

# CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <u>                    </u>		Report Filed By: <u>                    </u>		CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>
Name of Filing Committee, Candidate or Lobbyist: <u>FRIENDS OF LINDA M. HEE</u>						
Street Address: <u>1517 EDGE HILL ROAD</u>						
City: <u>ADAMINGTON</u>			State: <u>PA</u>	Zip Code: <u>19001</u>		
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT <input checked="" type="checkbox"/>	YEAR <u>2011</u>	FILING METHOD ( ) CHECK ONE <input checked="" type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate: <u>MONTGOMERY COUNTY RECORDER OF DEEDS</u>			DATE OF ELECTION		District Number	Office Code
			MO. <u>11</u>	DAY <u>08</u>	YEAR <u>2011</u>	Party Code
					County Code	(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:			MO. <u>11</u>	DAY <u>29</u>	YEAR <u>2011</u>	To
			MO. <u>12</u>	DAY <u>31</u>	YEAR <u>2011</u>	
A. Amount Brought Forward From Last Report			\$		<u>569.62</u>	
B. Total Monetary Contributions and Receipts (From Schedule I)			\$		<u>500.00</u>	
C. Total Funds Available (Sum of Lines A and B)			\$		<u>1069.62</u>	
D. Total Expenditures (From Schedule III)			\$		<u>208.95</u>	
E. Ending Cash Balance (Subtract Line D from Line C)			\$		<u>860.67</u>	
F. Value of In-Kind Contributions Received (From Schedule II)			\$		<u>.00</u>	
G. Unpaid Debts and Obligations (From Schedule IV)			\$		<u>.00</u>	

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**AFFIDAVIT SECTION**

**PART I** - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, and complete.

Witnessed and subscribed before me this 8th day of January, 20 12

Signature: [Signature]

Commission expires MO. 11 DAY 09 YR. 12

Signature of Person Submitting Report: [Signature]

Printed Name: DAVID H. FLOYD

Area Code: 215 Daytime Telephone Number: 506-1512

**PART II** - If this is a report of a Candidate's Authorized Committee, candidate shall 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. No. 320) as amended.

Witnessed and subscribed before me this 8th day of January, 20 12

Signature: [Signature]

Commission expires MO. 8 DAY 23 YR. 12

Signature of Candidate: [Signature]

Printed Name: LINDA M. HEE

Area Code: (267) Daytime Telephone Number: 738-2234

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

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
KELLY HAFF, Notary Public  
City of Philadelphia, Pa.  
Commission Expires January 29, 2012

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS OF LINDA M-KEE</b>	Reporting Period From <b>11/20/2011</b> To <b>12/31/2011</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)	\$	<b>500.00</b>
All Other Contributions (Part B)	\$	
TOTAL for the Reporting Period	(2)	\$ <b>500.00</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
TOTAL for the Reporting Period	(3)	\$

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
TOTAL for the Reporting Period	(4)	\$

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$	<b>500.00</b>
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# 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 <b>FRIENDS OF LINDA M. HEE</b>	Reporting Period From <u>11/29/2011</u> To <u>12/31/2011</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <b>ROOPERS LOCAL 20 POLITICAL ACTION/UNION FC</b>	12	13	2011	\$ 250.00
Mailing Address <b>6447 TORRESMANO AVENUE</b>				\$
City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19135-</b>		\$
Full Name of Contributing Committee <b>SHEET METAL WORKERS UNION LOCAL 19</b>	12	13	2011	\$ 250.00
Mailing Address <b>1301 SOUTH COLUMBUS BLVD</b>				\$
City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19149-</b>		\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL  
\$ 500.00

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF LINDA M. HEE</b>	Reporting Period From <b>11/29/2011</b> To <b>12/31/2011</b>
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To Whom Paid <b>LINDA M-HEE</b>	MO.	DAY	YEAR	Amount \$ <b>170.00</b>
Mailing Address <b>1517 EDGE HILL ROAD</b>	Description of Expenditure <b>CANDIDATE CAMPAIGN</b>			
City <b>ARLINGTON</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19001-</b>		
EXPENSE REIMBURSEMENT				
To Whom Paid <b>DAVID H. PLOYD</b>	MO.	DAY	YEAR	Amount \$ <b>98.85</b>
Mailing Address <b>1608 UPLAND AVENUE</b>	Description of Expenditure <b>CERTIFIED MAIL CAMP</b>			
City <b>JOHNSTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17046-</b>		
FINANCE - ALL 2011 POSTAGE				
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
-				
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
-				
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
-				
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
-				
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
-				
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
-				
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
-				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
**\$ 208.85**