

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 John Carlson						
STREET ADDRESS 4042 Shadybrook Drive						
CITY Erie		STATE PA	ZIP CODE 16506			
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 <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE Magisterial District Judge		DISTRICT NO. 06202	PARTY Rep. Dem	DATE OF ELECTION MO. DAY YEAR 5 16 17	
	DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY	
	6 14 17 TO 10 23 17		MO. DAY YEAR			
	CASH BALANCE AT END OF REPORTING PERIOD:		\$ - 0 -		2017 OCT 23 AM 10:31 ERIE COUNTY VOTER REGISTRATION	
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ - 0 -			
	AMENDMENT REPORT?		YES	NO	X	
	TERMINATION REPORT?		YES	NO	X	

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
 23rd DAY OF October 20 17
 Jeanne Ireland SIGNATURE
 MY COMMISSION EXPIRES 7 16 18 MO. DAY YR.

John Carlson SIGNATURE OF PERSON SUBMITTING REPORT
 John Carlson PRINTED NAME
 814 459-8011 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 OF CANDIDATE
 _____ PRINTED NAME
 _____ SIGNATURE
 MY COMMISSION EXPIRES _____ MO. DAY YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 DEBBE-LEANNE IRELAND
 Notary Public
 CITY OF ERIE, ERIE COUNTY
 My Commission Expires Jul 16, 2018

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280