

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 JOSEPH R CANCELLA																																																							
STREET ADDRESS 9 E DIVISION ST																																																							
CITY NORTH EAST		STATE PA	ZIP CODE 16408																																																				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE COUNTY COUNCIL		DISTRICT NO. 5	PARTY R	DATE OF ELECTION																																																		
					MO. DAY YEAR 5 21 2019																																																		
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">DATES OF REPORTING PERIOD</th> <th colspan="3">FOR OFFICE USE ONLY</th> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td colspan="3"></td> </tr> <tr> <td>4</td><td>10</td><td>2019</td> <td colspan="3" style="text-align: center;">to</td> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td colspan="3"></td> </tr> <tr> <td>5</td><td>10</td><td>2019</td> <td colspan="3"></td> </tr> <tr> <td colspan="3"> CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>36.00</u> </td> <td colspan="3" rowspan="3" style="text-align: center; vertical-align: middle;"> 2019 MAY 10 AM 11:58 ERIE COUNTY VOTER REGISTRATION TK </td> </tr> <tr> <td colspan="3"> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u> </td> </tr> <tr> <td colspan="3"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table> </td> </tr> </table>		DATES OF REPORTING PERIOD			FOR OFFICE USE ONLY			MO.	DAY	YEAR				4	10	2019	to			MO.	DAY	YEAR				5	10	2019				CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>36.00</u>			2019 MAY 10 AM 11:58 ERIE COUNTY VOTER REGISTRATION TK			TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>			AMENDMENT REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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ANNUAL REPORT <input type="checkbox"/>	7.																																																						

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.

Commonwealth of Pennsylvania - Notary Seal
 Tonia Fernandez, Notary Public
 Erie County
 My commission expires April 3, 2023
 Commission number 1288912
 Member Pennsylvania Association of Notaries

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

10th DAY OF May 2019

Tonia Fernandez SIGNATURE

MY COMMISSION EXPIRES 4-3-23 MO. DAY YR.

Joseph R. Cancellia SIGNATURE OF PERSON SUBMITTING REPORT

Joseph R. Cancellia PRINTED NAME

814 AREA CODE 490-5813 DAYTIME TELEPHONE NUMBER

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