

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 TRACY MOSS-CARFAGNO															
STREET ADDRESS 718 NORRISTOWN RD															
CITY HORSHAM		STATE PA	ZIP CODE 19044												
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY											
	<table border="1" style="width: 100%; text-align: center;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>01</td> <td>01</td> <td>19</td> </tr> </table> TO <table border="1" style="width: 100%; text-align: center;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>5</td> <td>6</td> <td>19</td> </tr> </table>		MO.	DAY	YEAR	01	01	19	MO.	DAY	YEAR	5	6	19	46
MO.	DAY	YEAR													
01	01	19													
MO.	DAY	YEAR													
5	6	19													
6TH TUESDAY PRE-PRIMARY	DATE OF ELECTION		MO. DAY YEAR												
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>	5 01 2019														
30 DAY POST-PRIMARY	<div style="border: 1px solid black; padding: 5px;"> <p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u></p> </div> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>				AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>			
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6TH TUESDAY PRE-ELECTION															
2ND FRIDAY PRE-ELECTION															
30 DAY POST-ELECTION															
ANNUAL REPORT															
FOR OFFICE USE ONLY															
<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">2019 MAY -9 PM 4:18</p> <p style="text-align: center;">OFFICE OF VOTER SERVICES MONTG. CO. PA</p> </div>															

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 FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

<p style="text-align: center;">NOTARIAL SEAL</p> <p style="text-align: center;">SWORN TO AND SUBSCRIBED BEFORE ME THIS</p> <p style="text-align: center;">James Courtho... Public Notary in the County of Montgomery My Commission Expires March 29, 2021</p> <p style="text-align: center;">SIGNATURE</p> <p>MY COMMISSION EXPIRES</p>	<p style="text-align: center;">SIGNATURE OF PERSON SUBMITTING REPORT</p> <p style="text-align: center;">TRACY MOSS-CARFAGNO</p> <p style="text-align: center;">PRINTED NAME</p> <p style="text-align: center;">609 364-6996</p> <p style="text-align: center;">AREA CODE DAYTIME TELEPHONE NUMBER</p>
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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.

<p>SWORN TO AND SUBSCRIBED BEFORE ME THIS</p> <p>DAY OF 20</p> <p>SIGNATURE</p> <p>MY COMMISSION EXPIRES</p>	<p>SIGNATURE OF CANDIDATE</p> <p>PRINTED NAME</p> <p>AREA CODE DAYTIME TELEPHONE NUMBER</p>
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