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 NUMBER ▶		REPORT FILED ON BEHALF OF ▶	CANDIDATE	1.	COMMITTEE	2	LOBBYIST	3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST
Lori A. Pickens

STREET ADDRESS
1524 East 26th

CITY
Erie   **STATE** PA   **ZIP CODE** 16510 —

TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION		
	Erie School Board		D	**MO.** 11	**DAY** 5	**YEAR** 2019

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.	
ANNUAL REPORT	7.	✓

DATES OF REPORTING PERIOD	MO. 11	DAY 26	YEAR 19	TO	MO. 12	DAY 31	YEAR 19

FOR OFFICE USE ONLY
2020 JAN 17 AM 8:39

CASH BALANCE AT END OF REPORTING PERIOD: $ 0.00

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0.00

AMENDMENT REPORT?	YES		NO	✓
TERMINATION REPORT?	YES		NO	✓

AFFIDAVIT SECTION

PART I -
If statement is filed on behalf of a <u>Political Committee *or* Candidates's Committee</u>, the Treasurer must sign here.
If statement is filed on behalf of a <u>Candidate</u>, the Candidate must sign here.
If statement is filed on behalf of a <u>Contributing Lobbyist</u>, 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

17th DAY OF January 2020

SIGNATURE Tonia Fernandez

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

SIGNATURE OF PERSON SUBMITTING REPORT Lori Pickens

PRINTED NAME Lori A. Pickens

AREA CODE 814   **DAYTIME TELEPHONE NUMBER** 881-4172

PART II -
If Statement is filed on behalf of a <u>Candidate's Authorized Committee</u>, 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** _____

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

DSEB-503 (12-99)