Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification	Repor	ort			<u>√2 ±1(0</u> ; 1.	a telefit		2.		3.
Number:	Filed		<u>* 'C/</u>	ANDID	ATE X	COMM			TOBR	BYIST
Name of Filing Committee, Candidate or Lobbyist: Stewart J. Greenleaf Jr. Street Address:										
417 Bartram Road									<u></u>	!
Willow Grove			Star	PA		Zip Cod	9090	2 -	312	LO
REPORT PREPRIMARY	2ND FRIDAY PRE-PRIMARY		30 DA POST	PRIMAR	78 11 5 75	AMENDA REPORT?		YES		10
THE STATE OF THE S	2no friday Pre-election		30 DA POST	ELECT (6. ION	TERMINA REPORT	*	YES		
the right of report type) ANNUAL 7. REPORT	YEAR	Ţ		METH		PAP	#	X	DISKE	EI E
Name of Office Sought by Candidate:			DAT	re of I	ELECTION	Marian Indian	Office Code		Party Code	County Code
)	MQ.	DAY	YEAR	Number.	UTI	· ^	REP	46
Montgomery County Controller	<u>^</u>		11	07	7010		(SEE IN	NSTRUC	TIONS	FOR CODES)
Man D	DAY YEAR		MO.	DAY	YEAR		OR OF	FICE L	JSE O	NATA
Summary of Receipts and Expenditures from:	4 1010] _{To} [10		2010]	X	196.3 3.13 20.34	<u>-</u>	<u> </u>
A. Amount Brought Forward From Last Report		s -	182	. 39		1 9) = 0	()	Ī	ਜੰ '
B. Total Monetary Contributions and Receipts (Fr	rom Schedule I)	- T	50.00			1 3		پښو د پ	<u> </u>	\supset
C. Total Funds Available (Sum of Lines A and B	3)		1.61			1		22	V *	
D. Total Expenditures (From Schedule III)		\$ 37				1 1	1, 24	Ū		
E. Ending Cash Balance (Subtract Line D from Li	_ine C)	5-71				1		7.7	-	<u>i</u>
F. Value of In-Kind Contributions Received (Fro	om Schedule II)	\$ 0				7		5		<u>ا</u>
G. Unpaid Debts and Obligations (From Schedule	ıV)	\$ ()				1/				
		AVIT SECT								
PART I If this is a Committee report treasur	urer sign here.) this is	s a Car				* ** 1 : 1: 4 : 4 !!	11 (1		
I swear (or affirm) that this report, including the attach correct and complete.	hed schedules, on	paper or r	comput	er diske	ette, are to	the best of	f my kno	wledge	and be	elief true,
Sworn to and subscribed before me this		_		/	141					
22nd day of October	20/0	-] _		//	e: Jesture	of Person Si	i+tip	- Send		
Stephanie & Disc		\ _		St	tewast	J. Gree	e <u>n</u> lea	PJ	r	
My commission expires NOTARIAL SE		1 (_ ,			Printed Nar	me ロフフ.	701	- 1	
My commission expires MO. STEPHANIE A (Notary Publi	DISE] -	Ai	LIS rea Code	je	D	Daytime T	Telepho	ne Num	nber
MUITPAIN TWO MONYS	CHARGON BOAY			4117				2100		
I swear (or affirm) that to the best of my knowledge a									N Street	
(P.L. 1333, No. 320) as amended.	and better three per	itical co	Miller	has no	A VIOINIES .	any provision	नीइ-छास्त	.e Accu	of June	3, 1937
Sworn to and subscribed before me this		`								
day of	20	. -			Sign	nature of Car	ndidate			
Signature		. } _				Printed Na	··· <u>-</u>			
My commission expires			·			**************************************	/nep			
MO. DAY	YR.)	A.	rea Code	Je	D	aytime 1	Telepho	ne Num	nber

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

PAGE 2 OF /L

\$ 350.00

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary Page			
Name of Filing Committee or Candidate Stewart J. Greenleaf Jr.	Reporting Per From <u>O 9/</u>	iod 14/1010 To 10/18/	100
(UNITEM ZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS	PER CONT	RIBUTOR	
TOTAL for the Reporting Period	d (1)	\$ ()	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)		
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Period	d (2)	\$ 0	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			nija44ji
Contributions Received from Political Committees (Part C)		\$ 350.00	
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Period	d (3)	\$ 350.00	
4 OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ET(FROM PART E	
TOTAL for the Reporting Period		\$ 0	

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.)

Reporting Period

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate

Stewart J. Greenleaf Jr.	F	From 09/14/2010 To 10/18/2010				
		DATE	AMOUNT			
Full Name of Contributing Committee	MO.	DAY	\$			
Mailing Address	MO.	DAY YEAR	\$			
City State Zip Code (Plus 4)MO.	DAY YEAR	\$			
Full Name of Contributing Committee	. MO.	DAY	\$			
Mailing Address	MOZI	DAY YEAR	\$			
City State Zip Code	Plus 4) MO.	DAY YEAR	\$			
Full Name of Contributing Committee	E Mo. LE	DAY YEAR	\$			
Mailing Address	- Mo.	DAY YEAR	\$			
City State Zip Code	Plus 4) MO.	DAY YEAR				
Full Name of Contributing Committee	. MO	DAY	\$			
Mailing Address	MO.	DAY	\$			
City State Zip Code (Plus 4) MO.	DAY. YEAR	\$			
	-		\$			
Full Name of Contributing Committee	MO2	DAY YEAR	\$			
Mailing Address	MO.	DAY YEAR	\$			
City State Zip Code	Plus 4) MO	DAY YEAR	\$			
Full Name of Contributing Committee		DAY YEAR	\$			
Mailing Address	ма.	DAY	\$			
City State Zip Code (Plus 4) MO.	DAY	\$			
Full Name of Contributing Committee	мо.	DAYIN	\$			
Mailing Address	** Mosta	DAY YEAR	\$			
City State Zip Code	Plus 4) DIMOGE	DAY YEAR	\$			
Full Name of Contributing Committee	DE MORE	DAY	\$			
Mailing Address	MORE	DAY YEAR	\$			
City State Zip Code	Plus 4) (MO; (1)	DAY YEAR	\$			
	<u> </u>		PAGE TOTAL			
Enter Grand Total of Part A on Schedule I, Detailed	summary Page, S	section 2.	\$ ()			
CER_ED2 /7_00\						

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate					Reporting Period				
Stewart J. Greenleaf Jr.				From <u>(</u>	9/14/1	1010 To 10/18/200			
				DATE		AMOUNT			
Full Name of Contributor	•		MO.	DAY	YEAR	\$			
Mailing Address			Mo.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	Mo.	DAY	VII.A D				
,		——————————————————————————————————————	MO.	UAT	YEAR	\$			
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address	***************************************		, WO	DAY	YEAR	•			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
		-				\$			
Full Name of Contributor			MO:	DAY	YEAR	\$			
Mailing Address			· MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	::::MO.::	DAY	YEAR				
		_				\$			
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
сну	State	Zip Code (Plus 4)	MO	DAY	YEAR	<u> </u>			
		_			1 1601	\$			
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)) (10) (4) (4)	DAY	YEAR				
		_	PIG.	l Par	ISAN	\$			
Full Name of Contributor	··· ==		· MO.	DAY	YEAR .	\$			
Malling Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	TATE NAME OF	YEAR	*			
· ·		_	HIO.	T YAT	IEAN	\$			
ull Name of Contributor			Mo.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR				
City						\$			
Sity	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$			
full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR.				
City	State	Zip Code (Plus 4)		l BAV	- SEZ#**	\$			
	3.3.0		MO.	DAY	YEAR	\$			
						PAGE TOTAL			
Enter Grand Total of Part B on Sch	edule i,	Detailed Summar	v Page.	Section	n 2.	\$ ()			

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting	Period	
Stewart J. Greenleaf, Jr.				From 🖒	9/14/4	010 To (0/18/2010
· · · · · · · · · · · · · · · · · · ·				DATE		AMOUNT
Full Name of Contributing Committee Friends of Stewart Greenleuf Mailing Address			MO.	DAY:	LO 10	\$ 3 <i>50.00</i>
Mailing Address			MO		YEAR	
417 Bartran Road, P.O. Box 155						\$
Willow Grove	State PA	2ip Code (Plus 4)	MQ;	' DAY	YEAR	\$
Full Name of Contributing Committee	11/1	17070 0105	Mo.	B. DAY!	YEAR	i
						\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	PAR	
					†	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	*
<u> </u>			- '		1	† \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	<u>.</u>				<u> </u>	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR :	\$
Mailing Address			MO.	DAY	YEAR	:
City	State	Zip Code (Plus 4)	<u> </u>	<u> </u>		\$
city	31010	Zip Code trios 4	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		<u> </u>	MO.	DAY	YEAR	
Mailing Address						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	VEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	3
			A-1	1		\$
City	State	Zip Code (Plus 4)	MQ:	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
			- Th. ser.	1	 	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO,	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			Щ	لـــــــــــــــــــــــــــــــــــــ	<u> </u>	
T-ton County Total of Dart C on Cabo	tala k	District Common	*		ŀ	PAGE TOTAL
Enter Grand Total of Part C on Sched	Jule i,	Detailed Summary	/ Page,	, Section	л 3.	\$ 350.00

PAGE 6 OF 12

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contribution	18 fro	m political commi				: C.)		
Name of Filing Committee or Candidate			F	leporting		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Stewart J. Greenleaf Jr.			From (09/14/1010 To (0/18/1010					
				DATE		AMOUNT		
Full Name of Contributor			MG.	DAY	YEAR	\$		
Mailing Address			MO	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	1	5 437	(VEAD:	<u> </u>		
	State	21p Code (F10s 4)	<u>.∵ Mö. ∞</u>	DAY	YEAR	\$		
Employer Name	mployer Name				·			
Employer Mailing Address/Principal Place of Business		-						
Full Name of Contributor				DAY	YEAR	\$		
Mailing Address	Mailing Address				YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
	31213		111.001			\$		
Employer Name	•		Occupati	on				
Employer Mailing Address/Principal Place of Business								
			I Mo		0.000			
Full Name of Contributor				DAY	YEAR	\$		
Mailing Address	ailing Address				YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	<u> </u>	H-1-14-9-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Occupation					
Employer Mailing Address/Principal Place of Business								
200.0537.77.000								
Full Name of Contributor			MO.	DAY	YEAR .	\$		
Mailing Address			МО	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
		_				\$		
Employer Name			Occupation					
Employer Mailing Address/Principal Place of Business						, a may and a manual		
Full Name of Constitutes			1		COUPERRIE			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	1		Occupation					
Employer Mailing Address/Principal Place of Business								
manney of manning resolution put the set seemes								
						PAGE TOTAL		

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

DSEB-502 (7-99)

Reporting Period

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.

Stewart J. Greenleaf Jr.		· · · · · · · · •		From 05	14/20	To 10/18/2010
Full Name						
Mailing Address	## *					
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u>l l</u>	· · · · · · · · · · · · · · · · · · ·				
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	IYEAR II	Amount \$
Receipt Description	1 1					
Full Name						
Mailing Address	.			<u> </u>		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u> </u>	And the second s	<u> </u>			
Full Name						
Mailing Address			•			· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code (Plus 4)	.∵MO.□	DAY	YEAR	Amount \$
Receipt Description			L	<u> </u>		
Full Name					-	
Mailing Address		milennines manine minare estat estat.				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description			l	<u> </u>		
Full Name	·					
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	展79.75 層	Amount \$
Receipt Description	<u></u>	1. <u>02. 0.1. 0.1. 0.1. 0.1. 0.1. 0.1. 0.1. 0</u>	L	I		
Enter Grand Total of Part E on Sche	dule !	Detailed Summany	Page	Saction	n 4	PAGE TOTAL
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The second secon

Name of Filing Committee or Candidate

SCHEDULE II

PAGE 8 OF 12

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	Reporting Period	
Stewart J. Greenleaf, Jr.	From 09/14/2010 To 10/18/	140
I UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVE	D - VALUE OF \$50,00 OR LESS PER CONTRIBUT	TOR
TOTAL for the	e Reporting Period (1) \$	id name i vy
2. IN KIND CONTRIBUTIONS RECEIVED - VALUE C	2F \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the	e Reporting Period (2) \$	
SECULARISA		
3 IN-KIND CONTRIBUTION RECEIVED - VALUE OV	VER \$250,00 (FROM PART C)	
TOTAL for the	Reporting Period (3)	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURIN REPORTING PERIOD (Add and enter amount totals from and 3; also enter on Page 1, Report Cover Page, Item	rom Boxes 1, 2,	

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
Stewart J. Greenleaf Jr.			From 09/14/1010 To 10/18/					
				DATE		AMOUNT		
Full Name of Contributor			MD.	DAY	YEAR			
Mailing Address			Mo.	DAY	YEAR			
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$		
Description of Contribution:	<u>. </u>		_1					
Full Name of Contributor			MO.	DAY	YEAR			
				<u> </u>	, sean	\$		
Meiling Address			MO.	DAY .	YEAR	\$		
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$		
Description of Contribution:			<u> </u>		<u>L</u>			
Full Name of Contributor			Mo.	DAY	YEAR			
						\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Description of Contribution:					·			
Full Name of Contributor			MO.	DAY	YEAR			
Mailing Address			 			\$		
City			MO.	DAY	YEAR	\$		
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Description of Contribution:								
Full Name of Contributor	***********		Mo.	DAY	YEAR			
Mailing Address			3.72		in exercis	\$		
			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Description of Contribution:			<u> </u>					
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
Description of Contribution:	<u>l </u>	-				\$		
Enter Grand Total of Part F on School	ule II	In-Kind Contributi	ione Des	اعاله		PAGE TOTAL		
Summary Page, Section 2.	11,	KING CONTIDUE	iviis Del	all EQ		\$ ()		

we will be a second of the sec

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
Stewart J. Greenleaf Jr.				From	09/14/1	00 To 10/18/2010			
				DAT	C	AMOUNT			
Full Name of Contributor			.∷MO.	DAY	YEAR	\$			
Mailing Address		· · · · · · · · · · · · · · · · · · ·	МО.	DAY	YEAR	\$			
CIŧy	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$			
Employer of Contributor	1		Оссир	Occupation					
Employer Mailing Address/Principal Place of Business			Descr	Description of Contribution					
Full Name of Contributor				DAY	YEAR	\$			
Mailing Address			MO	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	i÷ Mo.	DAY	T SYEAR	\$			
Employer of Contributor			Occup	ation					
Employer Mailing Address/Principal Place of Business			Descr	ption of C	antribution				
Full Name of Contributor			MO.	POPAY	YEAR	\$			
Mailing Address				DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Cantributor			Occup	Occupation					
Employer Mailing Address/Principal Place of Business			Descr	Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR				
						\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor			Occup	ation					
Employer Mailing Address/Principal Place of Business			Descr	iption of C	Contribution				
Full Name of Contributor		111111111111111111111111111111111111111	МО	DAY	YEAR	\$			
Mailing Address				DAY	I IYEAR	\$			
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$			
Employer of Contributor	.*	L (1.1000), (1.100)	Occup	ation					
Employer Mailing Address/Principal Place of Business	Employer Mailing Address/Principal Place of Business			Description of Contribution					
						PAGE TOTAL			
Enter Grand Total of Part G on Sche- Summary Page, Section 3.	dule l	l, In-Kind Contrib	utions	Detaile	d	\$ <i>O</i>			
DSEB-502 (7-99)									

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
Stewart J. Greenleaf, Jr.				-		010 To 10/18/2010			
J. C.									
To Whom Paid			MO.		YEAR	Amount			
Mailing Address			09 Description	on of Exp) 0/0	\$ 29.10			
Westover Golf Club Mailing Address 401 South Schuyl Kill Avenue City						inicipal leader			
Tall activities	State P A	Zip Code (Plus 4)	1	7					
Jeffer Sun Ville To Whom Paid		19403 -3598			or Maggior	Amount			
Republican Committee of Lower Meri Mailing Address	50 <u>0</u>	Narberth_	MO.	07	LUIO	\$350.00			
31/2 West Lancaster Avenue			Description Tick	on of Expe	enditure				
Ardmore	State	Zip Code (Plus 4)							
To Whom Paid			MO.	DAY	YEAR	Amount			
Mailing Address		M-200-1	Descripti	on of Exp	enditure	\$			
			<u> </u>						
City	State	Zip Code (Plus 4)							
To Whom Paid			MO.	DAY	PEAR	Amount			
Mailing Address			Description	on of Expe	enditure	\$			
City	State	Zip Code (Plus 4)	 						
			<u> </u>						
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount \$			
Mailing Address			Description	on of Expe	enditure	¥			
City	State	Zip Code (Plus 4)							
To Whom Paid	<u> —</u>		MO.	DAY	YEAR	Amount			
10 Miles & Maries						\$			
Meiling Address		1	Description	on of Expe	anditure				
City	State	Zip Code (Plus 4) —	 						
To Whom Paid			MQ.	DAY	YEAR	Amount			
						\$			
Mailing Address			Description	on of Expe	enditure	i i carrinnerate.			
City	State	Zip Code (Plus 4)		<u>. </u>					
To Whom Paid	<u> </u>		MO.	DAY	YE AR	Amount \$			
Mailing Address		-	Description	on of Expe	nditure	3			
City	State	Zip Code (Plus 4)	ļ	·					
,		-							
			<u> </u>			PAGE TOTAL			
Enter Grand Total of Expenditures on Pag	ge 1, 1	Report Cover Pa	age, ite	m D.		\$ 37910			

Reporting Period

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Stewart J. Greenleaf, Jr.			From <u>C</u>	9/14/2	010 To 10/18/240
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MQ.	DAY	YEAR.	o company
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	Mo.	DAY	YEAR	\$
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt				-	
Name of Creditor			·		Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	s Province and a second and beautiful and
City	DEBT	State		(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
		Language Communication			\$
Mailing Address	DATE DEBT INCURRED	MO.	DAY		
City		State	Zip Code	(Plus 4) -	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	M.O.		YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor			·		Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	Mo.	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt		*			A STATE OF THE STA
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page		_			\$ ()

Name of Filing Committee or Candidate