### 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.

<table>
<thead>
<tr>
<th>FILER IDENTIFICATION NUMBER</th>
<th>REPORT FILED ON BEHALF OF</th>
<th>CANDIDATE</th>
<th>COMMITTEE</th>
<th>LOBBYIST</th>
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**NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST**

Ann Thornburg Weiss

**STREET ADDRESS**

1100 Donna Dr.

**CITY**

Ft. Washington

**STATE**

PA

**ZIP CODE**

19034

**TYPE OF REPORT (CHECK ONE)**

1. 8TH TUESDAY PRE-PRIMARY
2. 2ND FRIDAY PRE-PRIMARY
3. 30 DAY POST-PRIMARY
4. 6TH TUESDAY PRE-ELECTION
5. 2ND FRIDAY PRE-ELECTION
6. 30 DAY POST-ELECTION
7. ANNUAL REPORT

**NAME OF OFFICE SOUGHT BY CANDIDATE**

MontgomeryCo. Clerk of Courts

**DISTRICT NO.**

DE

**PARTY**

DEM

**DATE OF ELECTION**

<table>
<thead>
<tr>
<th>MO.</th>
<th>DAY</th>
<th>YEAR</th>
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<tbody>
<tr>
<td>11</td>
<td>03</td>
<td>15</td>
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**DATES OF REPORTING PERIOD**

<table>
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<th>NO.</th>
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<td>10</td>
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<td>15</td>
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**FOR OFFICE USE ONLY**

**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**

[Signature]

**DATE OF**

December 2012

**SIGNATURE**

[Signature]

**COMMONWEALTH OF PENNSYLVANIA**

**NOTARIAL SEAL**

[Seal]

[Signature of Notary Public]

[Signature of Notary Public]

**My Commission Expires December 8, 2017**

**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**

[Signature]

**DAY OF**

20

**SIGNATURE**

[Signature]

**COMMONWEALTH OF PENNSYLVANIA**

**NOTARIAL SEAL**

[Seal]

[Signature of Notary Public]

[Signature of Notary Public]

**My Commission Expires [Date]**

**SIGNATURE OF CANDIDATE**

[Signature]

**PRINTED NAME**

215 643-0496

**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

OSB 503 (12-99)