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: Antonio Stapp

REPORT FILED ON BEHALF OF: CANDIDATE [1] X | COMMITTEE [2] | LOBBYIST [3]

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: Antonio Stapp

STREET ADDRESS: 127 E 22nd St.

CITY: ERIE | STATE: PA | ZIP CODE: 16503 —

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION (MO. / DAY / YEAR)
6TH TUESDAY PRE-PRIMARY	1.	City Council	1	Democrat	
2ND FRIDAY PRE-PRIMARY	2.				
30 DAY POST-PRIMARY	3. X				
6TH TUESDAY PRE-ELECTION	4.				
2ND FRIDAY PRE-ELECTION	5.				
30 DAY POST-ELECTION	6.				
ANNUAL REPORT	7.				

DATES OF REPORTING PERIOD: 05 / 07 / 2019 (MO. / DAY / YEAR) TO 06 / 10 / 2019 (MO. / DAY / YEAR)

FOR OFFICE USE ONLY

2019 JUN 21 PM 12:37

CASH BALANCE AT END OF REPORTING PERIOD: $ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

	YES	NO
AMENDMENT REPORT?		X
TERMINATION REPORT?	X	

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 21st DAY OF June 2019

Kimberly S. Alexander — SIGNATURE

MY COMMISSION EXPIRES 10 / 31 / 2019 (MO. / DAY / YR.)

COMMONWEALTH OF PENNSYLVANIA — NOTARIAL SEAL — Kimberly S. Alexander, Notary Public — City of Erie, Erie County — My Commission Expires Oct. 31, 2019 — MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Antonio Stapp — SIGNATURE OF PERSON SUBMITTING REPORT

Antonio Stapp — PRINTED NAME

814 — AREA CODE | 504-0183 — DAYTIME TELEPHONE NUMBER

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