

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 1	COMMITTEE 2	LOBBYIST 3																
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JOHN GROH																					
STREET ADDRESS 603 MONTPELIER AVE																					
CITY ERIE		STATE PA	ZIP CODE 16503																		
TYPE OF REPORT (CHECK ONE) <input type="checkbox"/> 1. 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2. 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 3. 30 DAY POST-PRIMARY <input type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION <input checked="" type="checkbox"/> 5. 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 6. 30 DAY POST-ELECTION <input type="checkbox"/> 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION MO. DAY YEAR																
	DATES OF REPORTING PERIOD		<table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>6</td> <td>11</td> <td>19</td> <td></td> <td>10</td> <td>21</td> <td>19</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	6	11	19		10	21	19	FOR OFFICE USE ONLY		
	MO.	DAY	YEAR	TO	MO.	DAY	YEAR														
	6	11	19		10	21	19														
	CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>0</u>																		
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>0</u>																		
	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
 DAY OF October 20
Sonia Hernandez
 SIGNATURE
 MY COMMISSION EXPIRES 4-3-19
 MO. DAY YR.

Signature of Person Submitting Report
John A. Groh
 PRINTED NAME
814 449-7264
 AREA CODE 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