

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.	COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Friends of Robert Yates</b>									
STREET ADDRESS <b>1020 Linden Ave</b>									
CITY <b>Erie</b>				STATE <b>PA</b>		ZIP CODE <b>16505</b>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY <b>X</b> 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<b>Erie County Council</b>			<b>1</b>	<b>R</b>		NO. DAY YEAR _____	
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>05 10 19 TO 06 20 19</b>			FOR OFFICE USE ONLY 2019 JUN 20 PM 3:17				
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>590.03</b> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>0</b>							
		AMENDMENT REPORT? YES NO TERMINATION REPORT? YES NO							

**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>Tonia Fernandez</b> SIGNATURE MY COMMISSION EXPIRES <b>4-3-23</b> MO. DAY YR.		SIGNATURE OF PERSON SUBMITTING REPORT <b>Robert Yates</b> PRINTED NAME <b>ROBERT J. YATES</b> <b>814</b> AREA CODE <b>449-7750</b> 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 <b>Robert Yates</b> PRINTED NAME <b>ROBERT J. YATES</b> <b>814</b> AREA CODE <b>449-7750</b> DAYTIME TELEPHONE NUMBER	