## 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 NUMBER		REPORT FILED "" ON BEHALF OF	CANDIDATE	COMMITTEE 2	LOSBYIST 3.
NAME OF FILING COMMITTEE,					
Friend	15 of Robert Eat	2,4			
STREET ADDRESS					
	chelsee ave.				
Erie	•	STATE	ļ	ZIP CODE	
ETIE		TA.		16202 -	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	Control of the Contro	ELECTION
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PRE-PRIMARY	PERIOD ( / (0	0 12 31 18			
30 DAY POST-PRIMARY					
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6th tuesday 4.	OF REPORTING PERIOD:	\$ 27.00			<u> </u>
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2nd FRIDAY 5.	OUTSTANDING DEBTS OR LIABI				ernine Name Name Name
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REPORT	REPORT? YES	No X			- -
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