

COMMONWEALTH OF PENNSYLVANIA  
**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 <b>John Trigg</b>							
STREET ADDRESS <b>3105 Hemmingway Dr</b>							
CITY <b>North Wales</b>		STATE <b>PA</b>	ZIP CODE <b>19454</b>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>Register of Wills</b>	DISTRICT NO. <b>46</b>	PARTY <b>Rep.</b>	DATE OF ELECTION			
				MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>			<b>5</b>	<b>21</b>	<b>2019</b>	
2ND FRIDAY PRE-PRIMARY	<input checked="" type="checkbox"/>						
30 DAY POST-PRIMARY	<input type="checkbox"/>						
6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>						
2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>						
30 DAY POST-ELECTION	<input type="checkbox"/>						
ANNUAL REPORT	<input type="checkbox"/>						
				FOR OFFICE USE ONLY			
				RECEIVED 2019 MAY -9 PM 4: 17 OFFICE OF VOTER SERVICES MONTG. CO. PA			
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	MO.	DAY	YEAR
		<b>1</b>	<b>1</b>	<b>19</b>	<b>5</b>	<b>6</b>	<b>19</b>
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>0</u>					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>0</u>					
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>		
TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>		

**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.

COMMONWEALTH OF PENNSYLVANIA SWORN TO AND SUBSCRIBED BEFORE ME THIS James Courtland Saling, Notary Public 1011 Day Pkwy, Montgomery County My Commission Expires March 29, 2021 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES SIGNATURE MO. DAY YR. <b>3 29 2021</b>	SIGNATURE OF PERSON SUBMITTING REPORT <b>John Trigg</b> PRINTED NAME AREA CODE <b>215</b> DAYTIME TELEPHONE NUMBER <b>941-9866</b>
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**PART II -**

If statement is filed on 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 MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____
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