkbox"/>	8. <input type="checkbox"/>	9. <input type="checkbox"/>	10. <input type="checkbox"/>	11. <input type="checkbox"/>	12. <input checked="" type="checkbox"/>		
	YEAR: 2013			REPORTING METHOD: <input checked="" type="checkbox"/> CHECK ONE				
Name of Office Sought by Candidate: Clerk of Courts			DATE OF ELECTION MO. DAY YEAR 11 8 2011		District Number: Mont	Office Code: OTH	Party Code: Rep	County Code: 46
Summary of Receipts and Expenditures from:			MO. DAY YEAR 1 1 2013	To	MO. DAY YEAR 12 31 2013	RECEIVED OFFICE OF VOTER SERVICES MONTG. CO. PA 2014 JAN 15 AM 9:15		
A. Amount Brought Forward From Last Report			\$ 3,331					
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 0					
C. Total Funds Available (Sum of Lines A and B)			\$ 3,331					
D. Total Expenditures (From Schedule III)			\$ 3,331					
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 0					
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0					
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 0					

AFFIDAVIT SECTION

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8 day of January 20 14

Kimberly Bullard
Signature

My commission expires NOTARIAL SEAL
** KIMBERLY BULLARD ** YR.
Notary Public

Ron Holt
Signature of Person Submitting Report

Ron Holt
Printed Name

267 847-0506
Area Code Daytime Telephone Number

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

2nd day of January 20 14

Moon Ahn
Signature

My commission expires Apr 18 2017
MO. DAY YR.

Moon Ahn
Signature of Candidate

Moon Ahn
Printed Name

267 222-8417
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

Department of State • Bureau of Commissions, Elections and Legislation
North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

NOTARIAL SEAL
LAURA STEE

Notary Public
PHILADELPHIA CITY, PHILADELPHIA CNTY
My Commission Expires Apr 18, 2017

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Moon Ahn</i>	Reporting Period From <i>1/1/2013</i> To <i>12/31/2013</i>
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1. IDENTIFIED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST, UNFUNDED RETURNED CHECKS, ETC. FROM PART E	
TOTAL for the Reporting Period	(4) \$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>0</i>
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Moon Ahn	Reporting Period From 1/1/2013 To 12/31/2013
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To Whom Paid	Amount
Montgomery County Democratic Committee Mailing Address: P.O. Box 857 City: Norristown State: PA Zip Code (Plus 4): 19404-	3 5 2013 \$ 1,500 Description of Expenditure: Contribution
Friends of Giovanni Campbell Mailing Address: 100 S. Broad St., #2226 City: Phila State: PA Zip Code (Plus 4): 19110 -	3 15 2013 \$ 100 Description of Expenditure: Contribution
Friends of Mark Levy Mailing Address: P.O. Box 176 City: Norristown State: PA Zip Code (Plus 4): 19404 -	4 9 2013 \$ 300 Description of Expenditure: Contribution
Area 4 Democratic Committee Mailing Address: P.O. Box 285 City: Worcester State: PA Zip Code (Plus 4): 19490 -	5 6 2013 \$ 500 Description of Expenditure: Contribution
Friends of Steven Tolliver Mailing Address: P.O. Box 30074 City: Elkins Park State: PA Zip Code (Plus 4): 19027 -	5 22 2013 \$ 100 Description of Expenditure: Contribution
Friends of Jason Salus Mailing Address: 2059 Wisteria Lane City: Lafayette Hill State: PA Zip Code (Plus 4): 19444 -	5 29 2013 \$ 100 Description of Expenditure: Contribution
Friends of Greg Holt Mailing Address: 2955 Elliott Ave. City: Willow Grove State: PA Zip Code (Plus 4): 19090 -	6 19 2013 \$ 200 Description of Expenditure: Contribution
The Horsham Democratic Committee Mailing Address: P.O. Box 691 City: Horsham State: PA Zip Code (Plus 4): 19044 -	6 27 2013 \$ 250 Description of Expenditure: Contribution

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 3,050

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Moon Ahn	Reporting Period From <u>1/1/2013</u> To <u>12/31/2013</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
Lower Providence Democratic Committee Mailing Address: 900 Kriebel Mill Rd City: Eagleville State: PA Zip Code (Plus 4): 19403-	7	16	2013	\$ 208
Description of Expenditure Contribution				
Bank of America Mailing Address: P.O. Box 15284 City: Wilmington State: DE Zip Code (Plus 4): 19850-	3	29	2013	\$ 18
Description of Expenditure Bank Service fee				
Bank of America Mailing Address: P.O. Box 15284 City: Wilmington State: DE Zip Code (Plus 4): 19850-	4	30	2013	\$ 18
Description of Expenditure Bank Service fee				
Bank of America Mailing Address: P.O. Box 15284 City: Wilmington State: DE Zip Code (Plus 4): 19850-	5	31	2013	\$ 18
Description of Expenditure Bank Service fee				
Bank of America Mailing Address: P.O. Box 15284 City: Wilmington State: DE Zip Code (Plus 4): 19850-	6	28	2013	\$ 18
Description of Expenditure Bank Service fee				
Miscellaneous Mailing Address: City: State: Zip Code (Plus 4):				\$ 1
Description of Expenditure Miscellaneous				
Mailing Address: City: State: Zip Code (Plus 4):				\$
Description of Expenditure				
Mailing Address: City: State: Zip Code (Plus 4):				\$
Description of Expenditure				
Mailing Address: City: State: Zip Code (Plus 4):				\$
Description of Expenditure				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 281