

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 210545211		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 Robert Joseph Troutner						
STREET ADDRESS 4683 Parkwood Dr						
CITY Erie		STATE PA	ZIP CODE 16510			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	Harbor-Creek Township Supervisor		5	Democrat	5	21
1. 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY <input type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 5. 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 6. 30 DAY POST-ELECTION <input type="checkbox"/> 7. ANNUAL REPORT <input type="checkbox"/>	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 1 3 19 TO 5 6 19		CASH BALANCE AT END OF REPORTING PERIOD: \$ 502 ⁰³ TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 4800			
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			FOR OFFICE USE ONLY 2019 MAY -6 AM 9:51 ERIE COUNTY VOTER REGISTRATION DA			

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.

Commonwealth of Pennsylvania - Notary Seal CASSANDRA DONNELL - Notary Public Erie County My Commission Expires Jan 21, 2020 Commission Number 1295787	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 6 th DAY OF May 2019 Cassandra Donnell SIGNATURE MY COMMISSION EXPIRES 01 21 2020 MO. DAY YR.	[Signature] SIGNATURE OF PERSON SUBMITTING REPORT DESIREE TROUTNER PRINTED NAME 814 882 9541 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

Commonwealth of Pennsylvania - Notary Seal CASSANDRA DONNELL - Notary Public Erie County My Commission Expires Jan 21, 2020 Commission Number 1295787	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 6 th DAY OF May 2019 Cassandra Donnell SIGNATURE MY COMMISSION EXPIRES 01 21 2020 MO. DAY YR.	[Signature] SIGNATURE OF CANDIDATE Robert Troutner PRINTED NAME 814 923 1682 AREA CODE DAYTIME TELEPHONE NUMBER