

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 CHRIS K. MACKENORICK									
STREET ADDRESS 1825 Miles Grove Ave									
CITY LAKE CITY			STATE PA		ZIP CODE 16423				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION			
	MAG DISTRICT JUDGE		06-3-08	R/D		NO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY						11	5	2019	
2ND FRIDAY PRE-PRIMARY									
30 DAY POST-PRIMARY									
6TH TUESDAY PRE-ELECTION									
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
		DATES OF REPORTING PERIOD		NO.		DAY		YEAR	
		10 25 19 TO		11		25		19	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		100.00			
		AMENDMENT REPORT?		YES	NO				
					<input checked="" type="checkbox"/>				
		TERMINATION REPORT?		YES	NO				
					<input checked="" type="checkbox"/>				
								FOR OFFICE USE ONLY	
								2019 NOV 26 PM 1:31	
								ERIE COUNTY VOTER REGISTRATION	

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
 DAY OF **November** 20**19**
 Signature: **Tonia Fernandez**
 MY COMMISSION EXPIRES **4-3-23**
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT
CHRIS K MACKENORICK
 PRINTED NAME
014 **397-3184**
 AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal
 Tonia Fernandez, Notary Public
 Erie County
 My Commission Expires **3-30-23**
 Commission number 1288912

PART II If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

Member, Pennsylvania Association of Notaries. 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 _____