

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	82-436589	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Jasmine Flores							
Street Address	1116 Oregon Ave							
City	ERIE	State	PA	Zip Code	16505			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report		\$ 0.00	<p>2019 MAY 10 PM 1:30</p> <p>ERIE COUNTY VOTER REGISTRATION</p> <p>KA</p>
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 1262	
C. Total Funds Available (Sum of Lines A and B)		\$ 1262	
D. Total Expenditures (From Schedule III)		\$ 1231	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 31	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 140	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

10th day of May 20 19
 Kimberly S. Alexander
 Signature

My Commission expires 10 31 2019
 MO. DAY YR.

Kyra Taylor
 Signature of Person Submitting report
 Kyra Taylor
 Printed Name

724 498 7018
 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. 1333, NO.320) as amended.

Sworn to and subscribed before me this

10th day of May 20 19
 Kimberly S. Alexander
 Signature

My Commission expires 10 31 2019
 MO. DAY YR.

Jasmine Flores
 Signature of Candidate
 Jasmine Flores
 Printed Name

814 403 3408
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberly S. Alexander, Notary Public
 City of Erie, Erie County
 My Commission Expires Oct. 31, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	82-4365689			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor				
Total for the reporting period		(1)	\$	\$1,262.00
2. Contributions of \$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)			\$	\$1,262.00
Total for the reporting period		(2)	\$	\$1,262.00
3. Contributions 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$	\$1,262.00

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	82 - 436589
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Amount

Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$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 Number:	82-4365689
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Full Name of Contributor		Margaret Ann Watts				Date [MM/DD/YYYY]	\$	\$100.00
						04/12/2019		
House #	12663	Street Address		Forrest Drive		Date [MM/DD/YYYY]	\$	
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Deb Gilber				Date [MM/DD/YYYY]	\$	\$100.00
						04/21/2019		
House #	724	Street Address		Perry Highway		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15229	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Scott Olbert				Date [MM/DD/YYYY]	\$	\$100.00
						04/21/2019		
House #	724	Street Address		Perry Highway		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15229	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		NOT APPLICABLE				Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		NOT APPLICABLE				Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		NOT APPLICABLE				Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

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 over \$250.00 in the reporting period.

Filer Identification Number	82-4365489
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Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

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 Number	82-4365189
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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					
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					
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					
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					

PART E

Other Receipts

REFUNDS, INTREST 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 Number:	82-4365689
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number <div>82-4365689</div>
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Full Name of Contributor				Date [MM/DD/YYYY]		S	70.00
Alyana Gallagher				4/19/2019			
House #	Street Address			Date [MM/DD/YYYY]			
505	Poplar Street						
City	State	Zip Code		Date [MM/DD/YYYY]		S	
Erie	PA	16507					
Description of Contribution				2 tickets to Delta Sigma Theta Luncheon			

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]			
City	State	Zip Code		Date [MM/DD/YYYY]		S	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]			
City	State	Zip Code		Date [MM/DD/YYYY]		S	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]			
City	State	Zip Code		Date [MM/DD/YYYY]		S	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address			Date [MM/DD/YYYY]			
City	State	Zip Code		Date [MM/DD/YYYY]		S	
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	82-4365689
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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]		\$	
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]		\$	
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]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

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:	82-4365689
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	70.00

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	\$	70.00

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, Report Cover Page, Item F)		\$	140.00
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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	82-4365689
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To Whom Paid	Erie County Court House				Date [MM/DD/YYYY]	\$	\$26.00
					03/11/2019		
House #	140	Street Address	West 6th Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	Petitions	
To Whom Paid	Veronica Wexford				Date [MM/DD/YYYY]	\$	\$75.00
					04/04/2019		
House #	4124	Street Address	West Ridge Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Button making	
To Whom Paid	Erie Alumnae Chapter of Delta Sigma Theta Sorority, Inc.				Date [MM/DD/YYYY]	\$	\$10.00
					04/27/2019		
House #	2622	Street Address	Buffalo Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Cash Donation	
To Whom Paid	El Amigo Mexican Grill				Date [MM/DD/YYYY]	\$	\$169.60
					04/22/2019		
House #	333	Street Address	State Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	Deposit for Campaign Fundraiser	
To Whom Paid	El Amigo Mexican Grill				Date [MM/DD/YYYY]	\$	\$167.00
					04/23/2019		
House #	333	Street Address	State Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	Second Half of Deposit for Campaign Fundraiser	
To Whom Paid	The UPS Store #5155				Date [MM/DD/YYYY]	\$	\$17.00
					04/27/2019		
House #	2501	Street Address	West 12 Street, Yorktown Centre		Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Canvas Handouts/Window Signs	
To Whom Paid	Veronica Rexford				Date [MM/DD/YYYY]	\$	\$25.00
					04/26/2019		
House #	4124	Street Address	West Ridge Road		Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Fundraiser with Local Brewery	
To Whom Paid	Erie County Democratic Party				Date [MM/DD/YYYY]	\$	\$200.00
House #	1305	Street Address	State Street		Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Purchased access to Vote Builder	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	82-4365689
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To Whom Paid		Davona Pacley				Date [MM/DD/YYYY]	\$	\$10.00
						04/04/2019		
House #	1416	Street Address	West 11th Street, Apartment #2			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Gas Money to Pick Up Campaign Materials from		
To Whom Paid		Polish Falcons Nest				Date [MM/DD/YYYY]	\$	\$3.00
						04/22/2019		
House #	431	Street Address	East 3rd Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	Admission Fee		
To Whom Paid		Desantis Signs and Graphics				Date [MM/DD/YYYY]	\$	\$518.34
						05/09/2019		
House #	540	Street Address	West 18th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Purchase Yard Signs		
To Whom Paid		NOT APPLICABLE				Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid		NOT APPLICABLE				Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid		NOT APPLICABLE				Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid		NOT APPLICABLE				Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid		NOT APPLICABLE				Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

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 Number:	82-4365689
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Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		S			
City	State	Zip Code					
Description of Debt							