## 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.

ILER IDENTIFICATION SUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<sup>L</sup> X	COMMITTEE	7	LOBBYIST
NAME OF FILING COMMITTEE, C Samuel D Comfo			l	l	I	<u>1</u>	
TREET ADDRESS				· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
003 Linden Ave		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Erie		STATE PA		ZIP CO	16505		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		DAT	e of e	LECTION
6TH TUESDAY	Millcreek Supervisor		D		мо. 11	07	202
PRE-PRIMARY	MO. DAY YEAR	MO. DAY YEAR	7		FOR O	FFICE U	SE ONLY
2nd friday Pre-primary	DATES OF REPORTING PERIOD 06 16 23	10 22 23					
30 day Post-Primary	<u> </u>						
6TH TUESDAY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$ 0.00					
PRE-ELECTION	TOTAL AMOUNT OF FILER'S						
2nd friday PRE-ELECTION 5.	OUTSTANDING DEBTS OR LIA AT THE END OF REPORTING I	BILITIES \$ 0.00					
30 DAY POST-ELECTION	AMENDMENT YES	NO X					
NNUAL				- 1			
	TERMINATION YES	NO X					
ART I -	REPORT? YES	FFIDAVIT SECTION					
ART I - statement is filed of statement is filed of statement is filed of	REPORT?	or Candidates's Commididate must sign here. st, the Lobbyist must sign or UABILITIES INCURRED DURING IS, TO THE BEST OF MY KNOWLS	gn here.  IG THE REPORT  DOE AND BELIE  TURE OF PERS	TING PE	RIOD INDICAT E, CORRECT BMITTING RE	ED ABOY	
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Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

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