

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 Joseph C. Gale | | | | | | | |
| STREET ADDRESS 628 Laurel Rd. | | | | | | | |
| CITY Plymouth meeting | | STATE PA | | ZIP CODE 19462 | | | |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE | | | DISTRICT NO. | PARTY | DATE OF ELECTION | |
| | Montgomery County Commissioner | | | | REP | MO. | DAY |
| 6TH TUESDAY PRE-PRIMARY | DATES OF REPORTING PERIOD | | | FOR OFFICE USE ONLY | | | |
| 2ND FRIDAY PRE-PRIMARY | MO. | DAY | YEAR | MO. | DAY | YEAR | |
| 30 DAY POST-PRIMARY | 06 09 2015 | | | 10 19 2015 | | | |
| 6TH TUESDAY PRE-ELECTION | CASH BALANCE AT END OF REPORTING PERIOD: | | | S 0 | | | |
| 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | | | S 0 | | | |
| 30 DAY POST-ELECTION | AMENDMENT REPORT? | | YES | NO | <input checked="" type="checkbox"/> | | |
| ANNUAL REPORT | TERMINATION REPORT? | | YES | NO | <input checked="" 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, LEAH (OR ALYSSA) ... I swear (or affirm) that the aggregate receipts and disbursements or liabilities incurred during the reporting period indicated above did not exceed two hundred and fifty dollars (\$250.00) and that the report is, to the best of my knowledge and belief, true, correct and complete.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

22 DAY OF October 2015

Jennifer M Nelson
SIGNATURE

MY COMMISSION EXPIRES June 10, 2019
COMMONWEALTH OF PENNSYLVANIA DAY YR.

Joseph C. Gale
SIGNATURE OF PERSON SUBMITTING REPORT

Joseph C. Gale
PRINTED NAME

484 941-1202
AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL

PART II - JENNIFER M NELSON

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

WEST CHESTER COCKEN BORO, MONTGOMERY CNTY
My Commission Expires Jun 10, 2019

I, LEAH (OR ALYSSA) ... I swear (or affirm) that the aggregate receipts and disbursements or liabilities incurred during the reporting period indicated above did not exceed two hundred and fifty dollars (\$250.00) and that the report is, to the best of my knowledge and belief, true, correct and complete.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

22 DAY OF October 2015

Jennifer M Nelson
SIGNATURE

MY COMMISSION EXPIRES June 10 2019
COMMONWEALTH OF PENNSYLVANIA DAY YR.

Joseph C. Gale
SIGNATURE OF CANDIDATE

Joseph C. Gale
PRINTED NAME

484 941-1202
AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL

JENNIFER M NELSON
Notary Public

WEST CHESTER COCKEN BORO, MONTGOMERY CNTY
My Commission Expires Jun 10, 2019