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.

NAME OF CANDIDATE

Joseph C. Gale

ADDRESS

628 Lawnfield Rd.

CITY

Plymouth Meeting

STATE

PA

ZIP CODE

19462

DATE OF ELECTION

11 03 2015

PART I -

If statement is filed on behalf of a Political Committee or Candidate'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.

DATE OF REPORTING PERIOD

06 09 2015

10 19 2015

CASH BALANCE AT END OF REPORTING PERIOD:

S 0

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

S 0

AMENDMENT REPORT?

YES

NO

TERMINATION REPORT?

YES

NO

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

Signature of Candidate

Joseph C. Gale

Printed Name

SWORN TO AND SUBSCRIBED BEFORE ME THIS

22 DAY OF October 2015

Jennifer M. Nelson

SIGNATURE

COMMISSION EXPIRESJune 10, 2019

COMMONWEALTH OF PENNSYLVANIA

NOTARY SEAL

JENNIFER M NELSON

Notary Public

WEST CONSHOHOCKEN Boro, MONTGOMERY CNTY

My Commission Expires Jun 10, 2019

Department of State • Bureau of Commissions, Elections and Legislation

NOTARY SEAL

JENNIFER M NELSON

Notary Public

WEST CONSHOHOCKEN Boro, MONTGOMERY CNTY

My Commission Expires Jun 10, 2019

484 941-1202

AREA CODE DAYTIME TELEPHONE NUMBER

SIGNATURE OF COMMISSIONER

Joseph C. Gale

Printed Name

SWORN TO AND SUBSCRIBED BEFORE ME THIS

22 DAY OF October 2015

Jennifer M. Nelson

SIGNATURE

COMMISSION EXPIRES June 10, 2019

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