

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: ▶		Report Filed By: ▶		CANDIDATE ^{1.}		COMMITTEE ^{2.}		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF EILEEN WHALON BEHR											
Street Address: 4035 LA FRANCE ROAD											
City: PLYMOUTH MEETING					State: PA		Zip Code: 19462 -				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	2012		FILING METHOD () CHECK ONE ▶		PAPER	<input checked="" type="checkbox"/> DISKETTE		
Name of Office Sought by Candidate: MONTGOMERY COUNTY SHERIFF					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR	Montg	071	REP	46
					-	-	-	Au			
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from: ▶						FOR OFFICE USE ONLY					
			MO.	DAY	YEAR						
			1	1	2012						
			To			MO.	DAY	YEAR			
						12	31	2012			
A. Amount Brought Forward From Last Report					\$ 3256.53						
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ -						
C. Total Funds Available (Sum of Lines A and B)					\$ 3256.53						
D. Total Expenditures (From Schedule III)					\$ 1840.48						
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 1416.05						
F. Value of In-Kind Contributions Received (From Schedule II)					\$ -						
G. Unpaid Debts and Obligations (From Schedule IV)					\$ -						

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 2012

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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

30 day of **January** 20**13**

Patricia A. Giambone
 Notary Public
 My commission expires **12/13/2016**
 NORRISTOWN BOROUGH, MONTGOMERY COUNTY, PA
 My Commission Expires Dec. 13, 2016

Signature of Person Submitting Report
Drew Sharkey
 Printed Name
215 Area Code **370-3090** Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 **January** 20**13**

Patricia A. Giambone
 Notary Public
 My commission expires **12/13/2016**
 NORRISTOWN BOROUGH, MONTGOMERY COUNTY, PA
 My Commission Expires Dec. 13, 2016

Signature of Candidate
Eileen Whalon Behr
 Printed Name
410 Area Code **941-0921** Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF EILEEN Whalon Behr</i>	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ _____

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ _____
All Other Contributions (Part B)	\$ _____
TOTAL for the Reporting Period (2)	\$ _____

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ _____
All Other Contributions (Part D)	\$ _____
TOTAL for the Reporting Period (3)	\$ _____

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ _____

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>0</i>
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF EILEEN WHALON BEHR	Reporting Period From _____ To _____
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	MO.	DAY	YEAR	Amount
To Whom Paid Plymouth Country Club	3	26	12	\$ 1005.48
Mailing Address 888 Plymouth Rd	Description of Expenditure Victory Party and Volunteer			
City Plymouth Meeting	PA	Zip Code (Plus 4) 19462		
				Thank you Dinner
To Whom Paid Abington Township Republican Org.	3	23	12	\$ 40.00
Mailing Address PO Box 615	Description of Expenditure Dinner Ticket			
City Abington	PA	Zip Code (Plus 4) 19001-		
To Whom Paid Cheltenham Township Republican Org.	3	23	12	\$ 70.00
Mailing Address PO Box 30246	Description of Expenditure Brunch Ticket + Ad.			
City Elkins Park	PA	Zip Code (Plus 4) 19027		
To Whom Paid Montgomery County Comm. College Alumni Assoc	4	30	12	\$ 150.00
Mailing Address 340 DeKalb Pike	Description of Expenditure SPONSORSHIP			
City Blue Bell	PA	Zip Code (Plus 4) 19422-		
To Whom Paid Whitemarsh Township Republican Org.	6	22	12	\$ 250.00
Mailing Address 101 W Elm St. Suite 320	Description of Expenditure Brunch Tickets + Ad.			
City Conshohocken	PA	Zip Code (Plus 4) 19428		
To Whom Paid Americans of Italian Heritage Council	9	17	2012	\$ 125.00
Mailing Address 1745 FOREST CREEK DRIVE	Description of Expenditure Tickets & Sponsorship			
City Blue Bell	PA	Zip Code (Plus 4) 19424		
To Whom Paid Montgomery County Republican Committee	10	14	2017	\$ 200.00
Mailing Address 314 E. Johnston Highway	Description of Expenditure Fall Dinner Ticket			
City NORRISTOWN	PA	Zip Code (Plus 4) 19401-		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
				\$

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

PAGE TOTAL
\$ 1840.48