

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 <b>CHRISTOPHER P. CULLEN</b>								
STREET ADDRESS <b>2112 NORTH WASHINGTON AVENUE</b>								
CITY <b>SCRANTON</b>			STATE <b>PA.</b>		ZIP CODE <b>18509</b>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
	<b>MAYOR, CITY OF SCRANTON</b>			<b>DEM.</b>		MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	2.	8	19	2019 <sup>0</sup>	10	21	2019	<b>RECEIVED</b> OCT 28 2019 2019 OCT 25 P 3:04 LACKAWANNA COUNTY BUREAU OF ELECTIONS
30 DAY POST-PRIMARY	3.	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 00.00				
6TH TUESDAY PRE-ELECTION	4.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		LESS THAN \$250.00				
2ND FRIDAY PRE-ELECTION	5.	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
30 DAY POST-ELECTION	6.	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
ANNUAL REPORT	7.							

**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  
25 DAY OF OCTOBER 2019  
Robert A. Sheridan  
 SIGNATURE

Christopher P. Cullen  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**CHRISTOPHER P. CULLEN**  
 PRINTED NAME

MY COMMISSION EXPIRES 11 9 22 MO. DAY YR.

570 AREA CODE 575-0901 DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal  
 Robert A. Sheridan, Notary Public  
 Lackawanna County  
 My commission expires November 9, 2022  
 Commission number 1150861

**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