

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 Eileen Behr					
STREET ADDRESS 4035 LA FRANCE					
CITY Lafayette Hill			STATE PA	ZIP CODE 19444	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Montgomery County Sheriff		DISTRICT NO. ALL	PARTY REP
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input checked="" type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR TO 6 6 11		DATE OF ELECTION MO. DAY YEAR 5 17 2011	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0		FOR OFFICE USE ONLY RECEIVED 2011 JUN - 7 A 9:21 OFFICE OF VOTER SERVICES MONTG. CO. PA	
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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 DAY OF June 20 11 PATRICIA A. GIAMBRONE Notary Public NORRISTOWN BOROUGH, MONTGOMERY COUNTY, PA.	Signature of Eileen Whalon Behr SIGNATURE OF PERSON SUBMITTING REPORT Eileen Whalon Behr PRINTED NAME 210 941-0921 / 215-237-8713 AREA CODE DAYTIME TELEPHONE NUMBER
---	---

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 June 20 11 PATRICIA A. GIAMBRONE Notary Public NORRISTOWN BOROUGH, MONTGOMERY COUNTY, PA.	Signature of Eileen Whalon Behr SIGNATURE OF CANDIDATE Eileen Whalon Behr PRINTED NAME 210 941 0921 / 215 237 8713 AREA CODE DAYTIME TELEPHONE NUMBER
---	--