

Commonwealth of Pennsylvania  
**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:	Report Filed By:	CANDIDATE <u>1</u>	COMMITTEE <u>2</u>	LOBBYIST <u>3</u>
			X	

Name of Filing Committee, Candidate or Lobbyist  
**Friends of Jane Hall**

Street Address:  
 261 E. Golf View Road

City: Ardmore State: PA Zip Code: 19003

TYPE OF REPORT  (Place X to the right of Report Type)	6th Tuesday Pre-Primary	1	2nd Friday Pre-Primary	2	30 Day Post Primary	3	Amendment Report?	Y/N
	6th Tuesday Pre-Election	4	2nd Friday Pre-Election	5 X	30 Day Post Election	6	Termination Report?	Y/N
	Annual Report	7	Year		Filing Method Check One		Paper x	Diskette

Name of Office Sought by Candidate	Date of Election	District number	Office Code	Party Code	County Code
Haverford Township Commissioner - 3rd ward	Month-Day-Year 11 8 2011	3rd	OTH	REP	23

Summary of Receipts and Expenditures From:	Month-Day-Year	TO	Month-Day-Year	FOR OFFICE USE ONLY
A. Amount Brought Forward from Last Report	9/20/2011		10/24/2011	
B. Total Monetary Contributions and Receipts (From Schedule I)				\$1,061.88
C. Total Funds Available (Sum of Lines A and B)				\$200.00
D. Total Expenditures (From Schedule III)				\$1,261.88
E. Ending Cash Balance (Subtract Line D from Line C)				\$967.38
F. Value of In-Kind Contributions Received (From Schedule II)				\$294.50
G. Unpaid Debts and Obligations (From Schedule IV)				\$0.00

COUNTY OF DELAWARE  
 BUREAU OF ELECTIONS  
 OCT 25 AM 9:56

**AFFIDAVIT SECTION**

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

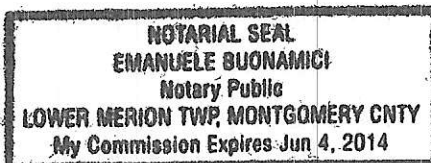
I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 23 <sup>rd</sup> day of OCTOBER 2011	<i>Judith O'Neil</i> Signature of person Submitting Report
<i>Emanuele Buonamico</i> Signature	JUDITH O'NEIL Printed Name
My Commission expires: 06/04/2014 MO. DAY YR.	610-642-3498 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 23 <sup>rd</sup> day of OCTOBER 2011	<i>Jane F. Hall</i> Signature of Candidate
<i>Emanuele Buonamico</i> Signature	JANE F. HALL Printed Name
My commission Expires: 06/04/2014 Mo. Day YR.	610 642-9652 Area Code Daytime Telephone Number



**SCHEDULE I  
CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

Name of Filing Committee or Candidate Friends of Jane Hall	Reporting Period		
	From	<u>9/20/2011</u>	To <u>10/24/2011</u>

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 or LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$0.00

<b>2. CONTRIBUTIONS \$50.01 to \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$0.00
All Other Contributions (Part B)		\$200.00
TOTAL for the Reporting Period	(2)	\$200.00

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$0.00
All Other Contributions (Part D)		\$0.00
TOTAL for the Reporting Period	(3)	\$0.00

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
TOTAL for the Reporting Period	(4)	\$0.00

<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>	\$200.00
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## PART B All Other Contributions

**\$50.01 TO \$250.00**

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A)

<b>Name of Filing Committee or Candidate</b> Friends of Jane Hall	<b>Reporting Period</b> From 9/20/2011 to 10/24/2011
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	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Full Name of Contributor</b> Hala and Michael Inrms	10	18	2011	\$200.00
<b>Mailing Address</b> 561 Barrett Avenue Haverford PA Zip Code 19003	MO.	DAY	YEAR	
<b>Full Name of Contributor</b>	MO.	DAY	YEAR	
<b>Mailing Address</b>	MO.	DAY	YEAR	
<b>City State Zip Code</b>	MO.	DAY	YEAR	
<b>Full Name of Contributor</b>	MO.	DAY	YEAR	
<b>Mailing Address</b>	MO.	DAY	YEAR	
<b>City State Zip Code</b>	MO.	DAY	YEAR	
<b>Full Name of Contributor</b>	MO.	DAY	YEAR	
<b>Mailing Address</b>	MO.	DAY	YEAR	
<b>City State Zip Code</b>	MO.	DAY	YEAR	
<b>Full Name of Contributor</b>	MO.	DAY	YEAR	
<b>Mailing Address</b>	MO.	DAY	YEAR	
<b>City State Zip Code</b>	MO.	DAY	YEAR	
<b>Full Name of Contributor</b>	MO.	DAY	YEAR	
<b>Mailing Address</b>	MO.	DAY	YEAR	
<b>City State Zip Code</b>	MO.	DAY	YEAR	
<b>Full Name of Contributor</b>	MO.	DAY	YEAR	
<b>Mailing Address</b>	MO.	DAY	YEAR	
<b>City State Zip Code</b>	MO.	DAY	YEAR	
<b>Full Name of Contributor</b>	MO.	DAY	YEAR	
<b>Mailing Address</b>	MO.	DAY	YEAR	
<b>City State Zip Code</b>	MO.	DAY	YEAR	

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

<b>PAGE TOTAL</b> \$ 200.00
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## SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b> Friends of Jane Hall	<b>Reporting Period</b> From 9/20/2011 to 10/24/2011
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To Whom Paid	MO.	DAY	YEAR	Amount
Mario Oliva	10	16	2011	\$ 288.20
<b>Mailing Address</b> 1215 Garfield Avenue		<b>Description of Expenditure</b> Reimbursement for post card mailing		
City Havertown	State PA	Zip Code 19083		
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<b>To Whom Paid</b>				
Mario Oliva	10	3	2011	\$ 21.18
<b>Mailing Address</b> 1215 Gardfield Avenue		<b>Description of Expenditure</b> Reimbursement for billboard flyer		
City Havertown	State PA	Zip Code 19083		
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<b>To Whom Paid</b>				
Patricia Binswanger	10	14	2011	\$ 658.00
<b>Mailing Address</b> 71 Park Ridge Dr		<b>Description of Expenditure</b> Reimbursement for leaf postage mailing		
City Bryn Mawr	State PA	Zip Code 19010		
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<b>To Whom Paid</b>				
<b>Mailing Address</b>		<b>Description of Expenditure</b>		
City	State	Zip Code		
<hr/>				
<b>To Whom Paid</b>				
<b>Mailing Address</b>		<b>Description of Expenditure</b>		
City	State	Zip Code		
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<b>To Whom Paid</b>				
<b>Mailing Address</b>		<b>Description of Expenditure</b>		
City	State	Zip Code		
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<b>To Whom Paid</b>				
<b>Mailing Address</b>		<b>Description of Expenditure</b>		
City	State	Zip Code		
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<b>To Whom Paid</b>				
<b>Mailing Address</b>		<b>Description of Expenditure</b>		
City	State	Zip Code		

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>	<b>Page Total</b>
	\$ 967.38