

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	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Joseph G. Gale					
STREET ADDRESS 628 Laurel Road					
CITY Plymouth Meeting		STATE PA	ZIP CODE 19462		
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY 2ND FRIDAY PRE-PRIMARY 30 DAY POST-PRIMARY 6TH TUESDAY PRE-ELECTION 2ND FRIDAY PRE-ELECTION 30 DAY POST-ELECTION <input checked="" type="checkbox"/> ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE Montgomery County Commissioner		DISTRICT NO.	PARTY REP	DATE OF ELECTION MO. DAY YEAR 11 03 15
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
	MO. DAY YEAR 10 20 2015 TO 11 23 2015				
	CASH BALANCE AT END OF REPORTING PERIOD: \$ Ø				
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ Ø				
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
TERMINATION REPORT? YES <input type="checkbox"/> NO <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, the undersigned, being a duly qualified Notary Public in and for the Commonwealth of Pennsylvania, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in my records and is true and correct to the best of my knowledge and belief.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
3 DAY OF **Dec** 20**15**
 Signature: *Nicholas A. Salamone*
 SIGNATURE

Signature of Person Submitting Report: *Joseph C. Gale*
 PRINTED NAME: **Joseph C. Gale**

MY COMMISSION EXPIRES: **COMMONWEALTH OF PENNSYLVANIA**
 NOTARIAL SEAL DAY YR.
NICHOLAS A. SALAMONE, Notary Public
Whitemarsh Twp., Montgomery County
My Commission Expires July 12, 2018

Area Code: **484** Daytime Telephone Number: **941-1202**

PART II -

If statement is filed on behalf of a Contributing Candidate, Candidate must sign here

I, the undersigned, being a duly qualified Notary Public in and for the Commonwealth of Pennsylvania, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in my records and is true and correct to the best of my knowledge and belief.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 DAY OF _____ 20____
 Signature: _____
 SIGNATURE

Signature of Candidate: _____
 PRINTED NAME: _____

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