

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		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 Jason Dean						
STREET ADDRESS 5454 Pepperwood Circle						
CITY Erie		STATE PA	ZIP CODE 16506			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY	School Director	Millcreek Township	Democratic	NO.	DAY	
2ND FRIDAY PRE-PRIMARY				05	21	2019
30 DAY POST-PRIMARY				FOR OFFICE USE ONLY		
6TH TUESDAY PRE-ELECTION				ERIE COUNTY RE-REGISTRATION		
2ND FRIDAY PRE-ELECTION				MAY 10 AM 10:54		
30 DAY POST-ELECTION				TF		
ANNUAL REPORT						
DATES OF REPORTING PERIOD		CASH BALANCE AT END OF REPORTING PERIOD:				
MO. DAY YEAR TO MO. DAY YEAR		\$ 77.50				
2 10 2019 TO 05 06 2019		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0		
		AMENDMENT REPORT?		YES NO X		
		TERMINATION REPORT?		YES NO X		

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
 10th DAY OF May 2019
 Sonia Fernandez SIGNATURE
 MY COMMISSION EXPIRES 4-3-23 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT
 Jason Dean PRINTED NAME
 AREA CODE 833 DAYTIME TELEPHONE NUMBER 4762

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
 MY COMMISSION EXPIRES MO. DAY YR.

SIGNATURE OF CANDIDATE
 PRINTED NAME
 AREA CODE DAYTIME TELEPHONE NUMBER