

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	1. <input checked="" type="checkbox"/> COMMITTEE	2. <input type="checkbox"/> LOBBYIST	3. <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Stanley A. Casacio</i>						
STREET ADDRESS <i>625 Creek Cone</i>						
CITY <i>Floortown</i>		STATE <i>PA</i>	ZIP CODE <i>12031</i>			
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 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 SOUGHT BY CANDIDATE <i>Controller</i>		DISTRICT NO. <i>46</i>	PARTY <i>REP</i>		
	DATE OF ELECTION					
	MO. DAY YEAR					
	<i>5 21 2019</i>					
	DATES OF REPORTING PERIOD					
	MO. DAY YEAR TO MO. DAY YEAR					
	<i>1 1 12 TO 5 6 12</i>					
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>0.00</i></u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u><i>0.00</i></u>						
AMENDMENT REPORT?		YES	NO			
<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES	NO			
<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>			

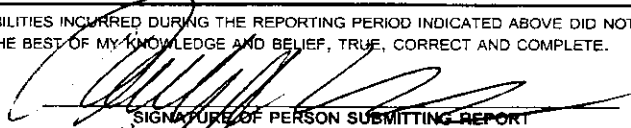
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 MAY 10 PM 1:37
 OFFICE OF
 VOTER SERVICES
 MONTG. CO. PA

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.

COMMONWEALTH OF PENNSYLVANIA SWORN TO AND SUBSCRIBED BEFORE ME THIS NOTARIAL SEAL James Courland Saring, Notary Public Whitpain Twp., Montgomery County My Commission Expires March 29, 2021 MEMBER, PENNSYLVANIA BAR ASSOCIATION OF LOBBYISTS SIGNATURE MY COMMISSION EXPIRES <u><i>3 21 2021</i></u> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT  _____ Stanley A. Casacio PRINTED NAME AREA CODE <u><i>815</i></u> DAYTIME TELEPHONE NUMBER <u><i>233-5420</i></u>
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PART II -

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

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.	SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____
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