

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		1. CANDIDATE		2. COMMITTEE		3. LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Jasmine M Flores</i>									
STREET ADDRESS <i>631 E 9th St Apt A</i>									
CITY <i>Erie</i>				STATE <i>Pa</i>		ZIP CODE <i>16503 -</i>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.		PARTY		DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY RE-ELECTION 5. 2ND FRIDAY RE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<i>City Council</i>				<i>Dem</i>		MO. DAY YEAR <i>5 21 2019</i>	
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <i>5 11 19 TO 6 10 19</i>						FOR OFFICE USE ONLY	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0.00</i>							
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0.00</i>							
		AMENDMENT REPORT? YES NO <i>X</i>							
		TERMINATION REPORT? YES NO <i>X</i>							

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

DAY OF *June* 20 *19*

Tonia Fernandez
SIGNATURE

MY COMMISSION EXPIRES *4-3-23*
MO. DAY YR.

Jasmine M Flores
SIGNATURE OF PERSON SUBMITTING REPORT

Jasmine M Flores
PRINTED NAME

814 *403-3408*
AREA CODE DAYTIME TELEPHONE NUMBER

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.

Jasmine M Flores
SIGNATURE OF CANDIDATE

Jasmine M Flores
PRINTED NAME

814 *403-3408*
AREA CODE DAYTIME TELEPHONE NUMBER