

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		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	1162 E 10th St, Fl 2nd							
City	Erie	State	PA	Zip Code	16503			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/02/2021	Year	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/07/2021	10/18/2021	
A. Amount Brought Forward From Last Report	\$	716.01	<p>ERIE COUNTY</p> <p>OCT 22 2021</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,171.43	
C. Total Funds Available (Sum of Lines A and B)	\$	2,887.44	
D. Total Expenditures (From Schedule III)	\$	1,306.76	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1580.68	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1,541.34	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

## Affidavit Section

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

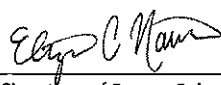
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

  
\_\_\_\_\_  
Signature of Person Submitting report  
Elizabeth C Nawrocki

\_\_\_\_\_  
Printed Name

814  
\_\_\_\_\_  
Area Code

528-1726  
\_\_\_\_\_  
Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

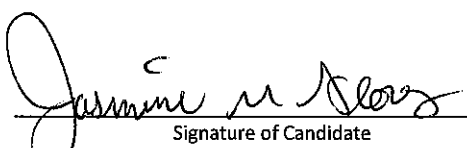
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

  
\_\_\_\_\_  
Signature of Candidate  
Jasmine Flores

\_\_\_\_\_  
Printed Name

814  
\_\_\_\_\_  
Area Code

403-3408  
\_\_\_\_\_  
Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 884.88
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$ 0
All Other Contributions (Part B)			\$ 1,286.55
Total for the reporting period		(2)	\$ 1,286.55
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 0
Total for the reporting period		(3)	\$ 0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ 0
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>			\$ 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 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:	
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Full Name of Contributor	SEE ATTACHED				Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					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:	
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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]	\$
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 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:	
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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:	
------------------------------	--

Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										

## 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 CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	220.12
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**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period	(2)	\$	116.2
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	1,027.75
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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)		\$	1,541.34
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**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					SEE ATTACHED					Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$					
City			State		Zip Code		Date [MM/DD/YYYY]	\$				
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]	\$				
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]	\$				
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]	\$				
Description of Contribution												

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
SEE ATTACHED							
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 III  
**Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid	SEE ATTACHED	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 Code		
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 Code		
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 Code		
To Whom Paid		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:	
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Name of Creditor					Outstanding Balance of Debt	
House #	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]	\$			
City	State	Zip Code				

Description of Debt					
---------------------	--	--	--	--	--

Name of Creditor					Outstanding Balance of Debt	
House #	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]	\$			
City	State	Zip Code				

Description of Debt					
---------------------	--	--	--	--	--

Name of Creditor					Outstanding Balance of Debt	
House #	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]	\$			
City	State	Zip Code				

Description of Debt					
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<b>PART B: All other contributions \$50.01-\$250</b>										
Chuan, Nanda	5937 Cobblestone Dr	Erie	PA							Accountant
Flores, Yair	714 Pennsylvania Ave	Erie	PA	16509	7/28/2021	\$51.83		USCRI		Engineer
Augustine, Elisabeth	714 Liberty St	Erie	PA	16503	7/29/2021	\$51.83		Ahresty		Owner
Carroll, Leigh	527 1/2 Gettysburg St	Pittsburgh	PA	16502	8/5/2021	\$51.83		Like My That		owner
Heffy, Kevin	401 Reading Ave	Reading	PA	15206	10/5/2021	\$51.83		seiu healthcare pa		Union organizer
Olbert, Deborah	742 Perry Hwy	Pittsburgh	PA	19611	10/13/2021	\$51.83		Seiu healthcare pa		Retired
Vazquez, Montse	1121 Aris Dr	Erie	PA	15229	7/28/2021	\$103.45		Retired		Self Employed
Robinson, David	10175 Union City	Erie	PA	16505	7/28/2021	\$103.45		Self Employed		Nonprofit director
PRUVEADENTI, REBECCA	3005 Hastings Rd	Erie	PA	16438	8/20/2021	\$103.45		Retired		Retired
Fairley, Gretchen	637 W 9th St	Erie	PA	16506	8/28/2021	\$103.45		U.S. Committee for Refugees a		Fundraiser
PRUVEADENTI, REBECCA	3005 Hastings Rd	Erie	PA	16502	9/26/2021	\$103.45		Retired		Retired
PRUVEADENTI, REBECCA	3005 Hastings Rd	Erie	PA	16506	10/2/2021	\$103.45		Retired		Retired
Armor, Kelly	1317 Parade St	Erie	PA	16506	7/19/2021	\$200.00		Retired		Teaching artist & folklorist
			PA	16503	8/14/2021	\$206.70		Self		
<b>PART F: In-Kind Contributions \$50.01-\$250</b>										
PA United PAC	523 Hastings St.							PO Box 392284 Pittsburgh, PA 15251		
PA United PAC	523 Hastings St.							1924 Keystone Drive Erie, PA 16509		
<b>PART G: In-Kind Contributions over \$250</b>										
PA United PAC	523 Hastings St.							841 California Ave. Pittsburgh, PA 15212		
<b>SCHEDULE III: Expenditures</b>										
10/18/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Erie VBM postcards	\$36.76						
08/11/2021	Gushi Gumi Creates	100 Lynwood Dr, Apt 4 Edinboro, PA 16412	Artwork for Flores	\$45.00						
09/30/2021	First Amendment Tees Co.,	1507 State St. Erie, PA 16501	Flores tshirl order	\$112.00						
10/18/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Erie VBM postcards pos	\$384.58						
10/18/2021	Sequal Consulting	PO Box 5288 Pittsburgh, PA 15206	Erie VBM postcards	\$726.42						



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

ERIE COUNTY

OCT 22 2021

VOTER REGISTRATION

## 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				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input checked="" type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-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 State**

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto: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.**

Jasmine M Flores  
Signature of Candidate

10/22/2021  
Date (DD/MM/YYYY)

Jasmine M Flores  
Printed Name

Erie Pa  
Location (City/State/Country)