# **Campaign Finance Report**

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

							CANDI	DATE	COM	MITTEE		LOB	BYIST	
Filer Identificati Number :	ion 20	08016			Repor Filed E		CANDI		COM	MITTEE	✓	2001	51151	
Name of Filing C	Committee, Can	didate or L	obbyist:		STEPHE	ENS, T	ODD FRI	ENDS O	F		-			
Street Address:	PO BOX 95	5					_							
City:	HORSHAM						State: PA Zip Code: 19044							
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMAR	DAY PRE	- 2.	30 DA PRIMA		POST- 3		AMENDMENT REPORT?		Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIC	iday pre DN	- 5. <b>X</b>	30 DA		POST- 6		TERMINATION Yes No REPORT?			No	$\checkmark$
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 20	09			NG METHO CHECK O			PAPER		$\checkmark$	DISKE	TTE
Name of Office S	L Sought by Cand	idate:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR		STH	REP	1	
REPRESENTATI	IVE IN THE GET	NEKAL AS	SEMDLI				11	3	3 2009		(SEE INS	STRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1	1 2	009 <b>T</b>	0	10	19	2009					
A. Amount Bro	ught Forward F	rom Last I	Report			\$			4,717.85					
B. Total Monet	ary Contributio	ns And Re	ceipts (Fr	om Sche	dule I)	\$		2,014.74						
C. Total Funds	Available (Sum	Of Lines /	A and B)			\$			6,732.59					
D. Total Expen	ditures (From S	Schedule I	11)			\$			1,692.29					
E. Ending Cash	Balance (Subt	ract Line D	From Lir	ne C)		\$			5,040.30	-				
	Kind Contributi		•		le II)	\$			0.00	-				
G. Unpaid Deb	ts And Obligatio	ons (From	Schedule	IV)		\$			0.00					
				AFF	IDAVI	T SE	CTION							
PART I - If this is												vladaa	and hali	of true
correct and compl			e attacheu	scheuules	s mea on	рареі	of by elect		iuiii, are to	the best t	n niy knov	vieuge		er, true
Sworn to and subs	scribed before me day of	this	20						Signatur	e of Perso	on Submitt	ing Rep	oort	
	Sign	ature	-			_				Prir	nted Name			
My Commission E	xpires					_				Ema	il			
	мо	C	YAY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authoriz	ed Comn	nittee, C	Candid	ate shall	sign her	e.					
I swear (or affirm) No 320) as amendo		of my know	ledge and l	belief this	political	comm	iittee has n	ot violate	d any provis	sions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me t day of	his	20						5	Signature	of Candida	ite		
						_				Printe	ed Name			
	Signatu	ire				_				Ema	ail			
My Commission Exp	oires					_					···			
	мо		DAY	YR				Area Co	ode	D	aytime Te	elephon	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period						
STEPHENS, TODD FRIENDS OF	<u>1/1/200</u>	<u>9</u> To:	<u>10/19/2009</u>					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reportin	g 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 Reportin	\$	0.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	1,988.64				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reportin	g Period	(3)	\$	1,988.64				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)								
TOTAL for the Reportin	g Period	(4)	\$	26.10				
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	2,014.74					

# PART A

# 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				Reporting Period					
			Fro	om:		То	:		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	PAGE TOTAL	

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

0.00

\$

PAGE 3

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 Candidat	e			orting P	eriod	_			
			Fro	m:		Тс	):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	0.00	

#### PAGE 5

## 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						
STEPHENS, TODD FRIENDS OF Fr				<u>1/</u>	1/2009	То:	10/19/2009			
				DA	ТЕ		A	MOUNT		
Full Name of Contributing Commit FRIENDS OF BOB SANDER	tee			мо	DAY	YEAR				
Mailing Address PO BOX 1131							\$	1,988.64		
City NORRISTOWN	<b>State</b> PA	<b>Zip Cod</b> 19404	e (Plus 4)	9	17	2009				
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	<b>PAGE TOTAL</b> 1,988.64		

## 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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

#### 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 Candio	Name of Filing Committee or Candidate Report				orting Period					
STEPHENS, TODD FRIENDS OF			From:		<u>1/1/200</u>	<u>9</u> To:		<u>10/19/2009</u>		
				D	ATE			AMOUNT		
Full Name										
EFAX PLUS SERVICE				мо	DAY	YEAR				
Mailing Address 6922 HOLLYWC	DOD BLVD						4	<b>7</b> .10		
City LOS ANGELES	State	Zip Code (	Plus 4)	8	14	200	9			
	CA	90028								
Receipt Description REFUND										
Full Name WACHOVIA BANK				мо	DAY	YEAR				
Mailing Address MAIN ST							4	<b>1</b> 9.00		
City NORRISTOWN	State	Zip Code (	Plus 4)	9	10	200	9			
	РА	19401								
Receipt Description REFUND	I	1		1	1	I				
			-					PAGE TOTAL		
Enter Grand Total of Part E on Scl	hedule I, Detailed	l Summary Page,	Section	4.			\$	26.10		

## 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		
STEPHENS, TODD FRIENDS OF	From:	<u>1/1/2009</u> <b>То:</b>	<u>10/19/2009</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſ F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

#### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
	From:			То:				
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State	Zip Code(Plus 4)								
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of Business				State	e Zip ( 4)		Code(Plus	ode(Plus Descrij		Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
STEPHENS, TODD FRIENDS OF			From	<u>1/</u>	<u>1/2009</u>	То:	<u>10/19/2009</u>		
					DATE				
To Whom Paid ALFRED F. ZOLLERS				мо	DAY	YEAR			
Mailing Address 300 E MORELND AVE			6	11	2009	\$	100.00		
City HATBORO	HATBORO State Zip Code (Plus 4) PA 19040			Description of Expenditure OFFICE SUPPLIES					
To Whom Paid USPS - HATBORO			мо	DAY	YEAR				
Mailing Address POST OFFICE			6	16	2009	\$	6.93		
City HATBORO		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19040	Description of Expenditure POSTAGE					
To Whom Paid LLC PATHFINDER COMMUNICATIONS			мо	DAY	YEAR				
Mailing Address	603 SWEDESFORD F	RD		6	29	2009	\$	410.00	
City MALVERN	MALVERN State Zip Code (Plus 4) PA 19355			Description of Expenditure WEB SITE					
To Whom Paid FLS CONNECT			мо	DAY	YEAR				
Mailing Address	7300 HUDSON BLVD	)		7	1	2009	\$	300.00	
City ST PAUL		<b>State</b> MN	<b>Zip Code (Plus 4)</b> 55128	Description of Expenditure CAMPAIGN EXPENSES					
To Whom Paid WACHOVIA BANK				мо	DAY	YEAR			
Mailing Address	Mailing Address MAIN ST			7	10	2009	\$	19.00	
CityNORRISTOWNStateZip Code (Plus 4)PA19401			Description of Expenditure SERVICE CHARGE						

							Г <i>1</i>	AGE 12
To Whom Paid EFAX PLUS SERVICE				мо	DAY	YEAR		
Mailing Address 6922 HOLLYWOOD BLVD				7	13	2009	\$	16.95
City LOS ANGELES		StateZip Code (Plus 4)CA90028			otion of Exp OPERATIC			
To Whom Paid WACHOVIA BANK					DAY	YEAR		
Mailing Address MAIN ST				8	11	2009	\$	19.00
City NORRISTOWN	YNORRISTOWNStateZip Code (Plus 4)PA19401			Description of Expenditure SERVICE CHARGE				
To Whom Paid WEST NORRITON REP (	СОМ			мо	DAY	YEAR		
Mailing Address PO E	BOX 383			9	22 2009 <b>\$</b> 50.0			
City NORRISTOWN		State PA	<b>Zip Code (Plus 4)</b> 19404	Description of Expenditure TICKETS				
<b>To Whom Paid</b> ATRO				мо	DAY	YEAR		
Mailing Address PO BOX 615								
Mailing Address PO E	BOX 615			9	15	2009	\$	200.00
Mailing Address PO E	BOX 615	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19001	-	tion of Exp		\$	200.00
<b>C</b>				Descrip	tion of Exp		\$	200.00
City ABINGTON To Whom Paid LOWER PROVIDENCE R				<b>Descrip</b> TICKET	i <b>tion of Exp</b> S	penditure	\$	200.00
City ABINGTON To Whom Paid LOWER PROVIDENCE R	REP COM			Descrip TICKET MO 9	DAY 15 tion of Exp	YEAR 2009		
City ABINGTON To Whom Paid LOWER PROVIDENCE R Mailing Address PO E City AUDUBON	REP COM	PA	19001 Zip Code (Plus 4)	Descrip TICKET MO 9 Descrip	DAY 15 tion of Exp	YEAR 2009		
City ABINGTON To Whom Paid LOWER PROVIDENCE R Mailing Address PO E City AUDUBON To Whom Paid HILTON HOTEL Mailing Address	REP COM	PA State PA	19001 Zip Code (Plus 4)	Descrip TICKET MO 9 Descrip TICKET	tion of Exp S DAY 15 tion of Exp S	YEAR 2009 Denditure		

To Whom Paid HILTON HOTEL	мо	DAY	YEAR					
Mailing Address ONE NORTH S	9	28	2009	\$		44.00		
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101		<b>ition of Exp</b> DATE MTG				
To Whom Paid CROWNE PLAZA HOTEL	мо	DAY	YEAR					
Mailing Address 23 S SECOND ST				28	2009	\$		109.89
City HARRISBURG	BURG State Zip Code (Plus 4) PA 17101			Description of Expenditure CANDIDATE MTG EXPENSE				
To Whom Paid SILVESTRI RESTAURANT			мо	DAY	YEAR			
Mailing Address HORSHAM RD			10	2	2009	\$		21.52
City AMBLER	<b>State</b> PA	Zip Code (Plus 4)	Description of Expenditure CANDIDATE MTG EXPENSE					
To Whom Paid WENDY DEMCHIDK-ALLOY FOR JU	JDGE		мо	DAY	YEAR			
	JDGE					\$		50.00
WENDY DEMCHIDK-ALLOY FOR JU	JDGE State PA	<b>Zip Code (Plus 4)</b> 19404	<b>мо</b> 10	DAY 9 tion of Exp	<b>YEAR</b> 2009			50.00
WENDY DEMCHIDK-ALLOY FOR JU Mailing Address PO BOX 389	State	Zip Code (Plus 4)	<b>MO</b> 10 <b>Descrip</b>	DAY 9 tion of Exp	<b>YEAR</b> 2009			50.00
WENDY DEMCHIDK-ALLOY FOR JU Mailing Address PO BOX 389 City NORRISTOWN To Whom Paid	State	Zip Code (Plus 4)	MO 10 Descrip TICKET	DAY 9 tion of Exp S	YEAR 2009 Denditure			50.00
WENDY DEMCHIDK-ALLOY FOR JU Mailing Address PO BOX 389 City NORRISTOWN To Whom Paid UPPER MORELAND REP COM	State	Zip Code (Plus 4)	MO 10 Descrip TICKET MO 10	DAY 9 tion of Exp S DAY 9 tion of Exp	YEAR 2009 Denditure YEAR 2009	\$		
WENDY DEMCHIDK-ALLOY FOR JU Mailing Address PO BOX 389 City NORRISTOWN To Whom Paid UPPER MORELAND REP COM Mailing Address PO BOX 404	State PA State	Zip Code (Plus 4) 19404 Zip Code (Plus 4)	MO 10 Descrip TICKET MO 10 Descrip	DAY 9 tion of Exp S DAY 9 tion of Exp	YEAR 2009 Denditure YEAR 2009	\$		
WENDY DEMCHIDK-ALLOY FOR JU Mailing Address PO BOX 389 City NORRISTOWN To Whom Paid UPPER MORELAND REP COM Mailing Address PO BOX 404 City WILLOW GROVE To Whom Paid	State PA State	Zip Code (Plus 4) 19404 Zip Code (Plus 4)	MO 10 Descrip TICKET MO 10 Descrip TICKET	DAY 9 tion of Exp S DAY 9 tion of Exp S	YEAR 2009 Penditure YEAR 2009 Penditure	\$		

To Whom Paid WHITPAIN TWP REP COM			мо	DAY	YEAR	
Mailing Address 1325 DEFLAVIS CIR			10	15	2009	\$ 100.00
CityBLUE BELLStateZip Code (Plus 4)PA19422				<b>ition of Exp</b> S		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$ <b>PAGE TOTAL</b> 1,692.29