**COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred during the reporting period did not exceed $250.00.

<table>
<thead>
<tr>
<th>FILER IDENTIFICATION NUMBER</th>
<th>REPORT FILED ON BEHALF OF</th>
<th>CANDIDATE</th>
<th>COMMITTEE</th>
<th>LOBBYIST</th>
</tr>
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<tbody>
<tr>
<td>D0040526</td>
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</table>

**NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST**

Jim Matthews

**STREET ADDRESS**

614 Greycliffe Lane

**CITY**

Ambler

**STATE**

PA

**ZIP CODE**

19002

<table>
<thead>
<tr>
<th>TYPE OF REPORT (CHECK ONE)</th>
<th>NAME OF OFFICE SOUGHT BY CANDIDATE</th>
<th>DISTRICT NO.</th>
<th>PARTY</th>
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<tbody>
<tr>
<td>6th Tuesday Pre-Primary</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2nd Friday Pre-Primary</td>
<td></td>
<td></td>
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<tr>
<td>30 Day Post-Primary</td>
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<td></td>
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</tr>
<tr>
<td>6th Tuesday Pre-Election</td>
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<td></td>
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<tr>
<td>2nd Friday Pre-Election</td>
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<tr>
<td>30 Day Post-Election</td>
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<tr>
<td>Annual Report</td>
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**DATES OF REPORTING PERIOD**

<table>
<thead>
<tr>
<th>NO.</th>
<th>DAY</th>
<th>YEAR</th>
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<tbody>
<tr>
<td>10</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>22</td>
<td>10</td>
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**DATE OF ELECTION**

11/02/10

**OFFICE OF SERVICES**

203 NOV 30 A 11:05

<table>
<thead>
<tr>
<th>VOTER SERVICES</th>
<th>MONTO, PA</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

**CASH BALANCE AT END OF REPORTING PERIOD:**

$ 0

**TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:**

$ 0

<table>
<thead>
<tr>
<th>AMENDMENT REPORT?</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>TERMINATION REPORT?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidate'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

PRINTED NAME

AREA CODE 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

30_____ DAY OF ______________________ 2010

__________________________

SIGNATURE

COMMONWEALTH OF PENNSYLVANIA

Wanda W. Babine - Notary Public

Nicetown Township - Northampton County

MY COMMISSION EXPIRES APR 23, 2013

MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

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

DSEB-503 (12-99)