

Commonwealth of Pennsylvania

10/27/11 11:00 AM

Campaign Finance Report

276935

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 2010034		Report Filed By:		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: DELISSIO, PAMELA STATE HOUSE CAMPAIGN										
Street Address: PO BOX 4606										
City: PHILADELPHIA			State: PA		Zip Code: 19127-0000					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2018	FILING METHOD: () CHECK ONE		PAPER: <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	194	STH	DEM	51
				11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	[FOR OFFICE USE ONLY]			
				1	1	2018	TO	4	30	2018
A. Amount Brought Forward From Last Report				\$		11,628.38				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		11,628.38				
D. Total Expenditures (From Schedule III)				\$		1,450.36				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		10,178.02				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		7,720.00				

RECEIVED
 2018 MAY -3 PM 12:52
 DEPT OF STATE
 BUREAU OF SEL

AFFIDAVIT SECTION

Part I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this 30 day of April 2018

[Signature]
Signature

My Commission Expires Sept. 18, 2019
MO DAY YR

[Signature]
Signature of Person Submitting Report

Donna M. Cleary
Printed Name

dmcleary@comcast.net
Email

267 247 2613
Area Code Daytime Telephone Number

Part II - If this is a report of a candidate's authorized Committee, Candidate shall 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. 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

Email

Area Code Daytime Telephone Number

COUNTY COMMISSIONERS
 COUNTY SBD OF ELECTIONS
 2018 MAY -7 PM 4:54

PENNSYLVANIA INDIVIDUAL ACKNOWLEDGMENT

State of Pennsylvania

County of Montgomery

This record was acknowledged before me on April 30, 2018 by Donna Cleary
Date Name(s) of Individual(s)

Erin M. Farrell

Signature of Notarial Officer

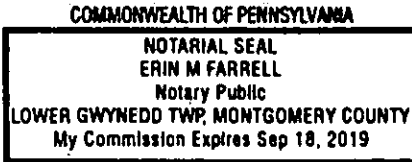
Erin M. Farrell

Printed Name of Notarial Officer

Notary Public

Title of Office

My Commission Expires: Sept. 18, 2019



Place Official Stamp/Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____



Campaign Finance Report

278935

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 2010034		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: DELISSIO, PAMELA STATE HOUSE CAMPAIGN					
Street Address: PO BOX 4606					
City: PHILADELPHIA			State: PA	Zip Code: 19127-0000	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY 1.	2ND FRIDAY PRE-PRIMARY 2.X	30 DAY PRIMARY POST- 3.	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION 4.	2ND FRIDAY PRE-ELECTION 5.	30 DAY ELECTION POST- 6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT 7.	Year 2018	FILING METHOD () CHECK ONE	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY			DATE OF ELECTION		District Number Office Code Party Code County Code
			MO DAY YEAR	194 STH DEM 51	
			11 6 2018	(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:			MO DAY YEAR	FOR OFFICE USE ONLY	
			1 1 2018 TO	RECEIVED MAY -3 PM 12:49 DEPT OF STATE BUREAU OF SEL	
A. Amount Brought Forward From Last Report			\$	11,628.38	
B. Total Monetary Contributions And Receipts (From Schedule I)			\$	0.00	
C. Total Funds Available (Sum Of Lines A and B)			\$	11,628.38	
D. Total Expenditures (From Schedule III)			\$	1,450.36	
E. Ending Cash Balance (Subtract Line D From Line C)			\$	10,178.02	
F. Value Of In-Kind Contributions Received (From Schedule II)			\$	0.00	
G. Unpaid Debts And Obligations (From Schedule IV)			\$	7,720.00	

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature _____

My Commission Expires MO _____ DAY _____ YR _____

Signature of Person Submitting Report _____

Printed Name _____

Email _____

Area Code _____ Daytime Telephone Number _____

Part II- If this is a report of a candidate's authorized Committee, Candidate and all 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 _____

Email _____

Area Code _____ Daytime Telephone Number _____

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 BARBARA O. SKELLY, Notary Public
 Susquehanna Twp., Dauphin County
 My Commission Expires June 12, 2021

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate DELISSIO, PAMELA STATE HOUSE CAMPAIGN	Reporting Period From: <u>1/1/2018</u> To: <u>4/30/2018</u>
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1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
	TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)		
Contributions Received From Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 0.00
	TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)		\$ 0.00
	TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)		
	TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)		\$ 0.00
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**PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00**

Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

	DATE	AMOUNT
--	------	--------

Full Name of Contributing Committee	MO	DAY	YEAR	AMOUNT			
Mailing Address					\$ 0.00		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">City</td> <td style="width: 15%;">State</td> <td style="width: 55%;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
City	State	Zip Code (Plus 4)					

PAGE TOTAL
\$ 0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PART B
ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address					\$ 0.00
City	State	Zip Code (Plus 4)			

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

PART C
Contributions Received From Political Committees
OVER \$250.00

Use this Part to itemize only contributions received from Political committees
with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

**PART E
OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT			
Full Name	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-weight:normal;">City</td> <td style="width:20%; font-weight:normal;">State</td> <td style="width:50%; font-weight:normal;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

SCHEDULE II
IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED
USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate DELISSIO, PAMELA STATE HOUSE CAMPAIGN	Reporting Period From: <u>1/1/2018</u> To: <u>4/30/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Description of Contribution:

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL
	\$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address					\$ 0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate	Reporting Period
DELISSIO, PAMELA STATE HOUSE CAMPAIGN	From <u>1/1/2018</u> To: <u>4/30/2018</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
MCDWLI				
Mailing Address 506 West Heather Road	1	7	2018	\$ 200.00
City Oreland				
State PA				
Zip Code (Plus 4) 19075				
Description of Expenditure contribution				
To Whom Paid USPS				
Mailing Address 4431 Main Street	1	30	2018	\$ 9.03
City Philadelphia				
State PA				
Zip Code (Plus 4) 19127				
Description of Expenditure postage				
To Whom Paid Staples				
Mailing Address 8500 Henry Avenue	2	14	2018	\$ 58.81
City Philadelphia				
State PA				
Zip Code (Plus 4) 19128				
Description of Expenditure copying				
To Whom Paid Wissahickon Bar and Bistro				
Mailing Address 5109 Rochelle Avenue	2	16	2018	\$ 38.30
City Philadelphia				
State PA				
Zip Code (Plus 4) 19128				
Description of Expenditure volunteer meals				
To Whom Paid Wine and Spirits				
Mailing Address 7146 Ridge Avenue	2	23	2018	\$ 27.51
City Philadelphia				
State PA				
Zip Code (Plus 4) 19128				
Description of Expenditure volunteer meals				

To Whom Paid Shop Rite			MO	DAY	YEAR	
Mailing Address 6901 Ridge Avenue			3	4	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19128	Description of Expenditure volunteer meals			
To Whom Paid Park Harrisburg On Street Meters			MO	DAY	YEAR	
Mailing Address 223 Walnut Street			3	5	2018	
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure parking			
To Whom Paid Parkway			MO	DAY	YEAR	
Mailing Address 15th and Cherry Street			3	8	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure parking			
To Whom Paid The Black Sheep Pub			MO	DAY	YEAR	
Mailing Address 247 South 17th Street			3	28	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure volunteer meals			
To Whom Paid Democratic Committee of Lower Merion and Narberth			MO	DAY	YEAR	
Mailing Address P.O. Box 522			4	9	2018	
City Haverford	State PA	Zip Code (Plus 4) 19041	Description of Expenditure contribution			
To Whom Paid Democratic Committee of Philadelphia			MO	DAY	YEAR	
Mailing Address 219 Spring Garden Street			4	28	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19123	Description of Expenditure contribution			

To Whom Paid Cafe Roma Bakery			MO	DAY	YEAR	
Mailing Address 6147 Ridge Avenue			2	23	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19128	Description of Expenditure volunteer meals			
To Whom Paid Staples			MO	DAY	YEAR	
Mailing Address 8500 Henry Avenue			2	13	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19128	Description of Expenditure office supplies			
To Whom Paid Cafe Roma Bakery			MO	DAY	YEAR	
Mailing Address 6147 Ridge Avenue			3	4	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19128	Description of Expenditure volunteer meals			
To Whom Paid Marchiano's Bakery			MO	DAY	YEAR	
Mailing Address 4653 Umbria Street			2	23	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19127	Description of Expenditure volunteer meals			
To Whom Paid Marchiano's Bakery			MO	DAY	YEAR	
Mailing Address 4653 Umbria Street			3	4	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19127	Description of Expenditure volunteer meals			
To Whom Paid Patricia Libbey			MO	DAY	YEAR	
Mailing Address 379 Ripka Apt 3B			2	23	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19128	Description of Expenditure reimburse notary fee			

To Whom Paid Liacouras Center Parking			MO	DAY	YEAR	
Mailing Address 1710 North 15th Street			4	14	2018	\$ 17.00
City Philadelphia	State PA	Zip Code (Plus 4) 19121	Description of Expenditure parking			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,450.36

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate DELISSIO, PAMELA STATE HOUSE CAMPAIGN		Reporting Period From: <u>1/1/2018</u> To: <u>4/30/2018</u>		
				Outstanding Balance of Debt
				DATE
Name of Creditor Pamela A. DeLissio		MO	DAY	YEAR
Mailing Address 366F Cinnaminson Street		4	30	2018
				\$ 7,720.00
City Philadelphia	State PA	Zip Code (Plus 4) 19128		Description of Debt outstanding loan for campaign expenses
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				PAGE TOTAL \$ 7,720.00

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 PAMELA A. De Lissio									
STREET ADDRESS 366 F CINNAMINSON STREET									
CITY Philadelphia			STATE PA		ZIP CODE 19128 -				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY	<input checked="" type="checkbox"/>	STATE Representative			194	D	MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
30 DAY POST-PRIMARY	<input type="checkbox"/>		01	01	2018		04	30	2018
6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	CASH BALANCE AT END OF REPORTING PERIOD:							
2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:							
30 DAY POST-ELECTION	<input type="checkbox"/>								
ANNUAL REPORT	<input type="checkbox"/>								
		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>				
		TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>				

RECEIVED
 018 MAY -3 PM 12:49
 DEPT OF STATE
 BUREAU OF ELECTIONS

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 OF THIS COMMITTEE OR CANDIDATE'S COMMITTEE OCCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
2nd DAY OF **May** 20**18**

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES **06/12/2021**
 MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

PAMELA A. De Lissio
 PRINTED NAME

215 **808 9167**
 AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 BARBARA O. SKELLY, Notary Public
 808 Pennsylvania Twp., Dauphin County, PA
 My Commission Expires June 12, 2021

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

2018 MAY -7 PM 4:53
 CITY COMMISSIONERS
 COUNTY BD. OF ELECTIONS