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 FILING COMMITTEE, CANDIDATE OR LOBBYIST:
Joseph C. Gale

628 Lawnell Road

Plymouth Meeting, Montgomery County, Pennsylvania

STATE: PA

ZIP CODE: 19462

DATE OF ELECTION:
11/03/15

TYPE OF REPORT:
ANNUAL REPORT

NAME OF OFFICE SOUGHT BY CANDIDATE:
County Commissioner

DISTRICT NO.

PARTY:
Rep

DATES OF REPORTING PERIOD:
10/20/2015 TO 11/23/2015

CASH BALANCE AT END OF REPORTING PERIOD:

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

AMENDMENT REPORT?
YES NO

TERMINATION REPORT?
YES NO

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, ____________________________, being first duly sworn, do certify that the information contained herein is true and correct to the best of my knowledge and belief.

Sworn to and subscribed before me this

Day of Dec 2015

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

NICHOLAS A. SALAMONE, Notary Public

Whitemarsh Twp., Montgomery County

My Commission Expires 7/12/2016

PART II -
If statement is filed on behalf of an Authorized Committee, Candidate must sign here.

Sworn to and subscribed before me this

DAY OF

PRINTED NAME

SIGNATURE

SIGNATURE

My Commission Expires:

AREA CODE

DAYTIME TELEPHONE NUMBER

Department of State • Bureau of Commissions, Elections and Legislation