**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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</thead>
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**NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST**

Friends of Sheriffs Russell J. Bono

**STREET ADDRESS**

70 East Main St

**CITY**

Norristown

**STATE**

PA

**ZIP CODE**

19401

<table>
<thead>
<tr>
<th>TYPE OF REPORT (CHECK ONE)</th>
<th>NAME OF OFFICE SOUGHT BY CANDIDATE</th>
<th>DISTRICT NO.</th>
<th>PARTY</th>
<th>DATE OF ELECTION</th>
</tr>
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</table>

| 6TH TUESDAY PRE-PRIMARY 1. | Sheriff Montgomery Cont            | 46           | R     | 11/15 |

**DATES OF REPORTING PERIOD**

<table>
<thead>
<tr>
<th>MO.</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>29</td>
<td>15</td>
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<tr>
<th>TO</th>
<th>MO.</th>
<th>DAY</th>
<th>YEAR</th>
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<tbody>
<tr>
<td>12</td>
<td>31</td>
<td>15</td>
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</table>

**CASH BALANCE AT END OF REPORTING PERIOD:**

$0

**TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:**

$0

**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 SWORE (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.

**SIGNATURE OF PERSON SUBMITTING REPORT**

[Signature]

**PRINTED NAME**

[Name]

**AREA CODE**

610

**DAYTIME TELEPHONE NUMBER**

275-2110

**PART II**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWORE (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.

**SIGNATURE OF CANDIDATE**

[Signature]

**PRINTED NAME**

[Name]

**AREA CODE**

610

**DAYTIME TELEPHONE NUMBER**

637-3490

Department of State  Bureau of Commissions, Elections and Legislation

210 North Office Building  Harrisburg, PA  17120-0029  (717) 787-5280

DSEB-503 (12-99)