

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Ann Thornburg Weiss</i>							
STREET ADDRESS <i>1100 Donna Drive</i>							
CITY <i>Ft. Washington</i>		STATE <i>PA</i>	ZIP CODE <i>19034 -</i>				
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Clerk of Courts</i>		DISTRICT NO.	PARTY <i>Dem</i>	DATE OF ELECTION		
					MO.	DAY	YEAR
					<i>11</i>	<i>3</i>	<i>2015</i>
			DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
			MO.	DAY	YEAR		
			<i>11</i>	<i>24</i>	<i>15</i>		
			TO	MO.	DAY	YEAR	
			<i>12</i>	<i>31</i>	<i>15</i>		
		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>					
		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' 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
1ST DAY OF *February* 20*16*

Robin D. Leadon
 NOTARIAL SEAL
 SIGNA *Robin D. Leadon, Notary Public*
 Upper Dublin Twp., Montgomery County
 My Commission Expires *Dec. 22, 2018*

MY COMMISSION EXPIRES

Ann Thornburg Weiss
 SIGNATURE OF PERSON SUBMITTING REPORT

Ann Thornburg Weiss
 PRINTED NAME

215 *643-0494*
 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

DAY OF _____ 20____

 SIGNATURE

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER