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

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST
Risa Vetri Ferman

STREET ADDRESS
115 Wrack Road
Meadowbrook

CITY
State
PA
ZIP CODE
19046

TYPE OF REPORT (CHECK ONE)

6TH TUESDAY PRE-PRIMARY
2ND FRIDAY PRE-PRIMARY
30 DAY POST-PRIMARY
6TH TUESDAY PRE-ELECTION
2ND FRIDAY PRE-ELECTION
30 DAY POST-ELECTION
ANNUAL REPORT

NAME OF OFFICE SOUGHT BY CANDIDATE
District Attorney

DISTRICT NO.
Montg

PARTY
REP

DATES OF REPORTING PERIOD
MO. DAY YEAR
01 01 11 TO 05 02 11

CASH BALANCE AT END OF REPORTING PERIOD: $ - 0 -

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ - 0 -

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

__________________________

SIGNATURE OF PERSON SUBMITTING REPORT
Risa Vetri Ferman

OFFICE OF
MONTGOMERY COUNTY

DEPARTMENT OF STATE • BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION
210 NORTH OFFICE BUILDING • HARRISBURG, PA 17120-0029 • (717) 787-5280

DSEB-503 (12-99)