

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		1. CANDIDATE	2. COMMITTEE	3. LOBBYIST		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST DAVID J. WALLACE								
STREET ADDRESS 14371 OLD RYE 86								
CITY CAMBRIDGE SPA			STATE PA		ZIP CODE 16403 -			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY			
	DATE OF ELECTION			MO.		DAY	YEAR	
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								
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		6	6	17		10	23	17
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			
TERMINATION REPORT?		YES			NO			
FOR OFFICE USE ONLY								
ERIE COUNTY VOTER REGISTRATION								
OCT 27 AM 10:06								
X 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	DAY OF <u>October</u> 20 <u>17</u>		SIGNATURE OF PERSON SUBMITTING REPORT <i>David Wallace</i>	
<i>Sonia Wilt</i>	SIGNATURE		DAVID J. WALLACE	
MY COMMISSION EXPIRES <u>4-3-19</u>	MO.	DAY	YR.	814
				897-5332
				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	
_____	SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES _____	MO.	DAY	YR.	AREA CODE DAYTIME TELEPHONE NUMBER