

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 CARLA J. DEL FUOCO																		
STREET ADDRESS 3036 GODFREY PLACE																		
CITY TALLAHASSEE		STATE FL	ZIP CODE 32309-															
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 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE SCHOOL DIRECTOR FAIRVIEW, PA		DISTRICT NO.	PARTY D	DATE OF ELECTION NO. DAY YEAR 11 08 2011													
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY															
	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>17</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>18</td></tr> </table>		MO.	DAY	YEAR	12	31	17	MO.	DAY	YEAR	12	31	18	2019 FEB -4 PM 3:04 ERIE COUNTY VOTER REGISTRATION TR			
	MO.	DAY	YEAR															
	12	31	17															
	MO.	DAY	YEAR															
	12	31	18															
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>275.75</u>																
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>0.00</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.

Notary Public - State of Florida
 My Comm. Expires Oct 29, 2022
 Bonded through National Notary Assn.
 MAGNAN HARRIS
 Commission # GG772074

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
29th DAY OF January 2019
 SIGNATURE
 MY COMMISSION EXPIRES Oct. 29 2022
 MO. DAY YR.

Carla J. Del Fuoco
 SIGNATURE OF PERSON SUBMITTING REPORT
CARLA J. DEL FUOCO
 PRINTED NAME
(850) 320-5372
 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

Post marked on Jan. 30 2019