



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 20240166		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 Jasmine Flores			
STREET ADDRESS 411 W 17th St, Fl 1			
CITY Erie		STATE Pa	ZIP CODE 16502
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY
6TH TUESDAY PRE-PRIMARY 1.	City Council	Erie	Dem
2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>			
30 DAY POST-PRIMARY 3.			
6TH TUESDAY PRE-ELECTION 4.			
2ND FRIDAY PRE-ELECTION 5.			
30 DAY POST-ELECTION 6.			
ANNUAL REPORT 7.			
DATES OF REPORTING PERIOD MO. DAY YEAR 03 10 2025 TO 05 05 2025		DATE OF ELECTION MO. DAY YEAR 5 20 2025	
CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		FOR OFFICE USE ONLY ERIE COUNTY VOTER REGISTRATION 2025 MAY - 7 AM 11:53	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0			
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> 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 TRUE AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 7 DAY OF May 20	SIGNATURE OF PERSON SUBMITTING REPORT Jasmine M Flores
SIGNATURE Sue Sheffield	PRINTED NAME Jasmine M Flores
MY COMMISSION EXPIRES 12-02-2026 MO. DAY YR	AREA CODE 814 DAYTIME TELEPHONE NUMBER 403-3408

**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 OF CANDIDATE Jasmine M Flores
SIGNATURE	PRINTED NAME Jasmine M Flores
MY COMMISSION EXPIRES MO. DAY YR.	AREA CODE 814 DAYTIME TELEPHONE NUMBER 403-3408