

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	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Friends of Sheriff Russell J. Bono</i>									
STREET ADDRESS <i>40 EAST WALSH</i>									
CITY <i>NORRISTOWN</i>		STATE <i>PA</i>	ZIP CODE <i>19401</i>						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION					
				MO.	DAY	YEAR			
6TH TUESDAY PRE-PRIMARY	<i>Sheriff of Montgomery County</i>	<i>46</i>	<i>R</i>	<i>11</i>	<i>3</i>	<i>15</i>			
2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY					
30 DAY POST-PRIMARY				DATES OF REPORTING PERIOD					
6TH TUESDAY PRE-ELECTION				MO.	DAY	YEAR	MO.	DAY	YEAR
2ND FRIDAY PRE-ELECTION				<i>11</i>	<i>29</i>	<i>15</i>	<i>12</i>	<i>31</i>	<i>15</i>
30 DAY POST-ELECTION				CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>					
ANNUAL REPORT <input checked="" type="checkbox"/>				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>					
		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>				
		TERMINATION REPORT?	YES <input checked="" type="checkbox"/>	NO					

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
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 WHITNEY ROBIN DAVIS
 Notary Public
 NORRISTOWN BORO., MONTGOMERY CNTY.
 MY COMMISSION EXPIRES *MO. 26, 2018* DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
602 Cullen
 PRINTED NAME
610 275-2110
 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
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 WHITNEY ROBIN DAVIS
 Notary Public
 NORRISTOWN BORO., MONTGOMERY CNTY.
 MY COMMISSION EXPIRES *MO. 26, 2018* DAY YR.

[Signature]
 SIGNATURE OF CANDIDATE
Russell J. Bono
 PRINTED NAME
610 637-3490
 AREA CODE DAYTIME TELEPHONE NUMBER