

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 <i>Mark Levy</i>									
STREET ADDRESS <i>2113 Sierra Rd</i>									
CITY <i>Plymouth Meeting</i>			STATE <i>PA</i>		ZIP CODE <i>19469</i>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>		<i>Prothonotary</i>		<i>N/A</i>	<i>DEM</i>	MO.	DAY	YEAR	
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	MO.	DAY	YEAR
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0-</i> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0-</i>		<i>6</i>	<i>7</i>	<i>2011</i>	<i>10</i>	<i>24</i>	<i>2011</i>
		AMENDMENT REPORT?		YES	NO				
		TERMINATION REPORT?		YES	NO				
				<input type="checkbox"/>	<input checked="" type="checkbox"/>				
				<input type="checkbox"/>	<input checked="" type="checkbox"/>				
						FOR OFFICE USE ONLY			
						RECEIVED 2011 OCT 28 P 1:45 MONTGOMERY COUNTY OFFICES			

**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  
*28<sup>th</sup>* DAY OF *October* 20 *11*

*[Signature]*  
 SIGNATURE

MY COMMISSION EXPIRES *May* *10* *2015*  
 MO. DAY YR.

*[Signature]*  
 SIGNATURE OF PERSON SUBMITTING REPORT

*Mark Levy*  
 PRINTED NAME

*267* *738-6536*  
 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, 1952 (P.L. 1952-320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

*[Signature]*  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

*[Signature]*  
 SIGNATURE OF CANDIDATE

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

\_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER

**NOTARIAL SEAL**  
**LISA J MURRAY**  
 Notary Public  
 HARRISBURG, PENNSYLVANIA  
 My Commission Expires May 10, 2015