

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.


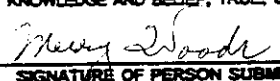
| FILER IDENTIFICATION NUMBER | | REPORT FILED ON BEHALF OF | CANDIDATE <input checked="" type="checkbox"/> | COMMITTEE <input type="checkbox"/> | LOBBYIST <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
|---|--|---|---|------------------------------------|-----------------------------------|------|--|--|--|-----|-----|------|--|--|--|---|--|-----|-----|------|----|---|------|
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MERRY WOODS | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS 860 BELL LANE | | | | | | | | | | | | | | | | | | | | | | | |
| CITY MAPLE GLEN | | STATE PA | ZIP CODE 19002 - 3319 | | | | | | | | | | | | | | | | | | | | |
| 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 <input checked="" type="checkbox"/> | NAME OF OFFICE SOUGHT BY CANDIDATE JURY COMMISSIONER | | DISTRICT NO. 1.2 | PARTY R | | | | | | | | | | | | | | | | | | | |
| | DATES OF REPORTING PERIOD | | DATE OF ELECTION | | FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table> | | MO. | DAY | | YEAR | | | | MO. | DAY | YEAR | | | | <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>7</td><td>2017</td></tr> </table> | | MO. | DAY | YEAR | 11 | 7 | 2017 |
| | MO. | DAY | YEAR | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | MO. | DAY | YEAR | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| MO. | DAY | YEAR | | | | | | | | | | | | | | | | | | | | | |
| 11 | 7 | 2017 | | | | | | | | | | | | | | | | | | | | | |
| CASH BALANCE AT END OF REPORTING PERIOD: \$ | | _____ | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ | | _____ | | | | | | | | | | | | | | | | | | | | | |
| AMENDMENT REPORT? | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| TERMINATION REPORT? | | YES <input checked="" type="checkbox"/> | NO <input 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 01-29-2018 DAY OF  David Whitner MY COMMISSION EXPIRES 12-29-2020 MO. DAY YR. | NOTARIAL SEAL David Whitner, Notary Public Norristown Boro, Montgomery County My Commission Expires Dec-29, 2020 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES |
| SIGNATURE OF PERSON SUBMITTING REPORT  MERRY WOODS PRINTED NAME 215 AREA CODE 609.8637 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 _____ |
|---|--|