

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		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	LOBBYIST		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Joseph C. Gale</i>								
STREET ADDRESS <i>628 Lammfall Road</i>								
CITY <i>Plymouth Meeting</i>		STATE <i>PA</i>	ZIP CODE <i>19462</i>					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY	<i>Montgomery County Commissioner</i>		<i>RAP</i>		MO.	DAY	YEAR	
2ND FRIDAY PRE-PRIMARY					<i>11</i>	<i>03</i>	<i>2015</i>	
30 DAY POST-PRIMARY					FOR OFFICE USE ONLY			
6TH TUESDAY PRE-ELECTION					DATES OF REPORTING PERIOD	MO.	DAY	YEAR
2ND FRIDAY PRE-ELECTION					<i>11 24 2015</i>	<i>12</i>	<i>31</i>	<i>2015</i>
30 DAY POST-ELECTION					CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>			
ANNUAL REPORT <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>							
AMENDMENT REPORT?		YES	NO					
TERMINATION REPORT?		YES	NO					

**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

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.

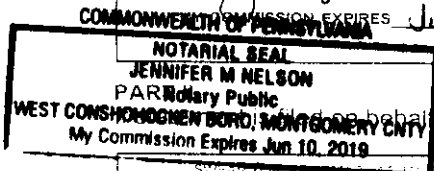
SWORN TO AND SUBSCRIBED BEFORE ME THIS 11 DAY OF January 2016

*Jennifer M Nelson*  
 SIGNATURE

*Joseph C. Gale*  
 SIGNATURE OF PERSON SUBMITTING REPORT

*Joseph C. Gale*  
 PRINTED NAME

484 AREA CODE 941-1202 DAYTIME TELEPHONE NUMBER



SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_