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>
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</table>

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

Underline Scanpaio, Scott

STREET ADDRESS

506 Bow Lane

CITY

Gilbertsville

STATE

PA

ZIP CODE

19525

TYPE OF REPORT

(CHECK ONE)

1. 6TH TUESDAY PRE-PRIMARY

2. 2ND FRIDAY PRE-PRIMARY

3. 30 DAY POST-PRIMARY

4. 6TH TUESDAY PRE-ELECTION

5. 2ND FRIDAY PRE-ELECTION

6. 30 DAY POST-ELECTION

7. ANNUAL REPORT

NAME OF OFFICE BOUGHT BY CANDIDATE

Cosgrove

DISTRICT NO.

0TH

PARTY

REP

DATE OF ELECTION

MO.  DAY  YEAR

05  21  2013

FOR OFFICE USE ONLY

OFFICE OF

VOTER SERVICES

MONTGOMERY COUNTY, PA

RECEIVED

2019 MAY 6 PM 12:54

AFFIDAVIT SECTION

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.

I, [Name], do hereby certify that the aggregate receipts, expenditures or liabilities incurred during the reporting period indicated above did not exceed $250.00 and that the information contained in this report is, to the best of my knowledge and belief, true, correct and complete.

SIGNED:

[Signature]

SIGNATURE OF PERSON SUBMITTING REPORT

[Signature]

2019

SIGNATURE OF CONTEC CENTRICAL COBUSS

2019

PART II -

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

I, [Name], do hereby certify that I am a member of the Candidate's Authorized Committee and have authority to file this report on the Candidate's behalf.

SIGNED:

[Signature]

SIGNATURE

[Signature]

MY COMMISSION EXPIRES

MO.  DAY  YR.

2001

40

DAYTIME TELEPHONE NUMBER

269-862

DSEB-303 (12-99)