

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	CANDIDATE	1. <input checked="" type="checkbox"/> COMMITTEE	2. <input type="checkbox"/> LOBBYIST	3. <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>VERONICA REXFORD</b>						
STREET ADDRESS <b>4124 WEST RIDGE RD</b>						
CITY <b>ERIE</b>		STATE <b>PA</b>		ZIP CODE <b>16506-1722</b>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <b>COUNTY COUNCIL</b>		DISTRICT NO.	PARTY <b>D</b>	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/> 7. ANNUAL REPORT		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>5 7 19 TO 6 10 19</b>		DATE OF ELECTION MO. DAY YEAR <b>05 21 2019</b>		
		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>		
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
FOR OFFICE USE ONLY 2019 JUN 21 PM 4:26 ERIE COUNTY VOTER REGISTRATION						

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 <b>June</b> 20 <b>Lonie Hernandez</b> SIGNATURE MY COMMISSION EXPIRES <b>4-3-23</b> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <b>Veronica Rexford</b> PRINTED NAME <b>Veronica P. Rexford</b> AREA CODE <b>814</b> DAYTIME TELEPHONE NUMBER <b>806-0979</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 _____