

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be typed or printed in blue or black ink.) (cover page)

Filer Identification Number: --->		Report Filed By: -> CANDIDATE ^{1.}		COMMITTEE ^{2.} X		LOBBYIST ^{3.}				
Name of Filing Committee, Candidate or Lobbyist Friends of Risa Ferman										
Street Address 300 E. Moreland Avenue										
City Hatboro			State PA		Zip Code 19040					
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	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6. X	Termination Report?	YES	NO	X
	Annual Report	7.	Year -->	2013	Filing Method Check One -->	Paper	X	Diskette		
Name of Office Sought by Candidate District Attorney				Date of Election Month-Day-Year 11-05-13		District Number	Office Code OTH	Party Code REP	County Code 46	
							(see instructions for codes)			
Summary of Receipts and Expenditures from: >		Month-Day-Year 10-22-13		To	Month-Day-Year 11-25-13		FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report					\$168,656.51					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$14.17					
C. Total Funds Available (Sum of Lines A and B)					\$168,670.68					
D. Total Expenditures (From Schedule III)					\$24.78					
E. Ending Cash Balance (Subtract Line D from Line C)					\$168,645.90					
F. Value of In-Kind Contributions Received (From Schedule II)					-- 0 --					
G. Unpaid Debts and Obligations (From Schedule IV)					-- 0 --					

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 OFFICE OF
 VOTER SERVICES
 HARRISBURG, PA

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 _____ day of _____ 20____

_____ Signature My commission expires _____ MO. DAY YR.	_____ Signature of Person Submitting Report Alfred F. Zollers Printed Name 215 674-2784 Area Code Daytime Telephone Number
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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 My commission expires _____ MO. DAY YR.	_____ Signature of Candidate Risa Vetri Ferman Printed Name 215 219-3622 Area Code Daytime Telephone Number
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SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate Friends of Risa Ferman	Reporting Period From <u>10-22-13</u> To <u>11-25-13</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS -- \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	-- 0 --

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	-- 0 --
All Other Contributions (Part D)	-- 0 --
TOTAL for the Reporting Period (3)	-- 0 --

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$14.17

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$14.17
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PART E
OTHER RECEIPTS

Refunds, Interest Income, Returned Checks, Etc.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate Friends of Risa Ferman	Reporting Period From <u>10-22-13</u> To <u>11-25-13</u>
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Full Name Wells Fargo Bank

Mailing Address Blair Mill & Moreland

City Horsham	State PA	Zip Code (Plus 4) 19044	Month-Day-Year 10-31-2013	Amount \$14.17
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Receipt Description Money Maket Acct Interest

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Month-Day-Year	Amount
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Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Month-Day-Year	Amount
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Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Month-Day-Year	Amount
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Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Month-Day-Year	Amount
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Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Month-Day-Year	Amount
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Receipt Description

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

Page Total \$14.17

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

Use this Schedule to report all In-Kind Contributions of Valuable Things
during the Reporting Period

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Risa Ferman	Reporting Period From <u>10-22-13</u> To <u>11-25-13</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE of \$50.00 or LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	-- 0 --

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE of \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	-- 0 --

3. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	-- 0 --

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	-- 0 --
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Schedule III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Risa Ferman	Reporting Period From <u>10-22-13</u> To <u>11-25-13</u>
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To Whom Paid UNITED STATES POSTAL SERVICE			Month-Day-Year 10-23-2013	Amount \$6.97
Mailing Address Postmaster			Description of Expenditure Postage Stamps	
City Hatboro	State PA	Zip Code (Plus 4) 19040		
To Whom Paid UNITED STATES POSTAL SERVICE			Month-Day-Year 11-22-2013	Amount \$9.86
Mailing Address Postmaster			Description of Expenditure Postage Stamps	
City Hatboro	State PA	Zip Code (Plus 4) 19040		
To Whom Paid American Express			Month-Day-Year 11-04-2013	Amount \$7.95
Mailing Address 200 Vesey Street			Description of Expenditure Service Fee	
City New York	State NY	Zip Code (Plus 4) 10285		
To Whom Paid			Month-Day-Year	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			Month-Day-Year	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			Month-Day-Year	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			Month-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 \$24.78
