

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 : 7900537		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: MONTGOMERY CO DEM COM											
Street Address: 21 E AIRY ST											
City: NORRISTOWN					State: PA		Zip Code: 19401				
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?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2005	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	04			
					11	8	2005	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	1		12	31	2005			
A. Amount Brought Forward From Last Report					\$ 15,037.31						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 6,000.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 21,037.31						
D. Total Expenditures (From Schedule III)					\$ 14,784.57						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 6,252.74						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 40,194.43						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
MONTGOMERY CO DEM COM	From: To: <u>12/31/2005</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 6,000.00
TOTAL for the Reporting Period (3)	\$ 6,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 6,000.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

DATE			AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

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

Name of Filing Committee or Candidate MONTGOMERY CO DEM COM	Reporting Period From: To: <u>12/31/2005</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
MORRIS J. DENN					
Mailing Address ONE LOGAN SQUARE				12	31
City PHILADELPHIA State PA Zip Code (Plus 4) 191036998					
Employer Name BLANK ROME	Occupation ATTORNEY				
Employer Mailing Address/Principal Place of Business OEN LOGAN SQUARE	City PHILA.		State PA	Zip Code (Plus 4) 19103	

Full Name of Contributor	MO	DAY	YEAR		
BLANK ROME LLP					
Mailing Address ONE LOGAN SQUARE				12	31
City PHILADELPHIA State PA Zip Code (Plus 4) 191036998					
Employer Name ATTORNEYS	Occupation				
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)	

Full Name of Contributor	MO	DAY	YEAR		
CONSTANCE WILLIAMS					
Mailing Address 307 BENT ROAD				12	31
City HAVERFORD State PA Zip Code (Plus 4) 19041					
Employer Name STATE OF PA	Occupation STATE SENATOR				
Employer Mailing Address/Principal Place of Business	City HARRISBURG		State PA	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	6,000.00

PART E

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	
\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
MONTGOMERY CO DEM COM		From:	To: <u>12/31/2005</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL	
						\$ 0.00	

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MONTGOMERY CO DEM COM	From To: <u>12/31/2005</u>

			DATE	AMOUNT		
To Whom Paid WACHOVIA BANK			MO	DAY	YEAR	\$ 36.00
Mailing Address						
City NORRISTOWN	State PA	Zip Code (Plus 4)	Description of Expenditure BANK SERVICE CHARGES			
To Whom Paid STEVEN MORRIS, JR.			MO	DAY	YEAR	\$ 76.32
Mailing Address 2828 GRANT AVE.			12	8	2005	
City HATFIELD	State PA	Zip Code (Plus 4)	Description of Expenditure REIMBURSEMENT FOR PHONE CARD DURING ELECTION			
To Whom Paid STEPHEN MCCARTER			MO	DAY	YEAR	\$ 400.00
Mailing Address 211 W. WAVERLY RD			12	8	2005	
City GLENSIDE	State PA	Zip Code (Plus 4)	Description of Expenditure REIMBURSEMENT FOR ROBO CALLS MADE FOR CHRIS CERSKI			
To Whom Paid PETTY CASH MCDC			MO	DAY	YEAR	\$ 35.50
Mailing Address 14 W. MARSHALL ST			12	31	2005	
City NORRISTOWN	State PA	Zip Code (Plus 4)	Description of Expenditure VARIOUS CAMPAIGNS COPIES			
To Whom Paid MONTGOMERY COUNTY COPE			MO	DAY	YEAR	\$ 1,275.00
Mailing Address 3031 WALTON ROAD BLDG C			12	2	2005	
City PLYMOUTH MEETING	State PA	Zip Code (Plus 4) 19426	Description of Expenditure DINNER TICKETS AND AD SPACE FOR COPE DINNER			

To Whom Paid POSTMASTER			MO	DAY	YEAR	\$ 469.40
Mailing Address			12	29	2005	
City NORRISTOWN	State PA	Zip Code (Plus 4)	Description of Expenditure POSTAGE			

To Whom Paid CHELTENHAM PRINTING			MO	DAY	YEAR	\$ 1,869.84
Mailing Address 518 RYERS AVE. BLDG 2			12	8	2005	
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Description of Expenditure PRINTING AD BOOK			

To Whom Paid STAPLES			MO	DAY	YEAR	\$ 4.21
Mailing Address BOX 182378			12	8	2005	
City COLUMBUS	State OH	Zip Code (Plus 4) 43218	Description of Expenditure SERVICE CHARGES			

To Whom Paid STAPLES			MO	DAY	YEAR	\$ 29.51
Mailing Address BOX 182378			12	8	2005	
City COLUMBUS	State OH	Zip Code (Plus 4) 43218	Description of Expenditure SERVICE CHARGES			

To Whom Paid PECO ENERGY			MO	DAY	YEAR	\$ 2.87
Mailing Address PO BOX 13437			12	8	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191620437	Description of Expenditure SERVICE CHARGES			

To Whom Paid B WEAND			MO	DAY	YEAR	\$ 25.00
Mailing Address 1010 N. EVANS ST.			12	8	2005	
City POTTSTOWN	State PA	Zip Code (Plus 4) 19464	Description of Expenditure FOOD FOR EXECUTIVE MEETING			

To Whom Paid PETTY CASH MCDC			MO	DAY	YEAR	\$ 23.95
Mailing Address 14 W. MARSHALL ST			12	31	2005	
City NORRISTOWN	State PA	Zip Code (Plus 4)	Description of Expenditure SNACKS			

To Whom Paid PETTY CASH MCDC			MO	DAY	YEAR	\$ 3.55
Mailing Address 14 W. MARSHALL ST			12	31	2005	
City NORRISTOWN	State PA	Zip Code (Plus 4)	Description of Expenditure MISCELLANEOUS			

To Whom Paid TOSHIBA AMERICAN			MO	DAY	YEAR	\$ 217.78
Mailing Address P.O. BOX 642111			12	8	2005	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15264	Description of Expenditure LEASE			

To Whom Paid STAPLES			MO	DAY	YEAR	\$ 359.74
Mailing Address BOX 182378			12	8	2005	
City COLOMBUS	State OH	Zip Code (Plus 4) 43218	Description of Expenditure OFFICE EXPENSE			

To Whom Paid B WEAND			MO	DAY	YEAR	\$ 512.28
Mailing Address 1010 N. EVANS ST.			12	15	2005	
City POTTSTOWN	State PA	Zip Code (Plus 4) 19464	Description of Expenditure HEALTH CARE REIMBURSEMENT			

To Whom Paid WACHOVIA BANK			MO	DAY	YEAR	\$ 147.77
Mailing Address			12	31	2005	
City NORRISTOWN	State PA	Zip Code (Plus 4)	Description of Expenditure PAYROLL TAXES			

To Whom Paid STEVEN MORRIS, JR.			MO	DAY	YEAR	\$ 1,666.66
Mailing Address 2828 GRANT AVE.						
City HATFIELD	State PA	Zip Code (Plus 4)	Description of Expenditure PAYROLL			

To Whom Paid B WEAND			MO	DAY	YEAR	\$ 3,125.00
Mailing Address 1010 N. EVANS ST.						
City POTTSTOWN	State PA	Zip Code (Plus 4) 19464	Description of Expenditure PAYROLL			

To Whom Paid PETTY CASH MCDC			MO	DAY	YEAR	\$ 37.00
Mailing Address 14 W. MARSHALL ST			12	31	2005	
City NORRISTOWN	State PA	Zip Code (Plus 4)	Description of Expenditure POSTAGE			

To Whom Paid RON STRAUSSBURG			MO	DAY	YEAR	\$ 600.00
Mailing Address 134 HUNTERS RUN			12	8	2005	
City KING OF PRUSSIA	State PA	Zip Code (Plus 4) 19406	Description of Expenditure RENT			

To Whom Paid RON STRAUSSBURG			MO	DAY	YEAR	\$ 600.00
Mailing Address 134 HUNTERS RUN			12	8	2005	
City KING OF PRUSSIA	State PA	Zip Code (Plus 4) 19406	Description of Expenditure RENT			

To Whom Paid VERIZON			MO	DAY	YEAR	\$ 1,599.19
Mailing Address P.O. BOX 9000			12	8	2005	
City ANNAPOLIS	State MD	Zip Code (Plus 4) 21401	Description of Expenditure TELEPHONE			

To Whom Paid VERIZON			MO	DAY	YEAR	
Mailing Address P.O. BOX 9000			12	8	2005	
City ANNAPOLIS	State MD	Zip Code (Plus 4) 21401	Description of Expenditure TELEPHONE			

To Whom Paid PECO ENERGY			MO	DAY	YEAR	
Mailing Address PO BOX 13437			12	8	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191620437	Description of Expenditure UTILITIES			

To Whom Paid PECO ENERGY			MO	DAY	YEAR	
Mailing Address PO BOX 13437			12	8	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191620437	Description of Expenditure UTILITIES			

To Whom Paid PECO ENERGY			MO	DAY	YEAR	
Mailing Address PO BOX 13437			12	29	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191620437	Description of Expenditure UTILITIES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 14,784.57

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate MONTGOMERY CO DEM COM				Reporting Period From: To: <u>12/31/2005</u>			
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DATE						Outstanding Balance of Debt		
Name of Creditor CHELTENHAM PRINTING					MO	DAY	YEAR	\$ 5,474.73
Mailing Address 518 RYERS AVE. BLDG. 2					12	31	2005	
City CHELTENHAM	State PA		Zip Code (Plus 4) 19012		Description of Debt PRINTING			

DATE						Outstanding Balance of Debt		
Name of Creditor COUNTY OF MONTGOMERY					MO	DAY	YEAR	\$ 79.50
Mailing Address					12	31	2005	
City NORRISTOWN	State PA		Zip Code (Plus 4)		Description of Debt COPIES			

DATE						Outstanding Balance of Debt		
Name of Creditor CROWNE PLAZA HOTEL VALLEY FORGE					MO	DAY	YEAR	\$ 8,860.68
Mailing Address 260 MALL BLVD					12	31	2005	
City KING OF PRUSSIA	State PA		Zip Code (Plus 4) 19406		Description of Debt FUNDRAISER			

DATE						Outstanding Balance of Debt		
Name of Creditor CRYSTAL SPRINGS					MO	DAY	YEAR	\$ 25.51
Mailing Address					12	31	2005	
City	State		Zip Code (Plus 4)		Description of Debt			

DATE							Outstanding Balance of Debt
Name of Creditor GLOBAL STRATEGY GROUP, LLC				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 35 S RAYMOND AVE				12	31	2005	
City PASSADENA	State CA	Zip Code (Plus 4) 91105		Description of Debt POLL			
DATE							Outstanding Balance of Debt
Name of Creditor INETCORE				MO	DAY	YEAR	\$ 135.00
Mailing Address							
City	State	Zip Code (Plus 4)		Description of Debt			
DATE							Outstanding Balance of Debt
Name of Creditor JUNTO SOLUTIONS				MO	DAY	YEAR	\$ 18,000.00
Mailing Address 1419 GWENDALE WAY				12	31	2005	
City LANSDALE	State PA	Zip Code (Plus 4) 19446		Description of Debt CONSULTING			
DATE							Outstanding Balance of Debt
Name of Creditor PAYROLL TAXES				MO	DAY	YEAR	\$ 759.36
Mailing Address WACHOVIA BANK				12	31	2005	
City	State	Zip Code (Plus 4)		Description of Debt			
DATE							Outstanding Balance of Debt
Name of Creditor STAPLES				MO	DAY	YEAR	\$ 1,797.21
Mailing Address BOX 182378				12	31	2005	
City COLOMBUS	State OH	Zip Code (Plus 4) 43218		Description of Debt OFFICE EXPENSES			

				DATE			Outstanding Balance of Debt
Name of Creditor TOSHIBA AMERICAN INFO SYSTEMS			MO	DAY	YEAR	\$ 239.78	
Mailing Address P.O. BOX 642111			12	31	2005		
City PITTSBURGH	State PA	Zip Code (Plus 4) 15264	Description of Debt LEASE				
				DATE			Outstanding Balance of Debt
Name of Creditor VERIZON			MO	DAY	YEAR	\$ (177.34)	
Mailing Address P.O. BOX 9000			12	31	2005		
City ANNAPOLIS	State MD	Zip Code (Plus 4) 21401	Description of Debt TELEPHONE				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 40,194.43	