

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 EDWARDS WILSON						
STREET ADDRESS 914 REED ST.						
CITY LEXIE			STATE PA	ZIP CODE 16503		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE 2ND WARD DISTRICT JUDGE		DISTRICT NO.	PARTY DEMOCRAT	DATE OF ELECTION
						MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY 1.						11 2 21
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. <input checked="" type="checkbox"/>						

DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR	
		1 1 23				12 31 23	

CASH BALANCE AT END OF REPORTING PERIOD: \$ 2585.51	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0	

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

FOR OFFICE USE ONLY

2024 JAN 23 AM 1:11

SHEPHERD 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 REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF January 20 23 Sue Sheffield SIGNATURE MY COMMISSION EXPIRES 12-02-26 MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT EDWARDS WILSON PRINTED NAME 814 449-2617 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 EDWARDS WILSON PRINTED NAME 814 449-2617 AREA CODE DAYTIME TELEPHONE NUMBER