

# Commonwealth of Pennsylvania - Campaign Finance Report

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

File Identification Number	83-4365689	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	Eric	State	PA	Zip Code	116505			

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 checked="" 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		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	5/11/19	6/10/19	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	31	
C. Total Funds Available (Sum of Lines A and B)	\$	262.45	
D. Total Expenditures (From Schedule III)	\$	293.45	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	201.86	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.		Affidavit Section	
I swear (or affirm) that this report, including the attached schedule, is true to the best of my knowledge and belief.		I swear (or affirm) that this report, including the attached schedule, is true to the best of my knowledge and belief.	
Sworn to and subscribed before me this	13 <sup>th</sup> day of June 20 19	Signature of Person Submitting report	Kyra Taylor
Signature	Sonia Fernandez	Printed Name	Kyra Taylor
My Commission expires	4-3-23	Area Code	724
MO. DAY YR.		Daytime Telephone Number	4987018

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.		Affidavit Section	
I swear (or affirm) that to the best of my knowledge and belief the political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.		I swear (or affirm) that to the best of my knowledge and belief the 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	13 <sup>th</sup> day of June 20 19	Signature of Candidate	Jasmine W Flores
Signature	Sonia Fernandez	Printed Name	Jasmine W Flores
My Commission expires	4-3-23	Area Code	814
MO. DAY YR.		Daytime Telephone Number	403-3408

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

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.

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

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

Filer Identification Number		83-4365689
<b>1. Unitemized Contributions and Receipts \$50.00 or less per contributor</b>		
Total for the reporting period	(1)	\$ 162.45
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$ 100
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$ 100
<b>4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$
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)		\$ 262.45

## 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.)

Contributor Address	83-4365689
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Full Name of Contributor	Molly Brechtel	DATE (MM/DD/YYYY)	05/15/19	100.00
House #	307	Street Address	East 3rd Street Apt. 1	
CITY	ERIE	State	PA	Zip Code
			16507	
Full Name of Contributor		DATE (MM/DD/YYYY)		
House #		Street Address		
CITY		State		Zip Code
Full Name of Contributor		DATE (MM/DD/YYYY)		
House #		Street Address		
CITY		State		Zip Code
Full Name of Contributor		DATE (MM/DD/YYYY)		
House #		Street Address		
CITY		State		Zip Code
Full Name of Contributor		DATE (MM/DD/YYYY)		
House #		Street Address		
CITY		State		Zip Code

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.

Full Identification Number					
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

**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)**

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.

Refund Identification Number	
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Refund Name					
Household	Street Address				
City		State		Zip Code	Date (MM/DD/YYYY)
Receipt Description					
Refund Name					
Household	Street Address				
City		State		Zip Code	Date (MM/DD/YYYY)
Receipt Description					
Refund Name					
Household	Street Address				
City		State		Zip Code	Date (MM/DD/YYYY)
Receipt Description					
Refund Name					
Household	Street Address				
City		State		Zip Code	Date (MM/DD/YYYY)
Receipt Description					
Refund Name					
Household	Street Address				
City		State		Zip Code	Date (MM/DD/YYYY)
Receipt Description					
Refund Name					
Household	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**

EIN Identification Number	
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1. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500.00 OR LESS FROM EACH		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500.00 TO \$250,000 FROM EACH		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250,000 FROM EACH		
TOTAL for the reporting period	(3)	\$

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)		\$
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Header 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		
Description of Contribution							
Full Name of Contributor					Date (MM/DD/YYYY)		
House #	Street Address			Date (MM/DD/YYYY)			
City			State		Zip Code		
Description of Contribution							
Full Name of Contributor					Date (MM/DD/YYYY)		
House #	Street Address			Date (MM/DD/YYYY)			
City			State		Zip Code		
Description of Contribution							
Full Name of Contributor					Date (MM/DD/YYYY)		
House #	Street Address			Date (MM/DD/YYYY)			
City			State		Zip Code		
Description of Contribution							

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

<b>Contributor Number</b>	
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<b>Full Name of Contributor</b>				<b>Date (MM/DD/YYYY)</b>	
<b>House #</b>	<b>Street Address</b>			<b>Date (MM/DD/YYYY)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	
<b>Employer Name</b>			<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>			<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>				<b>Date (MM/DD/YYYY)</b>	
<b>House #</b>	<b>Street Address</b>			<b>Date (MM/DD/YYYY)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	
<b>Employer Name</b>			<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>			<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>				<b>Date (MM/DD/YYYY)</b>	
<b>House #</b>	<b>Street Address</b>			<b>Date (MM/DD/YYYY)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	
<b>Employer Name</b>			<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>			<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>				<b>Date (MM/DD/YYYY)</b>	
<b>House #</b>	<b>Street Address</b>			<b>Date (MM/DD/YYYY)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date (MM/DD/YYYY)</b>	
<b>Employer Name</b>			<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>			<b>Description of Contribution</b>		

**SCHEDULE III**  
**Statement of Expenditures**

File Identification Number	83-4365689
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To Whom Paid	Desantis Signs & Graphics			Date MM/DD/YYYY	05/13/2019	78.44
House	540	Street Address	540 West 18th Street	Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Yard Signs
To Whom Paid	The UPS Store #5155			Date MM/DD/YYYY	05/11/2019	46.64
House	2501	Street Address	W 12th Street	Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Canvas Cards
To Whom Paid	The UPS Store #5155			Date MM/DD/YYYY	05/15/19	16.78
House	2501	Street Address	W 12th Street	Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Canvas Cards
To Whom Paid	Holy Trinity			Date MM/DD/YYYY	05/19/2019	10.00
House	1703	Street Address	Holland St.	Description of Expenditure		
City	Erie	State	PA	Zip Code	16503	Admission to Fund Raiser
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.

File 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					