Campaign Finance Report

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

Filer Identificati Number :	on 2005	296			Rep File			CAND	IDATE	COMMITTEE V LOBBYIST						
Name of Filing C	ommittee, Candid	ate or Lo	obbyist:	Ī	Frien	nds	of To	m Murt								
Street Address:	3728 MEYER	_N														
City:	HATBORO		_					State:	PA			Zip Cod	de: 1	9040		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	30 DA PRIMA		POST-	OST- 3.			IENT ?	Yes	No	\			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.						NY ΓΙΟΝ	POST-	6.		TERMINA REPORT	Yes	No	/	
report type)	ANNUAL REPORT	7. X	Year 2010					NG METH CHECK (PAPER		\	DISKE	TE
Name of Office S	ought by Candida	te:			•			DATE (OF ELE	СТ	ON	District Number	Office Code	Part	y Code	County Code
DEDDESENITATI	VE IN THE GENER)	EMRI V					МО	DAY		YEAR		STH	REP	•	46
KLIKESLNIAII	VE IN THE OLIVER	AL ASS	LMDLI					1:	1	2	2010		(SEE I	NSTRUCTIO	NS FOR C	ODES)
Summary of	•	МО	DAY	YEAR				МО	DAY		YEAR	FC	R OFFI	CE USE	ONLY	
Expenditures	irom:		1 1	20	010	Т	0	13	2	31	2010					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			29	,677.83					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			29	,677.83					
D. Total Expend	ditures (From Sch	edule II	I)				\$				573.58					
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			29	,104.25					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedul	le II))	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	chedule IV)			\$				0.00			•		
				AFF.	IDA	VI	T SE	CTION								
PART I - If this is	a Committee rep	ort, trea	surer sign l	nere. I	If this	s is	a Car	ndidate ı	eport,	can	didate si	gn here.				
I swear (or affirm) correct and comple	that this report, inclete.	uding the	attached sch	edules	filed	on	paper	or by elec	tronic n	nediu	ım, are to	the best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me this day of	3	20								Signature	e of Perso	n Submi	tting Repo	ort	
	Signatu	re					-					Prin	ted Nam	ie		
My Commission Ex	pires						_					Ema	il			
	мо	D	AY	YR					Aı	rea C	ode	Daytim	e Telep	hone Nun	nber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee	e, C	andid	ate shal	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	ical	comm	ittee has	not viola	ated	any provis	ions of th	e act of	June 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature (of Candi	date		— I
	day of						-					Printe	d Name			<u> </u>
	Signature						-									
My Commission Exp	ires											Ema	II			
	мо	D	AY	YR			-		Area	Cod	e	D	aytime '	Telephone	Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
Friends of Tom Murt	From:	1/1/201	<u>0</u> To:	12/31/2010
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)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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 Filling Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	0.00

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 Cano	didate			Rep	orting Pe	riod			
				Fro	m:		To):	
			·		D	ATE		AN	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Princip Business	al Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Secti	on 3.			P	AGE TOTAL
								\$ 	0.00

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		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	Section				\$	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		
Friends of Tom Murt	From:	<u>1/1/2010</u> To:	12/31/2010
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,	<u> </u>	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	lame of Filing Committee or Candidate Rep						
	Fro						
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate					porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	r Candidate		Reporti	ng Period			
Friends of Tom Murt			From	<u>1/:</u>	1/2010	То:	12/31/2010
				DATE			AMOUNT
To Whom Paid Greater Hatboro Chamber o	of Commerce		МО	DAY	YEAR		
Mailing Address 220 S. Ye	ork Road		11	29	2010	\$	50.00
City Hatboro State Zip Code (Plus 4) PA 19040				otion of Exp	enditure		
To Whom Paid A. Della Franzia, Trustee	МО	DAY	YEAR				
Mailing Address 42 Penn Street				28	2010	\$	49.67
City Hatboro	State PA	Zip Code (Plus 4) 19040	Descrip final ut	otion of Exp	enditure		
To Whom Paid Bux-Mont Office Supply	·		мо	DAY	YEAR		
Mailing Address 10 N. Yo	ork Road		12	20	2010	\$	393.14
City Hatboro	State PA	Zip Code (Plus 4) 19040	Descrip copies	otion of Exp	enditure		
To Whom Paid Verizon			МО	DAY	YEAR		
Mailing Address P.O. Box 15026				20	2010	\$	80.77
City Albany	State Zip Code (Plus 4) NY 12212			otion of Exp) phone bill			
Firther County Total of Eve					PAGE TOTAL		
Enter Grand Total of Expe	anditures on Page 1, Re	port Cover Page, Item L).			_ ا	F72 F0

573.58