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	2/-	-12636	51	****		RT FILED	•	CANDIDATE	1.	COMMITTEE	² X	LOBBYIST	3.
NUMBER NAME OF FILING COMMIT	TEE, CANDI	DATE OR LOSSYIST			ON E	EHALF OF	<u>l</u>		J	<u> </u>			
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"Pennsburg					STATE	<u>Pa</u>			2100	807.2		-182	3
TYPE OF REPOR (CHECK ONE)		RECORDER		sk		monte Cty.	io. } -	Repub	ican		DAY Q	STECTION	AR
6TH TUESDAY PRE-PRIMARY					MO.	DAY YE	AR			FOR C	OFFICE	USE ONLY	
2nd friday pre-primary	2. X	DATES OF REPORTING PERIOD		9 TO	5		9					~2	and see presently
30 day Post-Primary.	3.		ANCE AT END		· · · · · · · · · · · · · · · · · · ·	20	<u></u>			ر. مراجع مراجع المراجع		2019 HAY	652 (1982) 1982 (1982) 1983 (1982)
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2ND FRIDAY PRE-ELECTION	5.	OUTSTAND	ING DEBTS OF D OF REPORT	R LIABILI	TIES OD: \$	-0-	-					<u> </u>	
30 DAY POST-ELECTION	6.		AMENDMENT REPORT?	YES	NO	X						計 9:2	i •
ANNUAL REPORT			TERMINATION REPORT?	YES	NO	X							
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PART I - If statement is: If statement is: If statement is: I SWEAR (OR AFFIRE EXCEED TWO HUNG	filed on filed on	behalf of a Ca	indidate, the ontributing Lo	ittee <i>or</i> (Candida bbyist, t	Candida ate must he Lobb	tes's Co sign he yist mus	omm ere. st si	gn here	ORTING	PERIOD INDIC	ATED A	BOVE DID N	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280