

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Joseph C. Gale</i>								
STREET ADDRESS <i>628 Laurel Rd.</i>								
CITY <i>Plymouth Meeting</i>			STATE <i>PA</i>	ZIP CODE <i>19462</i>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY		<i>Montgomery County Commissioner</i>			<i>Rep.</i>	MO.	DAY	YEAR
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD		MO.	DAY	YEAR		
<input type="checkbox"/> 30 DAY POST-PRIMARY		11 28 2016 TO 12 31 2016						
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: \$		0 ⁰⁰		FOR OFFICE USE ONLY RECEIVED 2017 JAN 30 AM 11:39 VOTER SERVICES MONTGOMERY COUNTY		
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0 ⁰⁰				
<input type="checkbox"/> 30 DAY POST-ELECTION		AMENDMENT REPORT?		YES	NO			
<input checked="" type="checkbox"/> ANNUAL REPORT		TERMINATION REPORT?		YES	NO			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 30 DAY OF January 2017

Jennifer M. Nelson
 SIGNATURE

Joseph C. Gale
 SIGNATURE OF PERSON SUBMITTING REPORT

Joseph C. Gale
 PRINTED NAME

484 AREA CODE 941-1202 DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 JENNIFER M NELSON
 Notary Public
 WEST CONSHOHOCKEN BORO, MONTGOMERY CNTY
 My Commission Expires June 10 2019

WEST CONSHOHOCKEN BORO, MONTGOMERY CNTY
My Commission Expires June 10 2019

behalf of a Candidate's Authorized Committee, Candidate must 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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 MY COMMISSION EXPIRES MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER