

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 ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST VICKI J. LIGHTCAP						
STREET ADDRESS 333 WASHINGTON ST.						
CITY PENNSBURG		STATE PA	ZIP CODE 18073-			
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 RECORDER OF DEEDS		DISTRICT NO. 46	PARTY REP	DATE OF ELECTION	
					MO. DAY YEAR	
					5 21 2019	
	DATES OF REPORTING PERIOD		MO. DAY YEAR	TO	MO. DAY YEAR	FOR OFFICE USE ONLY
			01 01 19		05 06 19	RECEIVED 2019 MAY -9 PM 4: 18 OFFICE OF VOTER SERVICES MONTG. CO. PA
	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>			
		AMENDMENT REPORT?	YES	NO		
				<input checked="" type="checkbox"/>		
		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 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 THIS 9 th DAY OF May James Courtland Saring, Notary Public Whitpain Twp., Montgomery County My Commission Expires 04/29/2021 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES MY COMMISSION EXPIRES 3 MO. 29 DAY 2021 YR.	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL SIGNATURE OF PERSON SUBMITTING REPORT VICKI J. LIGHTCAP PRINTED NAME 267 AREA CODE 733-2620 DAYTIME TELEPHONE NUMBER
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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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