

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 BARBWISE							
STREET ADDRESS 9185 OLD WATTS BURY							
CITY GREE			STATE PA	ZIP CODE 16510			
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE Greene Twp Supervisor		DISTRICT NO. Greene 1	PARTY Dem		DATE OF ELECTION MO. DAY YEAR 11 7 17	
	DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		
	9 19 17		TO		10 23 17		
	CASH BALANCE AT END OF REPORTING PERIOD: \$ 75.00				FOR OFFICE USE ONLY 2017 OCT 24 PM 12:20 ERIE COUNTY VOTER REGISTRATION KA		
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0.00						
	AMENDMENT REPORT?		YES	NO			
	TERMINATION REPORT?		YES	NO			

**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

24th DAY OF October 20 17

Kimberly A Alexander SIGNATURE

MY COMMISSION EXPIRES October 31, 2019 MO. DAY YR.

JOHN BARBWISE SIGNATURE OF PERSON SUBMITTING REPORT

JOHN BARBWISE PRINTED NAME

814 450-5606 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

**NOTARIAL SEAL**

Kimberly A Alexander, Notary Public

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.  
 My Commission Expires Oct. 31, 2019

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