

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 Fredrick Fritzer Shunk						
STREET ADDRESS 11500 Damsite Road						
CITY North East		STATE PA	ZIP CODE 16428 -			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		
	Township Supervisor		142	Republican		
	DATE OF ELECTION					
	MO. DAY YEAR		MO. DAY YEAR			
	5 21 19					
	6TH TUESDAY PRE-PRIMARY					
	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		FOR OFFICE USE ONLY				
MO. DAY YEAR						
1 1 19						
TO						
MO. DAY YEAR						
5 6 19						
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0.00				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0.00				
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
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

9th DAY OF May 2019

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Fredrick Shunk
 PRINTED NAME

814 AREA CODE 873-8606 DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 Susan Commission, Notary Public
 City of Erie, Erie County
 My Commission Expires May 27, 2020

27, 2020
 DAY YR.

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

9 DAY OF 20

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER