

# 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"/>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup>		LOBBYIST <sup>3.</sup>	
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF EILEEN WHALON BEAR</b>									
Street Address: <b>4035 LA FRANCE ROAD</b>									
City: <b>PLYMOUTH MEETING</b>					State: <b>PA</b>		Zip Code: <b>19668</b>		
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY <sup>1.</sup>		2ND FRIDAY PRE-PRIMARY <sup>2.</sup>		30 DAY POST PRIMARY <sup>3.</sup>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	8TH TUESDAY PRE-ELECTION <sup>4.</sup>		2ND FRIDAY PRE-ELECTION <sup>5.</sup>		30 DAY POST ELECTION <sup>6.</sup> <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	ANNUAL REPORT <sup>7.</sup>		YEAR <input type="checkbox"/>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>		

Name of Office Sought by Candidate: <b>Montgomery County Sheriff</b>			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR				
	11	5		20	13				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	10	22	2013		11	25	2013
A. Amount Brought Forward From Last Report	\$ 4630.62						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 500 -						
C. Total Funds Available (Sum of Lines A and B)	\$ 5130.62						
D. Total Expenditures (From Schedule III)	\$ 400 -						
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 4730.62						
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0						

FOR OFFICE USE ONLY

RECEIVED

OFFICE OF VOTER SERVICES

MONTG. CO. PA

DEC-6 AM 8:48

late 12/4/13

### 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 <u>5th</u> day of <u>December</u>	NOTARIAL SEAL PATRICIA A. GIAMBRONE Notary Public NORRISTOWN BOROUGH, MONTGOMERY COUNTY My Commission Expires Dec. 13, 2016	Signature of Person Submitting Report <i>[Signature]</i>
Signature: <i>[Signature]</i>		Printed Name: <u>Drew Sharkey</u>
My commission expires <u>12</u> MO. <u>13</u> DAY <u>2016</u> YR.	Area Code: <u>215</u>	Daytime Telephone Number: <u>370-3690</u>

**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 _____ day of _____ 20____	Signature of Candidate
Signature	Printed Name
My commission expires _____ MO. _____ DAY _____ YR.	Area Code _____ Daytime Telephone Number _____

Department of State • Bureau of Commissions, Elections and Legislation  
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS of Eileen Whalon Behr</i>	Reporting Period From _____ To _____
---	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	TOTAL for the Reporting Period	(1) \$ <i>0</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <i>—</i>
All Other Contributions (Part B)		\$ <i>—</i>
	TOTAL for the Reporting Period	(2) \$ <i>0</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <i>500 —</i>
All Other Contributions (Part D)		\$ <i>—</i>
	TOTAL for the Reporting Period	(3) \$ <i>500 —</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	TOTAL for the Reporting Period	(4) \$ <i>—</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (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>500 —</i>
--	-----------------

PART C

# CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>FRIENDS of Eileen Whalen Behr</i>	Reporting Period From _____ To _____
---	---

				DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR				
<i>PECO PAC</i>							\$ 500
Mailing Address <i>2301 Market Street PO Box 8699</i>							\$
City <i>Philadelphia</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19101-8699</i>					\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

PAGE TOTAL	\$
------------	----

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

