

## 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 <i>Wade Root</i>								
STREET ADDRESS <i>1143 West 9<sup>th</sup> St</i>								
CITY <i>Erie</i>			STATE <i>PA</i>		ZIP CODE <i>16502</i>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <i>County Controller</i>		DISTRICT NO.	PARTY <i>R</i>	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. <input checked="" type="checkbox"/>						
ANNUAL REPORT		7.						

  

DATES OF REPORTING PERIOD		TO			
MO.	DAY	YEAR	MO.	DAY	YEAR
10	21	23	11	27	23

  

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

  

2023 DEC -7 PM 1  
 ERIE COUNTY  
 VOTER 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 REPORTING PERIOD IS TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>7</u> DAY OF <u>December</u> 20 <u>23</u> <u>Sue Sheffield</u> SIGNATURE MY COMMISSION EXPIRES <u>12-02-26</u> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <u>Wade Root</u> PRINTED NAME <u>814</u> <u>460-5806</u> AREA CODE DAYTIME TELEPHONE NUMBER

## 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 _____