

# 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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup>		
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF EILEEN WHALON BEHR</b>										
Street Address: <b>4035 LA FRANCE ROAD (P.O. Box 145)</b>										
City: <b>PLYMOUTH MEETING</b>					State: <b>PA</b>		Zip Code: <b>19462</b>			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>		2ND FRIDAY PRE-ELECTION <sup>5.</sup> <input checked="" type="checkbox"/>		30 DAY POST ELECTION <sup>6.</sup>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	ANNUAL REPORT <sup>7.</sup>		YEAR <input type="checkbox"/>		FILING METHOD ( ) CHECK ONE <input checked="" type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate: <b>MONTGOMERY COUNTY SHERIFF</b>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code
					MO. DAY YEAR <b>11 5 2013</b>		MONTGOMERY <b>ALL</b>		<b>REP</b>	<b>46</b>
(SEE INSTRUCTIONS FOR CODES!)										
Summary of Receipts and Expenditures from:			MO. DAY YEAR <b>6 11 2013</b>		MO. DAY YEAR <b>10 21 2013</b>		FOR OFFICE USE ONLY OFFICE OF VOTER SERVICES MONTGOMERY COUNTY, PA OCT 16 AM 8:45 RECEIVED			
A. Amount Brought Forward From Last Report			\$		<b>5105.62</b>					
B. Total Monetary Contributions and Receipts (From Schedule I)			\$		<b>50.00</b>					
C. Total Funds Available (Sum of Lines A and B)			\$		<b>5155.62</b>					
D. Total Expenditures (From Schedule III)			\$		<b>525.00</b>					
E. Ending Cash Balance (Subtract Line D from Line C)			\$		<b>4630.62</b>					
F. Value of In-Kind Contributions Received (From Schedule II)			\$							
G. Unpaid Debts and Obligations (From Schedule IV)			\$							

### 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, correct and complete.

Sworn to and subscribed before me this 15th day of October

NOTARIAL SEAL  
 PATRICIA A. GIAMBRONE  
 20 13 Notary Public  
 NORRISTOWN BOROUGH, MONTGOMERY COUNTY  
 My Commission Expires Dec. 13, 2015

*[Signature]*  
 Signature of Person Submitting Report  
 Printed Name Andrew Sharky

My commission expires 12 13 2016  
 MO. DAY YR.

215 370-3090  
 Area Code Daytime Telephone Number

**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. 1333, No. 320) as amended.

Sworn to and subscribed before me this 15th day of October

NOTARIAL SEAL  
 PATRICIA A. GIAMBRONE  
 Notary Public  
 NORRISTOWN BOROUGH, MONTGOMERY COUNTY  
 My Commission Expires Dec. 13, 2015

*[Signature]*  
 Signature of Candidate  
 Printed Name Eileen Whalon Behr

My commission expires 12 13 2016  
 MO. DAY YR.

210 941 0921  
 Area Code Daytime Telephone Number

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

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS OF EILEEN WALTON BEAR</b>	Reporting Period From <u>6-11-2013</u> To <u>10-21-2013</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	(1)	\$ <b>50-</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <del>0</del>
All Other Contributions (Part B)		\$ <del>0</del>
TOTAL for the Reporting Period	(2)	\$ <del>0</del>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <del>0</del>
All Other Contributions (Part D)		\$ <del>0</del>
TOTAL for the Reporting Period	(3)	\$ <del>0</del>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	(4)	\$ <del>0</del>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <b>50-</b>
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**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>FRIENDS OF EILEEN WHALON BEHR</b>	Reporting Period From <b>6-11-2013</b> To <b>10-21-2013</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>PIONEER LODGE #37 FOP</b>	<b>7</b>	<b>30</b>	<b>2013</b>	<b>\$ 200</b>
Mailing Address <b>PO BOX 815</b>	Description of Expenditure <b>SPONSORSHIP</b>			
City <b>SKIPPACK PA 19474</b>	State	Zip Code (Plus 4) <b>-</b>		
<b>Americans for ITALIAN HERITAGE COUNCIL</b>	<b>7</b>	<b>10</b>	<b>2013</b>	<b>\$ 125</b>
Mailing Address <b>2650 AUDUBON ROAD</b>	Description of Expenditure <b>SPONSORSHIP</b>			
City <b>AUDUBON PA 19403</b>	State	Zip Code (Plus 4) <b>-</b>		
<b>Montgomery County Judges, c/o Donna Parisi</b>	<b>10</b>	<b>3</b>	<b>2013</b>	<b>\$ 150 -</b>
Mailing Address <b>408 PLYMOUTH BLVD</b>	Description of Expenditure <b>CONTRIBUTION FOR CAMPAIGN</b>			
City <b>Plymouth Meeting PA 19462</b>	State	Zip Code (Plus 4) <b>-</b>		
<b>Montgomery County Republican Cmttee.</b>	<b>10</b>	<b>3</b>	<b>2013</b>	<b>\$ 50 -</b>
Mailing Address <b>314 E Johnson Highway</b>	Description of Expenditure <b>Face Reception Tickets</b>			
City <b>Lewistown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>1940 -</b>		
To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		<b>-</b>		
To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		<b>-</b>		
To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		<b>-</b>		
To Whom Paid	MO.	DAY	YEAR	Amount
				<b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		<b>-</b>		

**PAGE TOTAL**  
**\$ 525 -**

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