

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	2	LOBBYIST	3
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>John T. Loomis</i>								
STREET ADDRESS <i>1033 W. 3rd ST.</i>								
CITY <i>Erie</i>			STATE <i>PA.</i>		ZIP CODE <i>16501</i>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
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		<i>Sheriff</i>		<i>4-6</i>	<i>D</i>	MO.	DAY	YEAR
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	
		<i>6 6 17</i>		<i>10</i>	<i>23</i>	<i>17</i>		
		CASH BALANCE AT END OF REPORTING PERIOD:		<i>\$2200.00</i>				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		<i>\$ 0</i>				
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
FOR OFFICE USE ONLY								
2017 OCT 25 PM 4:25 ERIE COUNTY VOTER REGISTRATION <i>KL</i>								

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
25 DAY OF *October* 20 *17*

Sonia Wildt
 SIGNATURE

MY COMMISSION EXPIRES *4-3-19*
 MO. DAY YR.

John T. Loomis
 SIGNATURE OF PERSON SUBMITTING REPORT

John T. Loomis
 PRINTED NAME

814 *457 0064*
 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