Commonwealth of Pennsylvania - Campaign Finance Report

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

| Filer identification Number | Report F (Mark X | iled By Candid | late | Committee | Lobbylst | |
|---|--|---------------------------------------|---------------------------|--|--|--|
| Name of Filing Committee, Candida Lobbyist | i te or Friends to | Elect Jasmine Flores | | | The second secon | |
| Street Address | 1162 E 10t | h St, Fl 2nd | | | | |
| City Erie | 45.13.20.00 kalakin pogo pogo pogo kalakin 2000 | State | PA | Zip Code 16503 | · | |
| Type of Report (Place x under repor | t type) | · · · · · · · · · · · · · · · · · · · | · | | • | |
| 1-6 th Tuesday 2-2 nd Friday 3-3 Pre-Primary Pre-Primary Prin | O Day Post 4- 6 th Tue nary Pre- Elect | | | 7- Annual Special 2 ^{no} Pre-Election | | |
| | | X | | ALLA LA MARIA PARA PROPERTIES DE LA COMPANSION DE LA COMP | 15-14-1-15-15-19-1-15-15-15-15-15-15-15-15-15-15-15-15-1 | |
| Date Of Election (MM/DD/YYYY) 11 | /02/2021 Year | 2021 | Amendment Report | Terminatio Report | | |
| | m Date To | Date | | For Office Use O | nly | |
| | 06/07/2021 | 10/18/2021 | | | | |
| A. Amount Brought Forward From I | | 716.01 | | | | |
| B. Total Monetary Contributions an (From Schedule I) | | 2,171.43 | | | | |
| C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures | \$ | 2,887.44 | 1 | ERIE COUNTY | | |
| (From Schedule III) | \$ | 1,306.76 | OCT 22 2021 | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 1580.68 | | VOTER REGISTRATION | | |
| F. Value of In-Kind Contributions Re (From Schedule II) | | 1,541.34 | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | | | | | |
| Part 1- If this is a Committee report, trea | surar sign bara. If this is | Affidavit S | | | | |
| I swear (or affirm) that this report, includ | | | | ge and belief true, correct an | d complete. | |
| Sworn to and subscribed before me this | | | 90- | C. Maus | | |
| day of2 | o | - | Signature | of Person Submitting report | | |
| Cinnel | | <u> </u> | Elizabeth C Nawrocki | | | |
| Signature | • | ı | Printed Name 814 528-1726 | | | |
| My Commission expires MO. D | AY YR. | _ | Area Code | 528-1726 Daytime Telephor | ne 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 | | | \ | N- a | | |
| day of20 | · | - | Jummu | ature of Candidate | | |
| Signature | | Jasmine Flores Printed Name | | | | |
| My Commission expiresMO. DAY | YR. | _ | 814 Area Code | 403-34 Daytime Telephone | Number | |
| MO. DAY YR. Area Code Daytime Telephone Number | | | | | | |

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification Number | | |
|---|-------------|-------------|
| | | |
| | | |
| J. Unitemized Contributions and Receipts-\$50,00 or less per Contributor | | |
| | | |
| Total for the reporting period (1 | 1) 9 | \$ 004.00 |
| | | 884.88 |
| 2. Contributions of \$50.01 to \$250.00 (From | | |
| Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | F; | \$ 0 |
| All Other Contributions (Part B) | + | \$ |
| | | 1,286.55 |
| Total for the reporting period (2) | ?) ; | \$ 1,286.55 |
| | *********** | |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | Ħ | |
| | | ^ 0 |
| All Other Contributions (Part D) | 丁; | \$ 0 |
| Total facility and the second of the second | + | |
| Total for the reporting period (3) | " | 0 |
| 42-Other Receipts-Refunds Interest Farned, Returned Checks, ETG. (From Part E) | _ | |
| | | |
| Total for the reporting period (4) |) 5 | |
| | | 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)

2,171.43

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 Contributing | | | Date [MM/DD/YYYY] | 5 |
| Committee | | | NEON BLANCH MANNE | STEE |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| City : | State. Zip Goo | le . | Date [MM/DD/YYYY] | <u>\$</u> |
| | | | | |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY] | 5 |
| House # Street Address | | | Date [MM/DD/YYYY] | |
| City | State Zip Cod | ie – | Date [MM/DD/YYYY] | \$ |
| | | | | |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY] | \$ |
| House # Street Address | | X () () () () () () () () () (| Date [MM/DD/YYYY] | \$ |
| | State Zip God | Distriction In | Date [MM/DD/YYYY] | |
| | | | | |
| Full Name of Contributing Committee | | AAA | Date (MM/DD/YYYY) | |
| House# Street Address | | | Date [MM/DD/YYYY] | \$ |
| CHY | State Zip Cod | e | Date [MM/DD/YYYY] | \$ |
| | Aginaras Galeria S | | | |
| Full Name of Contributing Committee | | 1101111 | Date [MM/DD/YYYY] | \$ |
| House # Street Address | | | Date [MM/DD/YYYY] | |
| (SIX) | State Zip Cod | e | Date [MM/DD/YYYY] | 5 |
| Full Name of Contributing | | | Date [MM/DD/YYYY] | |
| Committee | | | | |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | State Zip God | G | 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. | | | | |
|------------------------------|--|--|----------------------|--|
| | | | | |
| Full Name of Contributor | SEE ATTACHED | | Date [MM/DD/YYYY] \$ | |
| House # Stre | eet Address | - <u></u> | Date [MM/DD/YYYY] \$ | |
| Ċity | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | Name of State of Stat | | Date [MM/DD/YYYY] \$ | |
| House # Stre | et Address | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | E Common (1) | Commenced the Co | Date [MM/DD/YYYY] \$ | |
| House # Stre | et Address | · · · · · · · · · · · · · · · · · · · | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Stre | eet Address | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| House # Stre | et Address | | Date [MM/DD/YYYY] \$ | |
| City/ | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| | et 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: | | | | |
|--|-------|----------|-------------------|-----------|
| | | | | |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY] | \$7 |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY] | 5 |
| House # Street Address | | | Date [MM/DD/YYYY] | 5 |
| City | State | Zip Code | Date MM/DD/YYYY | |
| Full Name of | | | Date MM/DD/YYYY | \$ |
| Contributing Committee House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | Chala | | | |
| Full Name of | State | Zip Code | Date [MM/DD/YYYY] | * |
| Contributing Committee | | | | |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| City. | State | Zip Code | Date [MM/DD/YYYY] | 5 |
| Full Name of Contributing Committee | _ | | Date [MM/DD/YYYY] | \$ |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| City: | State | Zip Code | Date [MM/DD/YYYY] | \$ 1 |
| Full Name of Contributing Committee | _ | | Date [MM/DD/YYYY] | \$ |
| House # Street Address | | | Date [MM/DD/YYYY] | \$ |
| Gity | State | Zip Code | Date [MM/DD/YYYY] | |

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:

| Full Name of Contributor | | | Date (MM/DD/YYYY) \$ |
|--|--------------------------|---|----------------------|
| House # Street Address | | 127 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C | Date [MM/DD/YYYY] \$ |
| City Employer Name | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Mailing Address / | | | Occupation |
| Principal Place of Business Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| | | | Date (MM/OD/XTTT) 5 |
| House # Street Address | | | Date [MM/DD/YYYY] \$ |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name Employer Mailing Address / | | | Occupation |
| Principal Place of Business | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| House # Street Address | CASA software communical | | Date [MM/DD/YYYY] \$ |
| City | State | Zip Code | Date [MM/Db/YYYY] \$ |
| Employer Name | | | Occupation |
| Employer Mailing Address / Principal Place of Business | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| House # Street Address | i a cont | One Available Control of Control | Date [MM/DD/YYYY] \$ |
| City Employer Name | State . | Zip Code | Date [MM/DD/YYY] \$ |
| | Α., | | 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 Numi | 90 50 | | | |
|---------------------------|---|---|-----------------------|--|
| Full Name | | | | |
| House # | Street Address | | *** | |
| City I describe | Record of Parallel and American | State | Zip Code | Date [MM/DD/YYYY] 5 |
| Receipt Description | | re de | iller i E | |
| Full Name | | | | <u> </u> |
| House # | Street Address | <u>.</u> | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] 5 |
| Receipt Description | | | | Section 1 |
| Full Name | MARCON. | | | |
| | Street Address | | | |
| City (April 1997) | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | San All |
| Full Name | 2.h. | *************************************** | ··· | |
| | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | 100 100 100 100 100 100 100 100 100 100 | | | |
| Full Name | 1979 ju | ······································ | | |
| | Street Address | | CLLCALORS TORROWS WAY | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | entered to the control of the contro |
| Full Name | TO THE | | | |
| | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | . Description |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD **DETAILED SUMMARY PAGE**

| Filer Identification Number: | | SUMINIARY PAGE | |
|---|---|--|---------------|
| | | | |
| UNITEMIZED IN-KIND CONTRI TOTAL for the reporting period | BUTIONS RECEIVED-VALUE OF \$ | \$50.00 OR LESS PER CONTRIBUTOR \$ 220.12 | |
| 2. IN-KIND CONTRIBUTIONS REC | EIVED-VALUE OF \$50.01 TO \$250 | 50.00 (FROM PART F) \$ 116.2 | |
| 3. IN-KIND CONTRIBUTION RECEIT | ved-value over \$250.00 (Proi | JM PART G) \$ 1,027.75 | |
| TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F) | IS DURING THIS REPORTING m boxes 1, 2, and 3; also enter | | $\overline{}$ |

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| Filer Identification Number: | | | | |
|-----------------------------------|--|--|----------------------|--|
| | • | | | |
| Full Name of Contributor | SEE ATTACHED | | Date [MM/DD/YYYY] \$ | |
| House # Stree | t Address | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contribution | | | I AMERICAN | |
| Full Name of Contributor | ory closests and Macadeline annual or 1.7 | | Date [MM/DD/YYYY] \$ | |
| House # Stree | t Address | | Date [MM/DD/YYYY] \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| Description of Contribution | | l de la companya de l | Formation | |
| Full Name of Contributor | A Control of the Cont | | Date [MM/DD/YYYY] \$ | |
| House # Street | t Address | | Date [MM/DD/YYYY] \$ | |
| City Description of Contribution | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| | t Address | | Date [MM/DD/YYYY] \$ | |
| City Description of Contribution | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ | |
| | t Address | | Date [MM/DD/YYYY] \$ | |
| City Description of Contribution | State | Zip Code | Date [MM/DD/YYYY] \$ | |

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

| Her Identification Number | |
|--|--|
| Filer Renuncation Aumoera | |
| | |
| Full Name of Contributor | |
| SEE ATTACHED | Date [MM/DD/YYYY] \$ |
| | |
| House # Street Address | Date [MM/DD/YYYYY] \$ |
| | |
| City State Zip Code | Date [MM/DD/YYYY] 5 |
| | |
| Employer Name | Occupation |
| | |
| Employer Mailing Address / Principal | Description |
| Place of Business | of Contribution |
| Full Name of Contributor | Date [MM/DD/YYYY] \$ |
| Tun Hone of Spinishment | Date (IVINI) DO) FIANG |
| | The state of the s |
| House # Street Address | Date [MM/DD/YYYY] \$ |
| | |
| City State Zip Code | Date [MM/DD/YYYY] \$ |
| | 22 (COLVE) 1 (CO |
| Employer Name | Occupation |
| | |
| Employer Mailing Address / Principal Place of Business | Description of |
| Fide on Dustriess | Contribution |
| Full Name of Contributor | Date [MM/DD/YYYY] \$ |
| | |
| | 110 |
| House # Street Address | Date [MM/DD/YYY) \$ |
| | |
| City State Zip Code | Date [MM/DD/YYYY] \$ |
| | |
| Employer Name | Occupation |
| Employer Mailing Address / Principal | |
| Place of Business | Description of which the second secon |
| | Contribution |
| Full Name of Contributor | Date [MM/DD/YYYY] \$ |
| | |
| House # Street Address | Date [MM/DD/YYYY] \$ |
| House# Street Address | Date [MM/DD/YYYY] \$ |

State

Zip Code

Date [MM/DD/YYYY]

Occupation

Description

Contribution

City

Employer Name

Place of Business

Employer Mailing Address / Principal

Statement of Expenditures

| Filer Identification Number: | _ | | |
|------------------------------|-------|--|--|

| | | · · · · · · · · · · · · · · · · · · · | | | |
|--------------|----------------|---------------------------------------|-------------|----------------------------|---|
| To Whom Paid | SEE ATTACHE | D | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Description of Expenditu | re |
| City | | State | Zip Code | | |
| To Whom Paid | | | | | 5 |
| House # | Street Address | | | Description of Expenditur | e dan ar |
| City | | State | Žíp Code | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | : |
| House # | Street Address | | | Description of Expenditur | |
| City :- | | State | Zip Code | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] 3 | |
| House # | Street Address | | | Description of Expenditur | e |
| City | | State | Zip Code | | |
| To Whom Paid | - | | | Date [MIV/DD/YYYY] \$ | |
| House # | Street Address | | | Description of Expenditur | e da dina |
| City. | | State | Zip Code | | W |
| To Whom Paid | | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Description of Expenditure | |
| City | | State | Zip Code | | |
| To Whom Paid | , | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Description of Expenditure | |
| City | | State | Zip Gode | | recovered to the Primary August of CO, CO |
| To Whom Paid | | | | Date [MM/DD/YYYY] \$ | |
| House # | Street Address | | | Description of Expenditure | |
| City | | State | Zíp 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.

| 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 |
| | Street Address | DATE DEBT INCURRED | \$ |
| | | [MM/DD/YYYY] | |
| 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 | |
| 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 | The state of the s |
| Name of Creditor | | | |
| | Street Address | DATE DEBT INCURRED | Outstanding Balance of Debt \$ |
| | | [MM/DD/YYYY] | |
| City. | Control of the Contro | State Zip Code | |
| Description of Debt | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Management of the state of the | 577 (1990) |
| Name of Creditor | | | Outstanding Balance of Debt |
| House # | treet Address | DATE DEBT INCURRED [MM/DD/YYYY] | \$ |
| City | | State Zip | |
| Description of Debt | | Code | |
| | | | _ |

| PART B: All other contributions \$50.01-\$250 | ıtions \$50.01-\$250 | A CONTRACTOR CONTRACTO | *************************************** | | | | | | |
|---|--|--|---|--|------------------|-------------|---|--|---|
| Chuwan, Nanda | 5937 Cobblestone Dr | Erie | РА | 16509 | 7/28/2021 | \$51.83 | USCRI | 8 | Accountant |
| Flores, Yair | 714 Pennsylvania Ave | Erie | PA | 16503 | 7/29/2021 | \$51.83 | Ahresty | sty | Engineer |
| Augustine, Elisabeth | 714 Liberty St | Erie | PA | 16502 | 8/5/2021 | \$51.83 | | Like My Thai | Owner |
| Carroll, Leigh | 527 1/2 Gettysburg St | Pittsburgh | РА | 15206 | 10/5/2021 | \$51.83 | | seiu healthcare pa | organizer |
| Heffy, Kevin | 401 Reading Ave | Reading | РА | 19611 | 10/13/2021 | \$51.83 | | Seiu healthcare pa | Union organizer |
| Olbert, Deborah | 742 Perry Hwy | Pittsburgh | РА | 15229 | 7/28/2021 | \$103.45 | Retired | •••••••••••••••••••••••••••••••••••••• | Retired |
| Vazquez, Montse | 1121 Aris Dr | Erie | РА | 16505 | 7/28/2021 | \$103.45 | O | Self Employed | Self Employed |
| Robinson, David | 10175 | 10175 Union City | РА | 16438 | 8/20/2021 | \$103.45 | | Union City Family Support Cen Nonprofit director | n Nonprofit director |
| PRUVEADENTI, REBECCA | 3005 Hastings Rd | Erie | PA | 16506 | 8/28/2021 | \$103.45 | i i | pa. | Retired |
| Fairley, Gretchen | 637 W 9th St | Erie | РА | 16502 | 9/26/2021 | \$103.45 | | U.S. Committee for Refugees a Fundraiser | a Fundraiser |
| PRUVEADENTI, REBECCA | 3005 Hastings Rd | Erie | PA | 16506 | 10/2/2021 | \$103.45 | | pa. | Retired |
| PRUVEADENTI, REBECCA | 3005 Hastings Rd | Erie | PA | 16506 | 7/19/2021 | \$200.00 | Retired | pa. | Retired |
| Armor, Kelly | 1317 Parade St | Eríe | PA | 16503 | 8/14/2021 | \$206.70 | Self | | Teaching artist & folklorist |
| PART F: In-Kind Contributions \$50.01-\$250 | utions \$50.01-\$250 | | | | | | | | |
| PA United PAC | 523 Hastings St. Pittsburgh, PA 15206 | 6/10/2021 | \$53.18 | \$53.18 EveryAction subscription charges | iption charges E | EveryAction | PO Box 392264 Pittsburgh, PA 15251 | | |
| PA United PAC | 523 Hastings St. Pittsburgh, PA 15206 | 10/5/2021 | \$63,44 | \$63.44 Staples - printing | . 0 | | 1924 Keystone Drive Erie, PA 16509 | de l'Alianne de la company | |
| PART G: In-Kind Contributions over \$250 | utions over \$250 | | | | | | VPR DEPARTMENT | | |
| PA United PAC | 523 Hastings St. Pittsburgh, PA 15206 | 10/18/2021 | \$1,027.75 | \$1,027.75 Staff time | | PA United | 841 California Ave. Pittsburgh, PA 15212 | | |
| SCHEDULE III: Expenditures | ures | | | | | | | | 1 |
| 10/18/2021 | 10/18/2021 Sequal Consulting | PO Box 5288 Pittsburgh, PA 15206 | Erie VBM postcards | \$38.76 | | | | The second secon | |
| 08/11/2021 | 08/11/2021 Gushi Gumi Creates | 100 Lynwood Dr, Apt 4 Edinboro, PA 16412 | Artwork for Flores | \$45.00 | | | | THE PERSON NAMED IN COLUMN TO THE PE | |
| 09/30/2021 | 09/30/2021 First Amendment Tees Co., | 1507 State St. Erie, PA 16501 | Flores tshirt order | \$112.00 | | | | | |
| 10/18/2021 | 10/18/2021 Sequal Consulting | PO Box 5288 Pittsburgh, PA 15206 | Erie VBM postcards pos | \$384.58 | | | | THE RESERVE OF THE PROPERTY OF | |
| | 10/18/2021 Sequal Consulting | PO Box 5288 Pittsburgh, PA 15206 | Erie VBM postcards | *********** | A | | · · · · · · · · · · · · · · · · · · · | | |



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 • rasketampaignfinance@pa.gov

ERIE COUNTY

OCT 22 2021

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 | · Name | | | | |
| ☐ Cycle 1 6 th Tuesday Pre-Primary | ☐ Cycle 2 2 nd Friday Pre-Primary | ☐ Cycle 3 30 Day Post Primary | 6 th T | Cycle 4 uesday Election | Cycle 5 2 nd Friday Pre-Election |
| ☐ Cycle 6 30 Day Post-Election | ☐ Cycle 7 Annual Report | ☐ Cycle 8 2 nd Friday Pre-Special | Election | • | cle 9 ost-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

Elizabeth C. Nawrocki

Printed Name

10/20/2021

Date (DD/MM/YYYY)

City of Erie

Location (City/State/Country)



Pennsylvania Department of StateBureau of Campaign Finance & Civic Engagement

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 is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.

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

| James W doors | 10/20/2021 |
|------------------------|-------------------------------|
| Signature of Candidate | Date (DD/MM/YYYY) |
| Jasmine u Flores | Erie Pa |
| Printed Name | Location (City/State/Country) |