

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 <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Timothy J. Mahon					
STREET ADDRESS 151 Dorr Drive					
CITY Collegerille			STATE PA	ZIP CODE 19426-2661	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Montgomery County Treasurer		DISTRICT NO.	PARTY R
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>		DATE OF ELECTION		MO. DAY YEAR 5 21 2019	
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>		DATES OF REPORTING PERIOD		MO. DAY YEAR 4 9 19 TO 5 6 19	
30 DAY POST-PRIMARY <input type="checkbox"/>		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>			
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>					
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>					
30 DAY POST-ELECTION <input type="checkbox"/>					
ANNUAL REPORT <input type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

RECEIVED
 OFFICE OF VOTER SERVICES
 MONTG. CO. PA
 2019 MAY -8 PM 12:40

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
 NOTARIAL SEAL
 HEATHER OYENFORD, Notary Public
 American Twp., Montgomery County
 My Commission Expires April 16, 2020

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7 DAY OF May
 Signature: Heather Oyenford
 Signature of Person Submitting Report: Timothy J. Mahon
 Printed Name: Timothy J. Mahon
 My Commission Expires: 4 16 2020
 MO. DAY YR. AREA CODE: 610 DAYTIME TELEPHONE NUMBER: 489-9413

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 OF CANDIDATE

 PRINTED NAME

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

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 type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Timothy J. Mahon																			
STREET ADDRESS 151 Derr Drive																			
CITY Collegeville			STATE PA	ZIP CODE 19426-2661															
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY														
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>		Montgomery County Treasurer			R														
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>		<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>4</td> <td>9</td> <td>19</td> <td></td> <td>5</td> <td>6</td> <td>19</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	4	9	19		5	6	19	DATE OF ELECTION	
MO.	DAY	YEAR	TO	MO.	DAY	YEAR													
4	9	19		5	6	19													
30 DAY POST-PRIMARY <input type="checkbox"/>				<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>5</td> <td>21</td> <td>19</td> </tr> </table>		MO.	DAY	YEAR	5	21	19								
MO.	DAY	YEAR																	
5	21	19																	
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>				FOR OFFICE USE ONLY															
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>		<p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>-4,000.</u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u></p>		<p>RECEIVED</p> <p>2019 MAY 14 AM 10:15</p> <p>OFFICE OF VOTER SERVICES MONTG. CO. PA</p>															
30 DAY POST-ELECTION <input type="checkbox"/>		<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>				AMENDMENT REPORT?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>				
AMENDMENT REPORT?	YES	<input checked="" type="checkbox"/>	NO			<input type="checkbox"/>													
TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>															
ANNUAL REPORT <input type="checkbox"/>																			

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 **COMMONWEALTH OF PENNSYLVANIA**

13 DAY OF May

Heather O'Connell SIGNATURE

HEATHER O'CONNOR, Notary Public
 Limerick Twp., Montgomery County
 My Commission Expires April 16, 2020

Timothy J. Mahon SIGNATURE OF PERSON SUBMITTING REPORT

Timothy J. Mahon PRINTED NAME

MY COMMISSION EXPIRES 4 MO. 16 DAY 2020 YR.

484 AREA CODE

965-0529 DAYTIME TELEPHONE NUMBER

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

____ SIGNATURE OF CANDIDATE

____ PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

____ AREA CODE _____ DAYTIME TELEPHONE NUMBER