# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

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Filer Identificat Number	ion	_	22772222222	ort Filed I irk X)	By C	andida	ite		Commi	ttee		X	Lobby	st .
Name of Filing Lobbyist	Committee,	Candidate or	Frien	ds to Elec	ct Jasmine	Flore	S							_
Street Address			1162	E 10th S	t, Fl 2nd									_
City	Erie		****		SI	ate	PA	·	Zip Coc	le ,	16503			
Type of Report	(Place x und	er report type)												
1-6 <sup>th</sup> Tuesday	2- 2 <sup>nd</sup> Frid	ay 3-30 Day Po	st 4-6 <sup>th</sup>	Tuesday	5- 2 <sup>nd</sup> F	riday	6- 30 Da	y Post	7- Annı	ual .	Special 2	2 <sup>nd</sup> Friday	*****************	30 Day
Pre-Primary	Pre-Prima	Setyes	eye Swii va peinigi	Election	Pre- Ele	ction	Election				Pre-Elec	tion	Post-E	lection
Date Of Electio (MM/DD/YYYY	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	05/18/2021	Year		202	1	Amendr Report	nent		915	Termina Report	tion		
Summary of Re Expenditures	ceipts and	From Date		To Dat	2					For O	ffice Use	Only	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		05/03/202	1	06	6/07/2021		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
		d From Last Repo			6373.78									
(From Schedule	9)	tions and Receip			151.10									
C. Total Funds / (Sum of Lines A	and B)		\$		6524.88									
D. Total Expend (From Schedule	£(M)		\$		5808.87									
E. Ending Cash (Subtract Line D	) from Line (		\$		716.01									
F. Value of In-K (From Schedule	<b>(0)</b>	600000000000000000000000000000000000000	\$ 2614.15											
G. Unpaid Debt (From Schedule	***** **** ************	itions	\$	\$ 0										
	_					avit Se		4						
I swear (or affirm)	Committee re	port, treasurer sign ort, including the at	nere. If t	chedules o	ndidate re n paper, is	port, ca to the	indidate sig	n nere. knowled	ge and be	lief true	e, correct	and comple	ete.	
Sworn to and sub									_	$\sim 1$	•	·		
day of		20		٠,			90	2	$\Rightarrow$	, (I	L			
						_	Siji izabeth C	gnature	of Person	Submiv	ting repor	t		
	Signature						Zabelli C	Nawioc	Printed	Name				
	•			. •		81	4			528-17	726			
My Commission e	xpires MO.	DAY Y	₹.				rea Code	_				none Numb	er	
Part II- If this is a	report of a Ca	ndidate's Authorize	d Comm	ittee, cand	lidate shall	sign he	ere.						<del></del>	
I swear (or affirm) amended.	) that to the b	est of my knowledge	e and bel	lief this pol	litical com	mittee	has not vio	lated any	provision	s of the	Act of Ju	ine 3, 1937	(P.L. 1333	, NO.320) as
Sworn to and sub	scribed before	e me this												
day of_		20		1		_		Cine	ature of C	andida:	te .			
						_					ıc			
	Signature			, I					Printed Na	ame				
My Commission e		BAV V/~				_	CI-	_	_	D=1-21-		ana Nivert-	<u></u>	
	MO.	DAY YR.				A	rea Code			Daytim	ie i eleptio	one Numbe	er.	

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# Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist  Friends to Elect Jasmine Flores											
Reporting Cycle  Cycle 1  6 <sup>th</sup> Tuesday  Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	<b>Cycle 4</b> Tuesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election						
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special	Election	-	cle 9 est-Special Election						

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Strabeth C Nawrocki

Location (City/State/Country

**Printed Name** 



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Susming Milores

Printed Name

Location (City/State/Country)

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### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	99.27
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	51.83
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		101011111 1010111111 10101111111111111	
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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 Page 1, Report Cover Page, Item B)	ort	\$	151.10

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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.

Filer Identification	Number				
	· · · · · · · · · · · · · · · · · · ·			Amount	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Cor Committee	ntributing	Leden made position		Date [MM/DD/YYYY] 5	
House #	Street Address		·	Date [MM/DD/YYYY] \$	
Gity.		State	Zip code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing	E-manifestation A	K. (1.0) (2.0) (4.0) (1.0) (1.0)	Date [MM/DD/XXXX) S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	tributing			Date [MM/DD/YYYY] \$	
House #	Stree (Address			Date [MM/DD/YYYY] \$	
Civ	Econocytranscopting	State	Zip code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing			Date (MM/DD/YYYY) \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
<b>ZG1Y</b>	Parantida di	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYY] \$	
<b>G</b> Y		State	Zip Code	Date [MM/DD/YYYY] S	

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# PART B All Other Contributions

See attached

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification N	umber:		•		
					·····
Full Name of Cont	ributor			Date (VIX/DD/AYYY)	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
City	Property and the Party of the Control of the Contro	State	Zip Code		\$
Full Name of Cont	ributor.	-		Date [MM/DD/YYYY]	*
House #	Street Address			Date MM/DD/YYYY	<b>5</b>
Glty		State	Zip Code		\$
Full Name of Cont	Fibutor			Date [MM/DD/MMY]	\$
House #	Street Address			Date (MM/DD/YYYY)	\$
city	·	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Conti	ibutor			Date MM/DD/YYYY	
House #	Street Address		:	Date [MM/DD/YYYY]	\$
City	First Mark Land Land Land Land Land Land Land Land	State	Zip Code		
Full Name of Cont	ibutor			Capacity (1982) 1867 Proportion Capacity In the Administration of the Capacity In the Capacity Capacit	
House #	Street Address			Date [MM/DD/YYYY]	5
Gity	Principal Section State	State	Zip Code	5	
Full Name of Conti	ibutor			Date [MM/DD/YYYY]	\$

House #

City

Street Address

State

Zip Code

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

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Allen, Jamel 1219 German St Erie PA 16503 5/25/2021 \$51.83 ECU Jasmine Flor

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#### **PART C**

### **Contributions Received From Political Committees**

Over \$250.00

Filer identification Number:

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

Full Name of Contributing Committee		·	Date [MM/DD/YYYY]	
House# Street Address			Date [MM/DD/YYYY]	<b>X</b>
City City City City City City City City	State	Zip Code	Date [MM/DD/YYYY] :	
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee  House # Street Address	•		Date [MM/DD/YYYY]	<u> </u>
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of			Date [MM/DD/YYYY]	90
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	
City	State	Z(p. code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
Gity	State	Zip Code		
Full Name of Contributing Committee				
House # Street Address				
(dty)	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		<del></del>	Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] :	

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#### PART D

## **All Other Contributions**

Over \$250.00

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

Filer identification Numbers				
Full Name of Contributor			Date [MW/DD/YYYY] S	
House # Street Addre			Date (MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Gccupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
GCY and	State.	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	I I	BASAN SANATA WARE PARTED TO SANATA SANATA	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre			Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address /				

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#### **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.

Filer Identification Num	ber:		
Full Name			
House #	Stre	ect - Address	
City		State Zip Dat Code	:e (MM/DD/YYYY) \$
Receipt Description			
Full Name			
House#	Stre	et Address	
City		State Zip Dat	œ[MM/DD/YYYY] \$
Receipt Description			
Full Name		·	
House #	Stre	et Address	
City		State Zip Dat Code	e [MM/DD/YYYY] \$
Receipt Description		Particulated Ref. (1) 12	. EMIMES
Full Name			
House #	Stre	et Address	
City		State Zip Dat Code	e [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House #	Stre	et Address	
City		State Zip Dat Code	e [MM/DD/YYYY] \$
Receipt Description		Proceduration and Proceduratio	HARRELE
Full Name			
House#	Stre	et Address	
City		State Zip Dat Code	e [MM/DD/XXXX] \$
Receipt Description			

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#### 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

Filer Identification Number:			
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VALUE OF \$	50.00 (	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	63.14
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01 TO \$25	0.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	108.11
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250.00 (FRC	M PAR	TG)
TOTAL for the reporting period	(3)	\$	2442.90
	. U.S		
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals from Page 1, Report Cover Page, Item F)		.   \$	2614.15



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	523 Hastings St.		
PA United PAC	Pittsburgh, PA 15206	6/7/2021	\$108 11 Texting service

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# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:

See attached

Full Name of Contribu	itor#			Date [MM/DD/YYYY]	\$
A Arthur Comment					
House #	Street Address		<del></del>	Date [MM/DD/YYYY]	\$
	100000000000000000000000000000000000000				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib			K E SUN BUILD	<u>                                     </u>	
Description of Continu					
Full Name of Contribu	itor	,		Date [MM/DD/YYYY]	\$
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					usa
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			Station of the state of the sta		
Description of Contrib	iution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
t dir Name or Contribu					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	ution		HILLIEU STEUDERSEES	<u> </u>	<u> </u>
ocsanpaon or contra					
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
AL ELEC					
		<u></u>	F		<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	ution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
		***		n i lista in honri	<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	<b>5</b> 4
City		State	Zip Code	Date [MM/DD/YYY]	<b>\$</b>
				**************************************	
	3000A-AUA-AUA-AUA-AUA-AUA-AUA-AUA-AUA-AUA				
Description of Contrib	ution				

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## SCHEDULE II

Part G
In-Kind Contributions Received

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VALUE OVER \$250
Filer identification Number:

Interdicate and International Control of the Contro	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MIM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY]
Employer Name	Occupation
Employer Malling Address / Principal : Place of Business:	Description of Contribution
Full Name of Contributor	Date (MM/DD/YYYY) \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] 5
State ZipiCode	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address. / Principal Place of Business	Description of Contribution

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523 Hastings St.
PA United PAC Pittsburgh, PA 15206 6/4/2021 \$2,442.90 Staff hours

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# **SCHEDULE III**

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	Statement of Ex	cpenditures >CC VVV
Filer Identification Number:		
To Whom Paid		Date [MM/Db/YYYY] \$
House # Street Add	ress	Description of Expenditure
City	State Zip Code	·
To Whom Paid		Date (MM/DD/AYAY) \$
House # Street Add	lress.	Description of Expenditure
Gity	State Zip.	
To Whom Paid		Date [MM/DD/XYYY] \$
House # Street Add	ress	Description of Expenditure
City	State Zip Code	

Date [MM/DD/YYYY] To Whom Paid House # **Description of Expenditure** Street Address State Zip City Code Date [MM/DD/YYYY] | \$ To Whom Paid Description of Expenditure House # Street Address State Zip City Code Date [MM/DD/YYYY] \$ To Whom Paid House # Street Address Description of Expenditure Zip City State Code Date [MM/DD/YYYY] \$ To Whom Paid **Description of Expenditure** House # Street Address State Zip City Code Date [MM/DD/YYYY] \$ To Whom Paid Description of Expenditure House # Street Address City State Zip Code

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Date	To Whom Paid	Mailing Address	Description	Amount
05/07/202	Enterprise	8421 St. John Industria St. Louis, MO 60180	7	\$19.50
06/04/202	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Design, printing &	\$5,789.37
mentalisman and a constitue band the detailed the property and the control of the constituence of the cons				
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				\$5 <i>,</i> 808.87

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#### **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.

Filer identification Num	per:		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip	
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip	
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip	
Description of Debt		Code	
Name of Creditor		DATE DESTRINGURRED	Outstanding Balance of Debt.
House #	Street Address	[MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
		[MM/DD/YYYY]	
City		State Zip.	
Description of Debt			
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt 5
		[MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			

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