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: 00060526
NAME OF FILED COMMITTEE, CANDIDATE OR LOBBYIST: Jim Matthews
STREET ADDRESS: 674 Greycliffe Lane, Ambler, PA 19002

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

NAME OF OFFICE SOUGHT BY CANDIDATE:

REPORT FILED ON BEHALF OF: CANDIDATE 1 COMMITTEE 2 LOBBYIST 3

DATE OF ELECTION
11 03 09

DATES OF REPORTING PERIOD
11 24 09 TO 12 31 09

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 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.

SIGNED AND SUBMITTED BEFORE ME THIS 29th DAY OF JANUARY, 2010.

Notary:

SIGNATURE OF PERSON SUBMITTING REPORT:
Jim Matthews
PRINTED NAME:

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.

SIGNED AND SUBMITTED BEFORE ME THIS 20TH DAY OF ______, 20__.

SIGNATURE:

SIGNATURE OF CANDIDATE

PRINTED NAME:

AREA CODE: ________ DAYTIME TELEPHONE NUMBER: ______

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