

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 ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
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Name of Filing Committee, Candidate or Lobbyist: **POTTSTOWN CITIZENS FOR RESPONSIBLE GOVERNMENT**

Street Address: **222 CHESTNUT ST.**

City: **POTTSTOWN** State: **PA** Zip Code: **19464 - 5508**

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
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER		DISKETTE

Name of Office Sought by Candidate:	DATE OF ELECTION MO. DAY YEAR 11 8 2011	District Number	Office Code	Party Code	County Code
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(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR
	10 24 2011		11 28 2011
A. Amount Brought Forward From Last Report	\$ 741.41		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 200.00		
C. Total Funds Available (Sum of Lines A and B)	\$ 1541.41		
D. Total Expenditures (From Schedule III)	\$ 1391.13		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 150.28		
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

FOR OFFICE USE ONLY

RECEIVED

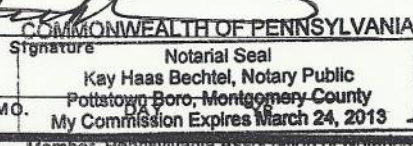
2011 DEC -5 A 11:35

OFFICE OF VOTER SERVICES
MONTG. CO. PA

AFFIDAVIT SECTION

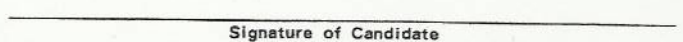
PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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 1st day of December 20 11		Signature of Person Submitting Report Thomas Hylton
My commission expires		Printed Name THOMAS HYLTON
		Area Code 610 Daytime Telephone Number 323-6837

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	
Signature	
My commission expires	Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate POTTSTOWN CITIZENS FOR RESPONSIBLE GOVERNMENT	Reporting Period From <u>10-29-2011</u> To <u>11-28-2011</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	(1)	\$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ <u>800</u>
TOTAL for the Reporting Period	(3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	(4)	\$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <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>		\$ <u>800</u>
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**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 POTTSTOWN CITIZENS FOR RESPONSIBLE GOVERNMENT	Reporting Period From <u>10-24-2011</u> To <u>11-28-2011</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
THOMAS HYLTON	11	14	2011	\$ 800
Mailing Address 222 CHESTNUT STREET	MO.	DAY	YEAR	\$
City POTTSTOWN	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19464-5508			\$
Employer Name SELF	Occupation WRITER			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4) -			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4) -			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4) -			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4) -			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$ **800**

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 4 of 4

Pottstown Citizens for Responsible Government From 10-24-2011 To 11-28-2011

Check No.	Date	To Whom Paid	Description of Expense	Amount
228	10-31-2011	PA Mailers 48 S. Reading Avenue Boyertown, PA 19512-0548	Mailing campaign literature	\$383.13
229	11-3-2011	Drawing Board 526 Walnut Street Reading, PA 19601	Designing newspaper supplement	\$140.00
230	11-3-2011	PA Mailers 48 S. Reading Avenue Boyertown, PA 19512-0548	Mailing campaign literature	\$15.00
231	11-11-2011	Boyertown Publishing Co. 48 S. Reading Avenue Boyertown, PA 19512-0548	Printing campaign literature	853.00
TOTAL				\$1391.13