

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	▶ 371850229		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 James Lind Strom													
STREET ADDRESS 500 524K RD Lot 48													
CITY Erie				STATE PA		ZIP CODE 16506							
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION							
	Erie County Clerk of Records			Erie County	Republican	MO.	DAY	YEAR					
6TH TUESDAY PRE-PRIMARY						11	07	2017					
2ND FRIDAY PRE-PRIMARY						FOR OFFICE USE ONLY							
30 DAY POST-PRIMARY						2017 OCT 23 PM 2:17 ERIE COUNTY VOTER REGISTRATION LR							
6TH TUESDAY PRE-ELECTION													
2ND FRIDAY PRE-ELECTION													
30 DAY POST-ELECTION													
ANNUAL REPORT													
DATES OF REPORTING PERIOD				MO.						DAY		YEAR	
				06						06		17	
				TO		10		23					
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	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						
TERMINATION REPORT?				YES	<input type="checkbox"/>	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

23 DAY OF October 20 17

Signature of Notary: *[Signature]*
 Notary Seal: Tonia Witt, Notary Public, City of Erie, Erie County, My Commission Expires April 3, 2019

SIGNATURE OF PERSON SUBMITTING REPORT: *[Signature]*
 PRINTED NAME: James Lind Strom

MY COMMISSION EXPIRES 4-3-19

AREA CODE: 815
 DAYTIME TELEPHONE NUMBER: 572 5965

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: _____