

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.

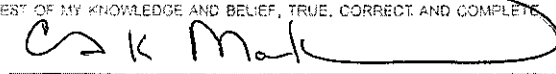
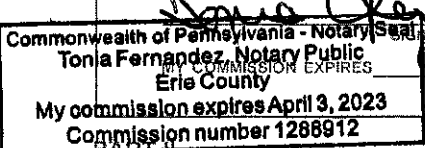
FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST CHRIS K MACKENORICK							
STREET ADDRESS 1825 Miles Grove Ave							
CITY LAKE City			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	MO. 5	DAY 21	YEAR 2019
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	MO. DAY YEAR	TO	MO. DAY YEAR	2019 MAY 10 AM 8:54 ERIE COUNTY VOTER REGISTRATION TK		
30 DAY POST-PRIMARY	3.	01 01 2019		5 6 2019			
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>					
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>100.00</u>					
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO			<input checked="" type="checkbox"/>
ANNUAL REPORT	7.	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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS	SIGNATURE OF PERSON SUBMITTING REPORT	
10 th DAY OF <u>May</u> 20 <u>19</u>		
	CHRIS K MACKENORICK	
MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER
4-3-23	814	397-3184

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	SIGNATURE OF CANDIDATE	
DAY OF _____ 20____	PRINTED NAME	
SIGNATURE	AREA CODE	DAYTIME TELEPHONE NUMBER
MY COMMISSION EXPIRES		
MO. DAY YR.		