

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 checked="" type="checkbox"/> LOBBYIST																				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FRIENDS OF JOHN GROH																									
STREET ADDRESS 603 MONTPELIER AVE																									
CITY ERIE			STATE PA	ZIP CODE 16505																					
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 7. ANNUAL REPORT <input checked="" type="checkbox"/>		TOWNSHIP SUPERVISOR		MILL CREEK	DEM																				
DATE OF ELECTION																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>						MO.	DAY	YEAR																	
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FOR OFFICE USE ONLY																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>						DATES OF REPORTING PERIOD			MO.	DAY	YEAR	TO	MO.	DAY	YEAR										
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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

____ DAY OF _____ 20____

SIGNATURE

PRINTED NAME

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

PART II -

If statement is filed on behalf of a Candidate, Candidate must sign here.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL

Judith Zelina, Notary Public
 My Commission Expires Jan. 11, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE SIGNATURE OF THE CANDIDATE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

30 DAY OF JANUAR 2019

Judith Zelina
SIGNATURE

MY COMMISSION EXPIRES 1-11-21 MO. _____ DAY _____ YR. _____

John H Groh
SIGNATURE OF CANDIDATE

JOHN H GROH
PRINTED NAME

814 AREA CODE 449-7264 DAYTIME TELEPHONE NUMBER