

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 <i>Sean P. Gale</i>						
STREET ADDRESS <i>628 Laurel Rd</i>						
CITY <i>Plymouth Meeting</i>		STATE <i>PA</i>	ZIP CODE <i>19462</i>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Montgomery County Commissioner</i>	DISTRICT NO.	PARTY <i>Rep.</i>	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>			<i>5</i>	<i>21</i>	<i>2019</i>
2ND FRIDAY PRE-PRIMARY	<input checked="" type="checkbox"/>					
30 DAY POST-PRIMARY	<input type="checkbox"/>					
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"/>					

DATES OF REPORTING PERIOD <table style="margin-left: auto; margin-right: auto;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td><i>1</i></td><td><i>1</i></td><td><i>19</i></td> <td></td> <td><i>5</i></td><td><i>6</i></td><td><i>19</i></td> </tr> </table>	MO.	DAY	YEAR	TO	MO.	DAY	YEAR	<i>1</i>	<i>1</i>	<i>19</i>		<i>5</i>	<i>6</i>	<i>19</i>	FOR OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED 2019 MAY -9 PM 12:51 OFFICE OF VOTER SERVICES MONTG. CO. PA </div>
MO.	DAY	YEAR	TO	MO.	DAY	YEAR									
<i>1</i>	<i>1</i>	<i>19</i>		<i>5</i>	<i>6</i>	<i>19</i>									

CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>-100</i></u>	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u><i>0</i></u>	

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 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 <i>9th</i> DAY OF <i>MAY</i> 20 <i>19</i> <i>Darius L. Surjan</i> SIGNATURE MY COMMISSION EXPIRES <i>09</i> <i>23</i> <i>2020</i> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <i>Sean P. Gale</i> PRINTED NAME <i>Sean P. Gale</i> AREA CODE <i>610</i> DAYTIME TELEPHONE NUMBER <i>357-6000</i>
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COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 BARBARA L. LINDGREN, Notary Public
 Plymouth-Twp., Montgomery County
 My Commission Expires September 23, 2020

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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