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>TYPE OF REPORT (CHECK ONE)</th>
<th>NAME OF OFFICE SOUGHT BY CANDIDATE</th>
<th>DISTRICT NO.</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>6TH TUESDAY PRE-PRIMARY</td>
<td>Montgomery County Commissioner</td>
<td>194113</td>
<td>Rep.</td>
</tr>
<tr>
<td>2ND FRIDAY PRE-PRIMARY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 DAY POST-PRIMARY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6TH TUESDAY PRE-ELECTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2ND FRIDAY PRE-ELECTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 DAY POST-ELECTION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANNUAL REPORT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DATES OF REPORTING PERIOD: 11 28 2016 TO 12 31 2016

CASH BALANCE AT END OF REPORTING PERIOD: $0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $0

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.

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 30 DAY OF January 2017

Joseph C. Gale

Signature of Person Submitting Report

Printed Name

COMMONWEALTH OF PENNSYLVANIA

JENNIFER W. NELSON

Notary Public

WEST CONSHOHOCKEN BORO, MONTGOMERY COUNTY

My Commission Expires Jan 30, 2019

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DATE OF

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

Department of State • Bureau of Commissions, Elections and Legislation