

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	LOBBYIST	³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Paul C. Amuso</i>							
STREET ADDRESS <i>1507 E. Wilson Grove Ave</i>							
CITY <i>WYNDMOOR</i>			STATE <i>PA</i>	ZIP CODE <i>19038 -</i>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	<i>District Attorney</i>			<i>D</i>	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	OFFICE OF THE VOTER SERVICES MONTG. CO. PA		
30 DAY POST-PRIMARY	3.	<i>6</i>	<i>7</i>	<i>10</i>	2009 OCT 22 P 1:57		
6TH TUESDAY PRE-ELECTION	4.	TO		<i>10</i>	<i>18</i>	<i>10</i>	RECEIVED
2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>0</u>			
30 DAY POST-ELECTION	6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>0</u>			
ANNUAL REPORT	7.	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

22 DAY OF Oct 2010

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Paul C. Amuso
 PRINTED NAME

215 233-1300
 AREA CODE DAYTIME TELEPHONE NUMBER

[Signature]
 NOTARIAL PUBLIC
 JULIA A. FONTANEZ, Notary Public
 My Commission Expires November 16, 2010

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

 AREA CODE DAYTIME TELEPHONE NUMBER

 SIGNATURE

MY COMMISSION EXPIRES _____
 MO. DAY YR.