

## CAMPAIGN FINANCE STATEMENT

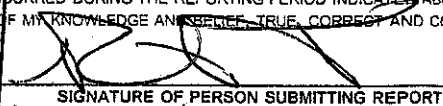
File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <u>Robert Troutman</u>						
STREET ADDRESS <u>4687 Parkwood Dr</u>						
CITY <u>Eric</u>		STATE <u>PA</u>		ZIP CODE <u>16510</u>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <u>Hickory Creek Township Supervisor</u>		DISTRICT NO.	PARTY <u>Dem</u>	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY						MO. DAY YEAR
2ND FRIDAY PRE-PRIMARY						5 21 2019
30 DAY POST-PRIMARY						
6TH TUESDAY PRE-ELECTION						
2ND FRIDAY PRE-ELECTION						
30 DAY POST-ELECTION						
ANNUAL REPORT						
		DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY
		5 7 2014 TO 6 10 19				
		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: \$ _____				
		AMENDMENT REPORT? YES NO				
		TERMINATION REPORT? YES NO				

## 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 <u>13th</u> DAY OF <u>June</u> 20 <u>19</u> <u>Jonica Fernandez</u> SIGNATURE MY COMMISSION EXPIRES <u>4-3-23</u> MO. DAY YR.	 SIGNATURE OF PERSON SUBMITTING REPORT <u>Robert Troutman</u> PRINTED NAME <u>923 1682</u> DAYTIME TELEPHONE NUMBER <u>923 1682</u> 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