

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>Gwendolyn Cooley</i>				
STREET ADDRESS <i>639 E. 10th ST</i>				
CITY <i>ERIE</i>		STATE <i>PA</i>	ZIP CODE <i>16503 -</i>	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>School Board</i>		DISTRICT NO.	PARTY <i>D</i>
	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY 1.			MO. <i>11</i>	DAY <i>05</i> YEAR <i>2019</i>
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		MO. DAY YEAR		MO. DAY YEAR
		<i>10 22 19</i>		<i>11 25 19</i>
CASH BALANCE AT END OF REPORTING PERIOD: \$		<i>0</i>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		<i>0</i>		
AMENDMENT REPORT?	YES	NO		
TERMINATION REPORT?	YES	<input checked="" type="checkbox"/> NO		
FOR OFFICE USE ONLY				
2019 DEC -3 AM 9:58 ERIE COUNTY VOTER REGISTRATION <i>K</i>				

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 *3rd* DAY OF *December* 20*19*

Tonia Hernandez
SIGNATURE

MY COMMISSION EXPIRES *4-3-23*
MO. DAY YR.

Gwendolyn Cooley
SIGNATURE OF PERSON SUBMITTING REPORT

Gwendolyn Cooley
PRINTED NAME

4 *520 3475*
AREA CODE 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