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 1. | COMMITTEE 2. | LOBBYIST 3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

Jason Dean

STREET ADDRESS

5454 Pepperwood Circle

CITY: Erie | STATE: PA | ZIP CODE: 16506

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
9TH TUESDAY PRE-PRIMARY	1.						
2ND FRIDAY PRE-PRIMARY	2.						
30 DAY POST-PRIMARY	3. X						
6TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7.						

DATES OF REPORTING PERIOD: MO. 5 DAY 7 YEAR 19 TO MO. 6 DAY 16 YEAR 19

FOR OFFICE USE ONLY

RECEIVED
2019 JUN 20 PM 1:07
PA DEPARTMENT OF STATE

CASH BALANCE AT END OF REPORTING PERIOD: $ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

	YES		NO	
AMENDMENT REPORT?			NO	X
TERMINATION REPORT?	YES		NO	X

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 20TH DAY OF June 20 19

Notarial Seal
Tania Fernandez, Notary Public
City of Erie, Erie County
Commonwealth of Pennsylvania - Notary Seal
My commission expires April 3, 2023
Commission number 1288912
Member, Pennsylvania Association of Notaries

Tania Fernandez
SIGNATURE

MY COMMISSION EXPIRES 4-3-23 (MO. DAY YR.)

Jason Dean
SIGNATURE OF PERSON SUBMITTING REPORT

Jason Dean
PRINTED NAME

814 AREA CODE 8334762 DAYTIME TELEPHONE NUMBER

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