

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 27-1730687		REPORT FILED ON BEHALF OF	CANDIDATE	1	COMMITTEE	2	X	LOBBYIST	3
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Corry Democratic Party									
STREET ADDRESS c/o ALBERT WOOD 469 EAST SOUTH ST									
CITY Corry				STATE PA		ZIP CODE 16407			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY	1.					MO.	DAY	YEAR	
2ND FRIDAY PRE-PRIMARY	2.								
30 DAY POST-PRIMARY	3.								
6TH TUESDAY PRE-ELECTION	4.								
2ND FRIDAY PRE-ELECTION	5.								
30 DAY POST-ELECTION	6.								
ANNUAL REPORT	7.	X							
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	
		1	1	19	TO	12	31	19	
CASH BALANCE AT END OF REPORTING PERIOD:									\$ 4505.95
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:									\$ 0
AMENDMENT REPORT?	YES		NO	X					
TERMINATION REPORT?	YES		NO	X					
FOR OFFICE USE ONLY									
2020 JAN 14 AM 11:12 ERIE COUNTY VOTER REGISTRATION [Signature]									

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
 14 DAY OF January 2020

[Signature]
 ERIN HARTMAN
 Notary Public
 Erie County
 My commission expires September 9, 2023
 Commission number 1353914

[Signature]
 ALBERT H. WOOD
 PRINTED NAME
 814 881-4807
 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
 14 DAY OF January 2020

[Signature]
 ERIN HARTMAN
 Notary Public
 Erie County
 My commission expires September 9, 2023
 Commission number 1353914

[Signature]
 SIGNATURE OF CANDIDATE
 PRINTED NAME
 AREA CODE DAYTIME TELEPHONE NUMBER