

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 <u>Courtney Roberts</u>						
STREET ADDRESS <u>7973 Route 215</u>						
CITY <u>Girard</u>			STATE <u>PA</u>	ZIP CODE <u>16417 -</u>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY 1.		<u>School Director</u>		<u>Northwestern</u>	<u>R/D</u>	MO. DAY YEAR <u>05 20 2025</u>
2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>		DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY ERIE COUNTY VOTER REGISTRATION 2025 MAY -9 AM 11:47
30 DAY POST-PRIMARY 3.		MO. DAY YEAR TO MO. DAY YEAR <u>03 10 2025</u> TO <u>05 05 2025</u>				
6TH TUESDAY PRE-ELECTION 4.		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>188.26</u>				
2ND FRIDAY PRE-ELECTION 5.						
30 DAY POST-ELECTION 6.						
ANNUAL REPORT 7.		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 TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF PERSON SUBMITTING REPORT	
<u>9</u> DAY OF <u>May</u> 20 <u>25</u> <u>Lauren S. Thayer</u> SIGNATURE MY COMMISSION EXPIRES <u>12-20-2028</u> MO. DAY YR.		<u>Courtney Roberts</u> PRINTED NAME <u>384-3593</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		SIGNATURE OF CANDIDATE	
DAY OF _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.		_____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____	