CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION > 2024	0166	REPORT FILED CA	NDIDATE 1. COMMITTEE 2 LOBE	3,
IAME OF FILING COMMITTEE, CANDIDATE OR LO	BRYIST	ON BEHALF OF	COMMITTEE TO COME	14121
Friends of	rushine Flores	·		
441 W. 17th S	treet 1st floor			
Frie		STATE PA	16502 —	
THE OF REPORT	ICE SOUGHT BY CANDIDATE	DISTRICT NO. PA	ARTY DATE OF ELEC	TION
(CHECK ONE)			MO. DAY	YEAR
RE-PRIMARY	MO. DAY YEAR	MO, DAY YEAR	FOR OFFICE USE O	NLY
ND FRIDAY . 2. DATE REPO PERIO	RTING / 1 1014 to	12312024		
OST-PRIMARY	H BALANCE AT END	90 11		İ
TH TUESDAY 4. OF	REPORTING PERIOD:	\$_00.[]		
ND EPIDA CO 5	al amount of filer's Standing debts or Liabilitie 'He end of reporting periol		_	
0 DAY OST-ELECTION	AMENDMENT YES REPORT?	NO V		
NNUAL Z	TERMINATION YES PORT?	NO V		
	AFFIDA	AVIT SECTION		
tatement is filed on behalf o tatement is filed on behalf o	a <u>Candidate</u> , the Candidate a <u>Contributing Lobbyist</u> , the	must sign here. Lobbyist must sign l		Jotary ublic r 18, 2
SWEAR (OR AFFIRM) THAT THE AGGREGA XCEED TWO HUNDRED AND FIFTY DOLLA	TE RECEIPTS OR DISBURSEMENTS OR LIANTS (\$250.00) AND THIS REPORT IS, TO T	SILITIES INCURRED DURING TH HE BEST OF MY KNOWLEDGE	TE REPORTING PERIOD INDICATED ABOVE DID	tany d
SWORN TO AND SUBSCRIBED BEF	ORE ME THIS	an	dis Purus	in 2 of Pennsylvania - Notar Moore, Notary Public Erie County
M DAY OF JANU	20 15	SIGNATURE	THE REPORTING PERIOD INDICATED ABOVE DIE AND BELIEF, TRUE, CORRECT AND COMPLET OF PERSON SUBMITTING REPORT	of Pen Moor Erie (
N G M N SIGNAT	1700-60	00110	PRINTED NAME	ealth an M
MY COMMISSION EXPIRES M	D. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER	Commonwealth of Megan M. P. E. Megan M. P. E. My commission
RT II - tatement is filed on behalf of	a Candidate's Authorized Co	ommittee, Candidate	must sign here.	<u> </u>
	BEST OF MY KNOWLEDGE AND BELIEF THIS		NOT VIOLATED ANY PROVISIONS OF THE ACT	OF
SWORN TO AND SUBSCRIBED BEF	,			
DAY OF	20	SIG	NATURE OF CANDIDATE	
			PRINTED NAME	
SIGNAT MY COMMISSION EXPIRES	URE	ADEA CODE		
M	D. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER	[