



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	83-4364563	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Lori Pickens							
Street Address	1331 W 25th Street							
City	Erie	State	PA	Zip Code	16502			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2019	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	4/24/19	Am 5/6/19	
A. Amount Brought Forward From Last Report	\$	0	2019 MAY 10 AM 10:23 ERIE COUNTY VOTER REGISTRATION KF
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,572	
C. Total Funds Available (Sum of Lines A and B)	\$	1,572	
D. Total Expenditures (From Schedule III)	\$	881.99	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	690.01	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on file, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 19th day of May 2019

Tonia Fernandez
Signature

My Commission expires 4-3-23
MO. DAY YR.

Amy Miller
Signature of Person Submitting report

Amy Miller
Printed Name

16502
Area Code

814-812-1921
Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidates all 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 10th day of May 2019

Tonia Fernandez
Signature

My Commission expires 4-3-23
MO. DAY YR.

Lori Pickens
Signature of Candidate

Lori Pickens
Printed Name

814
Area Code

881-4172
Daytime Telephone Number

Notary Seal
 Commonwealth of Pennsylvania - Notary Seal
 Tonia Fernandez, Notary Public
 Erie County
 My commission expires April 3, 2023
 Commission number 1288912
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	83-4364563
------------------------------------	------------

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
---	--

Total for the reporting period	(1)	\$	857
--------------------------------	-----	----	-----

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
---	--

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	815
Total for the reporting period	(2)	\$ 815

3. Contributions Over \$250.00 (From Part C and Part D)	
--	--

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 0

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
--	--

Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	0

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	83-4364563
------------------------------------	------------

							Amount	
Full Name of Contributing Committee					Friends to Elect Lori Pickens		Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer identification Number:	83-4364563
-------------------------------------	------------

Full Name of Contributor		Isaiah Pickens		Date [MM/DD/YYYY]		\$	115
				04/22/2019			
House #		Street Address		Date [MM/DD/YYYY]		\$	
		2422 east 26th street					
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Sonia K Rios		Date [MM/DD/YYYY]		\$	100
				04/25/2019			
House #	24	Street Address		Date [MM/DD/YYYY]		\$	
		2428 E 6th Street					
City	Waterford	State	PA	Zip Code	16441	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Vanessa Walker		Date [MM/DD/YYYY]		\$	100
				04/27/2019			
House #		Street Address		Date [MM/DD/YYYY]		\$	
		1109 Courtleigh Dr					
City	Akron	State	OH	Zip Code	44313	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	83-4364563
------------------------------	------------

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	83-4364563
-------------------------------------	------------

Full Name of Contributor					Kevin Nelson		Date [MM/DD/YYYY]		\$	500
							04/22/2019			
House #	Street Address				4218 Roxanna dr		Date [MM/DD/YYYY]		\$	
City	Erie			State	PA	Zip Code	16510		Date [MM/DD/YYYY]	\$
Employer Name					Erie Insurance		Occupation		Property and Casualty	
Employer Mailing Address / Principal Place of Business					100 Erie Insurance place, Erie PA 16530					
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #	Street Address						Date [MM/DD/YYYY]		\$	
City				State		Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation			
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #	Street Address						Date [MM/DD/YYYY]		\$	
City				State		Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation			
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor							Date [MM/DD/YYYY]		\$	
House #	Street Address						Date [MM/DD/YYYY]		\$	
City				State		Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation			
Employer Mailing Address / Principal Place of Business										

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	83-4364563
------------------------------	------------

Full Name							
House #	Street Address						
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City			State		Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	83-4364563
------------------------------	------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
---	--	------

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	83-4364563
-------------------------------------	------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution						

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	83-4364563
-------------------------------------	------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	83-4364563
-------------------------------------	------------

To Whom Paid		Desantis Signs & Graphics				Date [MM/DD/YYYY]	\$	302.08
						04/24/2019		
House #		Street Address	540 W 18th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	Yard Signs		
To Whom Paid		Sam's Club				Date [MM/DD/YYYY]	\$	62.66
						04/25/2019		
House #		Street Address	7200 Peach Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	water, cookie tray, breakfast tray		
To Whom Paid		Walmart				Date [MM/DD/YYYY]	\$	18.55
						04/25/2019		
House #		Street Address	2711 Elm Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16504	7up, Hawaiian Punch		
To Whom Paid		Nunzi's				Date [MM/DD/YYYY]	\$	42.4
						04/25/2019		
House #		Street Address	2330 East 38th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16510	party sub		
To Whom Paid		Desantis Signs & Graphics				Date [MM/DD/YYYY]	\$	300
						04/30/2019		
House #		Street Address	530 W 18th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16502	yard signs		
To Whom Paid		Avalon				Date [MM/DD/YYYY]	\$	80
						05/01/2019		
House #		Street Address	16 West 10th Street			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	venue for "mix & mingle"		
To Whom Paid		Oriental Trading				Date [MM/DD/YYYY]	\$	76.3
						05/03/2019		
House #		Street Address	4206 S 108th Street			Description of Expenditure		
City	Omaha	State	NE	Zip Code	68137	personalized pencils		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	83-4364563
------------------------------	------------

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						