

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	83-4364563	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 Lori Pickens						
Street Address		1331 West 25th Street						
City	Erie	State	PA	Zip Code	16502			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures

From Date

To Date

05/07/2019

06/17/2019

For Office Use Only

A. Amount Brought Forward From Last Report

\$

690.01

B. Total Monetary Contributions and Receipts (From Schedule I)

\$

1409.12

C. Total Funds Available (Sum of Lines A and B)

\$

1739.13

D. Total Expenditures (From Schedule III)

\$

632.37

E. Ending Cash Balance (Subtract Line D from Line C)

\$

1106.76

F. Value of In-Kind Contributions Received (From Schedule II)

\$

0

G. Unpaid Debts and Obligations (From Schedule IV)

\$

2019 JUN 17 AM 11:42
 ERIE COUNTY
 VOTER REGISTRATION

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

17th day of June 2019

Signature

My Commission expires 4-3-23 MO. DAY YR.

Signature of Person Submitting report

Printed Name

16502 Area Code

814-812-1921 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

17th day of June 2019

Signature

My Commission expires 4-3-23 MO. DAY YR.

Signature of Candidate

Printed Name

814 Area Code

814-4172 Daytime Telephone Number

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

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	83-4364563		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 738.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 0
All Other Contributions (Part B)			\$ 275.00
Total for the reporting period		(2)	\$ 275
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 0
Total for the reporting period		(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 36.12
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>			\$ 1049.12

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		83-4364563									
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											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:	83-4364563
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Full Name of Contributor		Kimberlee Boulding				Date [MM/DD/YYYY]	\$	75.00
						05/10/2019		
House #		Street Address	7707 Pawtucket			Date [MM/DD/YYYY]	\$	
City	CH	State	NC	Zip Code	28214	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Richard Flemmings				Date [MM/DD/YYYY]	\$	100.00
						05/10/2019		
House #		Street Address	829 E 22nd Street			Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Danny Jones				Date [MM/DD/YYYY]	\$	100.00
						05/24/2019		
House #		Street Address	527 W. 7th street			Date [MM/DD/YYYY]	\$	
						05/24/2019		
City	Erie	State	PA	Zip Code	16502	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:	83-4364563
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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]	\$	

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:	83-4364563
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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:	83-4364563
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Full Name	Fed Ex Office									
House #		Street Address	5755 Peach Street							
City	Erie		State	PA	Zip Code	16509	Date [MM/DD/YYYY]	05/09/2019	\$	15.22
Receipt Description	Label Incorrect									
Full Name	Erie Federal Credit Union									
House #		Street Address	1005 Greengarden Blvd							
City	Erie		State	PA	Zip Code	16502	Date [MM/DD/YYYY]	05/03/2019	\$	20.90
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:	83-4364564
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

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)		\$ 0
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	83-4364563
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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]	\$
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							

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:	83-4364563
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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					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:	83-4364563
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To Whom Paid		Committee to Elect Holly Bowers				Date [MM/DD/YYYY]	\$	30.00
						04/28/2019		
House #		Street Address	3703 Charlotte Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	Donation		
To Whom Paid		Dollar Tree				Date [MM/DD/YYYY]	\$	9.54
						05/21/2019		
House #		Street Address	2036 E. 38TH St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Glass bowl, gift wrap, scotch tape		
To Whom Paid		Sam's Club				Date [MM/DD/YYYY]	\$	82.12
						05/09/2019		
House #		Street Address	7200 Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Breakfast Tray, cookies, veggie tray		
To Whom Paid		Fed EX				Date [MM/DD/YYYY]	\$	58.24
						05/09/2019		
House #		Street Address	5755 Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16509	Labels, poster lamination		
To Whom Paid		Steve Maynard				Date [MM/DD/YYYY]	\$	100.00
						05/10/2019		
House #		Street Address	1355 West 26th street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16508	DJ Min n Mingle		
To Whom Paid		Dollar tree				Date [MM/DD/YYYY]	\$	2.12
						05/10/2019		
House #		Street Address	2036 East 38th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	receipt book		
To Whom Paid		Walmart				Date [MM/DD/YYYY]	\$	30.20
						05/10/2019		
House #		Street Address	2711 Elm Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	Hawaiian punch, pretzels, popcorn		
To Whom Paid		Bolero Chophouse (Avalon)				Date [MM/DD/YYYY]	\$	121.25
						05/10/2019		
House #		Street Address	16 W. 10th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Venue for Mix n Mingle		

SCHEDULE III
Statement of Expenditures

Filer Identification Number: 83-4364563

To Whom Paid		Erie Federal Credit Union				Date [MM/DD/YYYY]	\$	20.90
						05/10/2019		
House #		Street Address	1005 Greengarden Blvd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	checks ordered		
To Whom Paid		Theresa's Italian Deli				Date [MM/DD/YYYY]	\$	70.00
						05/10/2019		
House #		Street Address	810 East 38th st			Description of Expenditure		
City	Erie	State	PA	Zip Code	16504	Party Subs		
To Whom Paid		U Pick 6 Tap House				Date [MM/DD/YYYY]	\$	93.00
						05/21/2019		
House #		Street Address	333 State Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16507	pizza, drinks, Watch Party		
To Whom Paid		Erie Federal Credit union				Date [MM/DD/YYYY]	\$	15
						06/04/2019		
House #		Street Address	1005 Greengarden Blvd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	printout bank statement , \$5 per page		
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:	83-43645633
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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							