

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. CANDIDATE <input checked="" type="checkbox"/>		2. COMMITTEE <input type="checkbox"/>		3. LOBBYIST <input type="checkbox"/>				
Name of Filing Committee, Candidate or Lobbyist: MARIE N. CAVANAUGH												
Street Address: 410 S. TENTH STREET												
City: NORTH WALES				State: PA		Zip Code: 19454 - 3019						
TYPE OF REPORT (place X to the right of report type)	1. 1ST WEDDAY PRE-PRIMARY		2. 2ND FRIDAY PRE-PRIMARY		3. 30 DAY POST-PRIMARY		AMENDMENT REPORT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	4. 1ST WEDDAY POST-ELECTION		5. 2ND FRIDAY POST-ELECTION		6. 40 DAY POST-ELECTION		7. TERMINATION REPORT?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	7. APPEAL REPORT		YEAR		FILING METHOD 1. CHECK ONE		PAPER		YES <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: COMMISSIONER					DATE OF ELECTION MO. DAY YEAR 5 17 2011			District Number	Office Code	Party Code REP	County Code	
Summary of Receipts and Expenditures from:					MO. DAY YEAR 10 18 2010			TO MO. DAY YEAR 11 22 2010			FOR OFFICE USE ONLY OFFICE OF NOTER SERVICES MONTGOMERY PA NOV 29 P 12:24 RECEIVED	
A. Amount Brought Forward From Last Report					\$ 0							
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 0							
C. Total Funds Available (Sum of Lines A and B)					\$ 0							
D. Total Expenditures (From Schedule III)					\$ 423.12							
E. Ending Cash Balance (Subtract Line D from Line C)					\$ - 423.12							
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0							
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 0							

AFFIDAVIT SECTION

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 29 day of NOVEMBER, 2010

JOANNE A. STRIZZIERE, Notary Public
 Montgomery County
 My Commission Expires April 4, 2013

My commission expires _____ MO. _____ DAY _____ YR.

Marie N. Cavanaugh
 Signature of Person Submitting Report

MARIE N. CAVANAUGH
 Printed Name

215 906-3076
 Area Code Daytime Telephone Number

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate MARIE N. CAVANAUGH	Reporting Period From _____ To _____
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To Whom Paid STAPLES	MO.	DAY	YEAR	Amount \$ 73.12
Mailing Address 1210 N BETHLEHEM PIKE				Description of Expenditure COPIES AND ENVELOPES
City NORTH WALES	State PA	Zip Code (Plus 4) 19454-		

To Whom Paid COSTCO	MO.	DAY	YEAR	Amount \$ 350.00
Mailing Address 740 UPPER STATE ROAD				Description of Expenditure
City MONTGOMERY TWP	State PA	Zip Code (Plus 4) 19454-		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				Description of Expenditure
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				Description of Expenditure
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				Description of Expenditure
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				Description of Expenditure
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				Description of Expenditure
City	State	Zip Code (Plus 4)		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				Description of Expenditure
City	State	Zip Code (Plus 4)		

PAGE TOTAL
\$ 423.12

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.