

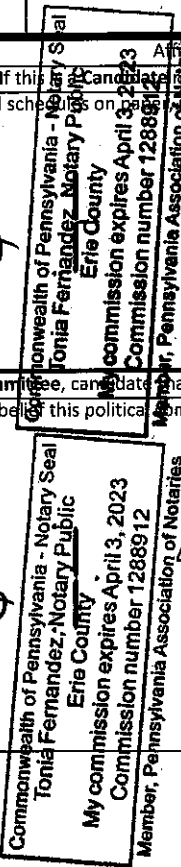
Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Veronica Rexford			
Street Address	PA Box 8743			
City	Erie	State	PA	Zip Code 16505

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 checked="" type="checkbox"/> MA	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/21/2019	06/20/2019	
A. Amount Brought Forward From Last Report	\$	223.71	 <p>2019 JUN 21 PM 4:25</p> <p>RECEIVED</p> <p>ERIE COUNTY</p> <p>REGISTRATION</p> <p>15</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	785.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1008.71	
D. Total Expenditures (From Schedule III)	\$	909.12	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	99.59	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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

Sworn to and subscribed before me this

21st day of June 20 19

Tonia Fernandez

Signature

My Commission expires 4-3-23

MO. DAY YR.

Marisol Amador

Signature of Person Submitting Report

Marisol Amador

Printed Name

814 403-8923

Area Code 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

21st day of June 20 19

Tonia Fernandez

Signature

My Commission expires 4-3-23

MO. DAY YR.

Veronica Rexford

Signature of Candidate

Veronica Rexford

Printed Name

814 806-0979

Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 485.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	300.00
Total for the reporting period		(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$
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>		\$	785.00

Contributions Received From Political Committees

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											
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:	
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Full Name of Contributor		Rebeca Pruveadenti		Date [MM/DD/YYYY]	\$	100.00
				05/11/2019		
House #	3005	Street Address	Hastings Rd	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY] \$
Full Name of Contributor		Andrea Jeffress		Date [MM/DD/YYYY]	\$	100.00
				05/13/2019		
House #	4500	Street Address	West 38th St	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY] \$
Full Name of Contributor		Patt Herr		Date [MM/DD/YYYY]	\$	100.00
				05/13/2019		
House #	1211	Street Address	Robinson Rd	Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16509	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:	
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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]	\$
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:	
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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:	
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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									

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 RECIEVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

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

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
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

Filer 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		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:	
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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:	
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To Whom Paid		USPS			Date [MM/DD/YYYY]		\$ 280.00	
					05/11/2019			
House #	2711	Street Address	Legion Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	postage		
To Whom Paid		Office Max			Date [MM/DD/YYYY]		\$ 37.10	
					05/17/2019			
House #	905	Street Address	Millcreek Mall			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	office supplies		
To Whom Paid		Valerios			Date [MM/DD/YYYY]		\$ 35.55	
					05/21/2019			
House #	724	Street Address	Powell Ave			Description of Expenditure		
City	Erie	State	PA	Zip Code	1650	food		
To Whom Paid		Marisol Amador			Date [MM/DD/YYYY]		\$ 420.00	
					05/24/2019			
House #	5339	Street Address	Apple Grove Ln			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	reimbursement for postage		
To Whom Paid		County of Erie			Date [MM/DD/YYYY]		\$ 120.00	
					05/23/2019			
House #	140	Street Address	W 6th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	filing fee		
To Whom Paid		Act Blue			Date [MM/DD/YYYY]		\$ 6.76	
					06/11/2019			
House #		Street Address				Description of Expenditure		
City		State		Zip Code		fees for act blue		
To Whom Paid		Act Blue			Date [MM/DD/YYYY]		\$ 9.71	
					06/11/2019			
House #		Street Address				Description of Expenditure		
City		State		Zip Code		fees for act blue		
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:	
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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							