

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**


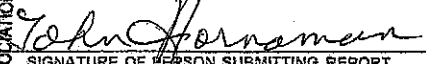
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER <b>0000581</b>		REPORT FILED ON BEHALF OF <b>CANDIDATE</b> <input checked="" type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>John Hornaman</b>			
STREET ADDRESS <b>4837 Summer Street</b>			
CITY <b>Erie</b>		STATE <b>PA</b>	ZIP CODE <b>16509-1715</b>
TYPE OF REPORT (CHECK ONE)  1. 6TH TUESDAY PRE-PRIMARY  2. 2ND FRIDAY PRE-PRIMARY  3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/>  4. 6TH TUESDAY PRE-ELECTION  5. 2ND FRIDAY PRE-ELECTION  6. 30 DAY POST-ELECTION  7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.
	DATE OF ELECTION MO. DAY YEAR <b>11 05 19</b>		PARTY
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>05 07 19 TO 06 10 19</b>		FOR OFFICE USE ONLY
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>- 0 -</b>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>- 0 -</b>		JUN 21 PM 12:23 2019
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidate'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 <b>21st</b> DAY OF <b>June</b> 20 <b>19</b>  SIGNATURE MY COMMISSION EXPIRES <b>10 31 2019</b> MO. DAY YR.		SIGNATURE OF PERSON SUBMITTING REPORT  PRINTED NAME <b>John Hornaman</b> AREA CODE <b>814</b> DAYTIME TELEPHONE NUMBER <b>868-2631</b>	

**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 _____	

Department of State • Bureau of Commissions, Elections and Legislation  
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280