

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Anthony Orsini</i>								
STREET ADDRESS <i>2423 Randolph Ave</i>								
CITY <i>ERIE</i>			STATE <i>PA</i>		ZIP CODE <i>16502</i>			
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.								
2ND FRIDAY PRE-PRIMARY 2.								
30 DAY POST-PRIMARY 3.								
6TH TUESDAY PRE-ELECTION 4.								
2ND FRIDAY PRE-ELECTION 5.								
30 DAY POST-ELECTION 6. <input checked="" type="checkbox"/>								
ANNUAL REPORT 7.								

DATES OF REPORTING PERIOD		TO			
MO.	DAY	YEAR	MO.	DAY	YEAR
10	19	21	11	22	21

CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>202.08</u>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>0</u>

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

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	<u>November</u>	20	
SIGNATURE		SIGNATURE OF PERSON SUBMITTING REPORT	
<i>[Signature]</i>		<i>[Signature]</i>	
MY COMMISSION EXPIRES		PRINTED NAME	
<u>October 8 2002</u>		<i>Anthony Orsini</i>	
MO.	DAY	YR.	AREA CODE
			<u>578-3502</u>
		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	<u>20</u>		
SIGNATURE		SIGNATURE OF CANDIDATE	
<u></u>		<u></u>	
PRINTED NAME			
MY COMMISSION EXPIRES		AREA CODE	
<u></u>		<u></u>	
MO.	DAY	YR.	DAYTIME TELEPHONE NUMBER