

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.

|   |                                    |  |   |  |                                   |                               |
|---|------------------------------------|--|---|--|-----------------------------------|-------------------------------|
| FILER IDENTIFICATION NUMBER   |                                    | REPORT FILED ON BEHALF OF  | CANDIDATE <input checked="" type="checkbox"/> | COMMITTEE <input type="checkbox"/>         | LOBBYIST <input type="checkbox"/> |                               |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br><i>Ann Thornburg Weiss</i> |                                    |  |   |  |                                   |                               |
| STREET ADDRESS<br><i>1100 Donna Drive</i>                                     |                                    |  |   |  |                                   |                               |
| CITY<br><i>Ft. Washington</i>   |                                    | STATE<br><i>PA</i>   | ZIP CODE<br><i>19034 -</i>                    |  |                                   |                               |
| TYPE OF REPORT (CHECK ONE)  | NAME OF OFFICE SOUGHT BY CANDIDATE |  | DISTRICT NO.                                  | PARTY                                      | DATE OF ELECTION                  |                               |
|   | <i>Clerk of Courts</i>             |  |   | <i>Dem</i>                                 | MO. <i>11</i>                     | DAY <i>3</i> YEAR <i>2015</i> |
| 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>                              | 1.                                 | DATES OF REPORTING PERIOD  |   | FOR OFFICE USE ONLY                        |                                   |                               |
| 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>                               | 2.                                 | MO. <i>11</i> DAY <i>24</i> YEAR <i>15</i>   | to  | MO. <i>12</i> DAY <i>31</i> YEAR <i>15</i> |                                   |                               |
| 30 DAY POST-PRIMARY <input type="checkbox"/>                                  | 3.                                 | CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>   |   |  |                                   |                               |
| 6TH TUESDAY PRE-ELECTION <input type="checkbox"/>                             | 4.                                 | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i> |   |  |                                   |                               |
| 2ND FRIDAY PRE-ELECTION <input type="checkbox"/>                              | 5.                                 | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                |   |  |                                   |                               |
| 30 DAY POST-ELECTION <input type="checkbox"/>                                 | 6.                                 | TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>              |   |  |                                   |                               |
| ANNUAL REPORT <input checked="" type="checkbox"/>                             | 7. <i>X</i>                        |  |   |  |                                   |                               |

**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 1<sup>ST</sup> DAY OF February 2016

*Ann Thornburg Weiss*  
 SIGNATURE OF PERSON SUBMITTING REPORT

*Ann Thornburg Weiss*  
 PRINTED NAME

*215* AREA CODE *643-0494* DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL  
 SIGNA *Robin D. Leedom, Notary Public*  
 Upper Dublin Twp., Montgomery County  
 My Commission Expires *Dec. 22, 2018*

**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 \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_