**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.

<table>
<thead>
<tr>
<th>FILER IDENTIFICATION NUMBER</th>
<th>REPORT FILED ON BEHALF OF</th>
<th>CANDIDATE</th>
<th>COMMITTEE</th>
<th>LOBBYIST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST:</strong></td>
<td><strong>RAVIN JOSE SANCHEZ</strong></td>
<td><strong>Controller</strong></td>
<td><strong>District No.</strong></td>
<td><strong>Party</strong></td>
</tr>
<tr>
<td><strong>STREET ADDRESS:</strong></td>
<td><strong>356 Emiline Road</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CITY:</strong></td>
<td><strong>Tunkhannock</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>STATE:</strong></td>
<td><strong>PA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ZIP CODE:</strong></td>
<td><strong>18657</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DATES OF REPORTING PERIOD</th>
<th>$</th>
<th>CASH BALANCE AT END OF REPORTING PERIOD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 19 15 TO 10 14 15</td>
<td></td>
<td>$ 8</td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT OF FILER'S OUTSTANDING DebTS OR LIABILITIES AT THE END OF REPORTING PERIOD:**

**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). I AM IN POSSESSION OF A COPY OF THE REPORT AND STATEMENT OF KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

Notary Seal

Dianna Dillio, Notary Public

Norristown, Pa (Montgomery County)

My Commission Expires March 16, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

KAREN SANCLER

SIGNATURE OF PERSON SUBMITTING REPORT:

KAREN SANCLER

SIGNATURE OF CANDIDATE:

KAREN SANCLER

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.

KAREN SANCLER

SIGNATURE OF CANDIDATE

KAREN SANCLER

PRINTED NAME

KAREN SANCLER

AREA CODE 415-1199

DAYTIME TELEPHONE NUMBER

Department of State • Bureau of Commissions, Elections and Legislation

303 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

DSEB-503 (12-99)