

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 <i>Joseph E Sinnott</i> | | | | | | | |
| STREET ADDRESS <i>650 West 40th St</i> | | | | | | | |
| CITY <i>ERIE</i> | STATE <i>PA</i> | ZIP CODE <i>16509</i> | | | | | |
| 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 | | DISTRICT NO. | PARTY | DATE OF ELECTION | | |
| | | | | | MO. | DAY | YEAR |
| | DATES OF REPORTING PERIOD | | MO. | DAY | YEAR | FOR OFFICE USE ONLY | |
| | | | <i>11</i> | <i>27</i> | <i>18</i> | 2019 JAN 18 AM VOTER REGISTRATION | |
| | CASH BALANCE AT END OF REPORTING PERIOD: | | \$ <u>0</u> | | | | |
| | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | | \$ <u>0</u> | | | | |
| | AMENDMENT REPORT? | | YES | NO | <input checked="" type="checkbox"/> | | |
| TERMINATION REPORT? | | YES | NO | <input checked="" type="checkbox"/> | | | |

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
17 DAY OF *January*, 20 *19*

Shellie DellaCurti
 SIGNATURE
 Commonwealth of Pennsylvania-Notary Seal
 MY COMMISSION EXPIRES *February 25, 2022*
 MO. *Erie* COUNTY, PA
 Commission No. 1186974

Joseph E Sinnott
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
 AREA CODE *814* DAYTIME TELEPHONE NUMBER *874-3460 ext. 107*

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 _____