

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 <b>CARL ANDERSON JR</b>					
STREET ADDRESS <b>3830 PARADE BLVD</b>					
CITY <b>ERIE</b>		STATE <b>PA</b>	ZIP CODE <b>16504-</b>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
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 ANNUAL REPORT <input checked="" type="checkbox"/>		<b>County Council</b>		<b>4</b>	<b>D</b>
		DATE OF ELECTION			
		MO. DAY YEAR		MO. DAY YEAR	
		<b>01 01 18</b>		<b>12 31 18</b>	
		DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>Ø</u>		VOTER REGISTRATION 2019 JAN 31 PM 3:11 TR	
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>Ø</u>			
		AMENDMENT REPORT? YES NO			
		TERMINATION REPORT? YES NO			

**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  
**31st** DAY OF **January** 20**19**  
**Kimberly S Alexander**  
 SIGNATURE  
 MY COMMISSION EXPIRES **10 31 2019**  
 MO. DAY YR.

**CARL ANDERSON JR**  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**CARL ANDERSON JR**  
 PRINTED NAME  
**(814) 490-4985**  
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Kimberly S. Alexander, Notary Public  
 City of Erie, Erie County  
 My Commission Expires Oct. 31, 2019  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**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

\_\_\_\_\_ SIGNATURE OF CANDIDATE  
 \_\_\_\_\_ PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER  
 MO. DAY YR.