

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 ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Pete C. Amuso					
STREET ADDRESS 1507 E. Willow Grove Ave.					
CITY WYNDMOOR		STATE PA	ZIP CODE 19038		
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY 1. 2ND FRIDAY PRE-PRIMARY 2. 30 DAY POST-PRIMARY 3. 6TH TUESDAY PRE-ELECTION 4. 2ND FRIDAY PRE-ELECTION 5. 30 DAY POST-ELECTION 6. ANNUAL REPORT 7. <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE District Attorney		DISTRICT NO.	PARTY D	DATE OF ELECTION
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 11 23 09 TO 12 31 09		MO. DAY YEAR 11 6 2007		
	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0		
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		OFFICE OF VOTER SERVICES MONTG. CO. PA.		
	FOR OFFICE USE ONLY RECEIVED 2010 FEB - 1 P 1:05				

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
 1st DAY OF February 20 10

SIGNATURE OF PERSON SUBMITTING REPORT
 Pete C. Amuso
 PRINTED NAME

NOTARIAL SEAL
 SIGNATURE OF PATRICIA WALKER, Notary Public
 Norristown, Montgomery County
 My Commission Expires August 5, 2010

MY COMMISSION EXPIRES

AREA CODE 215 DAYTIME TELEPHONE NUMBER 805-4768

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 OF CANDIDATE

 PRINTED NAME

SIGNATURE

 MY COMMISSION EXPIRES _____ MO. DAY YR.

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____