

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 <i>Joseph C. Gale</i>								
STREET ADDRESS <i>628 Lawfall 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			
	<i>Montgomery County Commissioner</i>				<i>REP</i>			
		DATE OF ELECTION						
		MO.	DAY	YEAR				
		<i>5</i>	<i>21</i>	<i>2018</i>				
6TH TUESDAY PRE-PRIMARY	1.							
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>							
30 DAY POST-PRIMARY	3.							
6TH TUESDAY PRE-ELECTION	4.							
2ND FRIDAY PRE-ELECTION	5.							
30 DAY POST-ELECTION	6.							
ANNUAL REPORT	7.							
		DATES OF REPORTING PERIOD						
		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		<i>1</i>	<i>1</i>	<i>19</i>		<i>5</i>	<i>6</i>	<i>19</i>
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>- 100</i></u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u><i>0</i></u>						
		AMENDMENT REPORT?		YES	NO			
		TERMINATION REPORT?		YES	NO			
FOR OFFICE USE ONLY								
RECEIVED 2019 MAY -9 PM 12:51 OFFICE OF VOTER SERVICES MONTG. CO. PA								

**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

*9<sup>th</sup>* DAY OF *MAY* 20*20*

*Daniel L. Surjan*  
 SIGNATURE

MY COMMISSION EXPIRES *09* *23* *2020*  
 MO. DAY YR.

*Joseph C. Gale*  
 SIGNATURE OF PERSON SUBMITTING REPORT

*Joseph C. Gale*  
 PRINTED NAME

*484* *941-1202*  
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 BARBARA L. LINDGREN, Notary Public  
 Plymouth Twp., Montgomery County  
 My Commission Expires September 23, 2020

**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