Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be typed or printed in blue or black ink.)

Filer Identification

Name of Filing Committee, Candidate or Lobbyist
Friends of Risa Ferman

Street Address
PO Box 1010

NOTE: This report must be typed or printed in blue or black ink.

City
Norristown

TYPE OF REPORT
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
8. Year
9. X to the right of report type

State
PA

Zip Code
19404

Date of Election
Month-Day-Year
11-04-08

District Number
Office Code
OTH
46

Partv Code
County Code
6

FOR OFFICE USE ONLY

Summary of Receipts and Expenditures from: Month-Day-Year

A. Amount Brought Forward From Last Report
B. Total Monetary Contributions and Receipts (From Schedule I)
C. Total Funds Available (Sum of Lines A and B)
D. Total Expenditures (From Schedule III)
E. Ending Cash Balance (Subtract Line D from Line C)
F. Value of In-Kind Contributions Received (From Schedule II)
G. Unpaid Debts and Obligations (From Schedule IV)

Month-Day-Year

A. 11-24-09
B. -- 0 --
C. $24,761.42
D. -- 0 --
E. $24,761.42
F. -- 0 --
G. -- 0 --

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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
26 day of January 2010

Jill Schappel, Notary Public
Norristown Borough, Montgomery County
My commission expires February 10, 2010

Signature of Person Submitting Report
Alfred F. Zollers
Printed Name
674-2784
Area Code
Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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
26 day of January 2010

Jill Schappel, Notary Public
Norristown Borough, Montgomery County
My commission expires February 10, 2010

Signature of Candidate
Risa Vetri Ferman
Printed Name
219-3622
Area Code
Daytime Telephone Number

Department of State - Bureau of Commissions. Elections and Legislation
303 North Office Building - Harrisburg, PA 17120-0029 - (717) 787-5280
## SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

<table>
<thead>
<tr>
<th>Name of Filing Committee or Candidate</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of Risa Ferman</td>
<td>From 11-24-09 To 12-31-09</td>
</tr>
</tbody>
</table>

### 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS -- $50.00 OR LESS PER CONTRIBUTOR

<table>
<thead>
<tr>
<th>TOTAL for the Reporting Period (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>-- 0 --</td>
</tr>
</tbody>
</table>

### 2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)

<table>
<thead>
<tr>
<th>Contributions Received from Political Committees (Part A)</th>
<th>-- 0 --</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Other Contributions (Part B)</td>
<td>-- 0 --</td>
</tr>
<tr>
<td>TOTAL for the Reporting Period (2)</td>
<td>-- 0 --</td>
</tr>
</tbody>
</table>

### 3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)

<table>
<thead>
<tr>
<th>Contributions Received from Political Committees (Part C)</th>
<th>-- 0 --</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Other Contributions (Part D)</td>
<td>-- 0 --</td>
</tr>
<tr>
<td>TOTAL for the Reporting Period (3)</td>
<td>-- 0 --</td>
</tr>
</tbody>
</table>

### 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

<table>
<thead>
<tr>
<th>TOTAL for the Reporting Period (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>-- 0 --</td>
</tr>
</tbody>
</table>

### TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>-- 0 --</td>
</tr>
<tr>
<td>Name of Filing Committee or Candidate</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Friends of Risa Ferman</td>
</tr>
</tbody>
</table>

### 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE of $50.00 or LESS PER CONTRIBUTOR

| TOTAL for the Reporting Period | -- 0 -- |

### 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE of $50.01 TO $250.00 (FROM PART F)

| TOTAL for the Reporting Period | -- 0 -- |

### 3. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER $250.00 (FROM PART G)

| TOTAL for the Reporting Period | -- 0 -- |

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)

| -- 0 -- |