

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 RUTH S. DAMSKER								
STREET ADDRESS 308 PRIMROSE DRIVE								
CITY UPPER GWYNEDD			STATE PA		ZIP CODE 19446 — 1129			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE COUNTY COMMISSIONER		DISTRICT NO.	PARTY DEM		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY							MO.	DAY
2ND FRIDAY PRE-PRIMARY								YEAR
30 DAY POST-PRIMARY							FOR OFFICE USE ONLY	
6TH TUESDAY PRE-ELECTION							RECEIVED	
2ND FRIDAY PRE-ELECTION							2010 JAN 29 P 4:03	
30 DAY POST-ELECTION							OFFICE OF VOTER SERVICES	
ANNUAL REPORT		<input checked="" type="checkbox"/>					MONTG. CO. PA.	
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	
				01	01	2009	12 31 2009	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		423.73		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0.00		
		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'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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

RUTH S. DAMSKER
PRINTED NAME

267 _____
AREA CODE

613-8402 _____
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