

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.

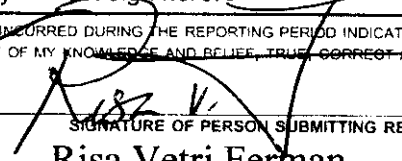
FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>													
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Risa Vetri Ferman																	
STREET ADDRESS 115 Wrack Road																	
CITY Meadowbrook		STATE PA	ZIP CODE 19046														
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input checked="" type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE District Attorney		DISTRICT NO. Montg.	PARTY REP	DATE OF ELECTION NO. DAY YEAR 11 08 11												
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY														
	<table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>06</td><td>06</td><td>11</td></tr> </table> TO <table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>24</td><td>11</td></tr> </table>		MO.	DAY	YEAR	06	06	11	MO.	DAY	YEAR	10	24	11	RECEIVED 2011 OCT 27 P 1:20 STATE OF PENNSYLVANIA VOTER SERVICES MONTGOMERY CO. PA.		
	MO.	DAY	YEAR														
	06	06	11														
	MO.	DAY	YEAR														
	10	24	11														
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u> - 0 - </u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u> - 0 - </u>																	
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input 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 <u>NOVEMBER</u> 20 <u>11</u> <u>WHITNEY LOBIN DAVIS</u> Notary Public NORRISTOWN, PENNSYLVANIA, MONTGOMERY COUNTY My Commission Expires <u>2014</u>	SIGNATURE OF PERSON SUBMITTING REPORT  Risa Vetri Ferman PRINTED NAME AREA CODE <u>610</u> DAYTIME TELEPHONE NUMBER <u>278 3099</u>
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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 _____
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