

# 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>KARLEN GELD SANCHEZ</b>																		
STREET ADDRESS <b>356 EVERGREEN ROAD</b>																		
CITY <b>JENKINTOWN</b>		STATE <b>PA</b>	ZIP CODE <b>19046</b>															
TYPE OF REPORT (CHECK ONE)  1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <b>CONTROLLER</b> <b>COUNTY OF MONTGOMERY</b>		DISTRICT NO. <b>-</b>	PARTY <b>DEM</b>														
	DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>01</td><td>01</td><td>2019</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>05</td><td>06</td><td>2019</td></tr> </table>		MO.	DAY	YEAR	01	01	2019	MO.	DAY	YEAR	05	06	2019	DATE OF ELECTION MO. DAY YEAR <b>11 05 2019</b>		RECEIVED 2019 MAY -8 AM 9:43 OFFICE OF VOTER SERVICES MONTG. CO. PA	
	MO.	DAY	YEAR															
	01	01	2019															
	MO.	DAY	YEAR															
	05	06	2019															
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>1.00</u>																	
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>1.00</u>																	
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>														
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>														
<b>AFFIDAVIT SECTION</b>																		

**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 <u>7</u> DAY OF <u>May</u> 20 <u>19</u> SIGNATURE <u>Karlen Geld Sanchez</u> MY COMMISSION EXPIRES <u>6</u> <u>30</u> <u>2022</u> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <u>Karlen Geld Sanchez</u> PRINTED NAME <u>KARLEN GELD SANCHEZ</u> AREA CODE <u>215</u> DAYTIME TELEPHONE NUMBER <u>6653297</u>
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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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