

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		81-5055768		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 THOMAS E. CARLOTTI											
STREET ADDRESS 418 SHENLEY DRIVE											
CITY ERIE				STATE PA		ZIP CODE 16505-2232					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION				
6TH TUESDAY PRE-PRIMARY		MAGISTERIAL DISTRICT JUDGE			06-1-03	REP.	MO.	DAY	YEAR		
<input type="checkbox"/>							11	07	2017		
2ND FRIDAY PRE-PRIMARY											
<input type="checkbox"/>											
30 DAY POST-PRIMARY											
<input type="checkbox"/>											
6TH TUESDAY PRE-ELECTION											
<input type="checkbox"/>											
2ND FRIDAY PRE-ELECTION											
<input checked="" type="checkbox"/>											
30 DAY POST-ELECTION											
<input type="checkbox"/>											
ANNUAL REPORT											
<input type="checkbox"/>											
		DATES OF REPORTING PERIOD			MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		06 06 2017							10	23	2017
		CASH BALANCE AT END OF REPORTING PERIOD:			\$	-	0	-			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$	-	0	-			
		AMENDMENT REPORT?	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
		TERMINATION REPORT?	YES	NO	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
		FOR OFFICE USE ONLY 2017 OCT 24 AM 9:26 ERIE COUNTY VOTER REGISTRATION 7P									

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
 24 DAY OF October 20
 Sonia Wilt
 SIGNATURE
 MY COMMISSION EXPIRES 4-3-19
 MO. DAY YR.

NOTARIAL SEAL
 Tonia Wilt, Notary Public
 City of Erie, Erie County
 My Commission Expires April 20, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF MAYORS

 SIGNATURE OF PERSON SUBMITTING REPORT
 THOMAS E. CARLOTTI
 PRINTED NAME
 814 456-2114
 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