

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	<input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Committee to Elect Sam Comfort											
STREET ADDRESS 903 Linden Ave											
CITY Erie				STATE PA		ZIP CODE 16505					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Millcreek Supervisor			DISTRICT NO.		PARTY D		DATE OF ELECTION		
									MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY		1									
2ND FRIDAY PRE-PRIMARY		2									
30 DAY POST-PRIMARY		3									
6TH TUESDAY PRE-ELECTION		4									
2ND FRIDAY PRE-ELECTION		5									
30 DAY POST-ELECTION		6									
ANNUAL REPORT		7									

DATES OF REPORTING PERIOD		MO.		DAY		YEAR		TO		MO.		DAY		YEAR	
		10		23		23				11		27		23	

CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0.00	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0.00	

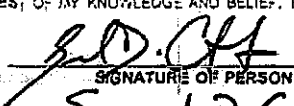
AMENDMENT REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

DEC 12 AM 8:25
 ERIE COUNTY
 REGISTRATION

AFFIDAVIT SECTION

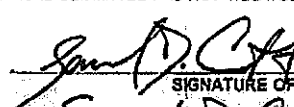
PART I -

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			
_____ DAY OF _____ 20__		 SIGNATURE OF PERSON SUBMITTING REPORT Samuel D. Comfort PRINTED NAME 607 386-8243 AREA CODE DAYTIME TELEPHONE NUMBER	
_____ SIGNATURE			
MY COMMISSION EXPIRES _____ MO. DAY YR.			

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 OF CANDIDATE Samuel D. Comfort PRINTED NAME 607 386-8243 AREA CODE DAYTIME TELEPHONE NUMBER	
_____ SIGNATURE			
MY COMMISSION EXPIRES _____ MO. DAY YR.			