

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 2019 C0382	REPORT FILED ON BEHALF OF <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE ² <input type="checkbox"/> LOBBYIST ³																													
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Stephanie Domitrovich																														
STREET ADDRESS 4036 West Lake Road																														
CITY Erie	STATE PA	ZIP CODE 16505																												
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Judge Common Pleas Retention	DISTRICT NO. 6th Jud Dist																												
		PARTY Dem																												
		DATE OF ELECTION																												
		MO. DAY YEAR 11 05 2019																												
1. 6TH TUESDAY PRE-PRIMARY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td colspan="3">TO</td> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CASH BALANCE AT END OF REPORTING PERIOD:</td> <td style="width: 50%; text-align: right;">\$ <u> 0 </u></td> </tr> <tr> <td>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td style="text-align: right;">\$ <u> 0 </u></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>		DATES OF REPORTING PERIOD			TO			MO.	DAY	YEAR	MO.	DAY	YEAR							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> 0 </u>	AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO
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TERMINATION REPORT?	YES	NO																												
2. 2ND FRIDAY PRE-PRIMARY																														
3. 30 DAY POST-PRIMARY																														
4. 6TH TUESDAY PRE-ELECTION																														
5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>																														
6. 30 DAY POST-ELECTION																														
7. ANNUAL REPORT																														
		FOR OFFICE USE ONLY																												
		2019 OCT 23 AM 11:00 ERIE COUNTY VOTER REGISTRATION																												

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
22 DAY OF October 2019

Lori Stankiewicz
SIGNATURE

Stephanie A. Domitrovich
SIGNATURE OF PERSON SUBMITTING REPORT

Stephanie Domitrovich
PRINTED NAME

MY COMMISSION EXPIRES COMMONWEALTH OF PENNSYLVANIA

814 AREA CODE 833-2323 DAYTIME TELEPHONE NUMBER

MO. NOTARIAL SEAL
 Lori Stankiewicz, Notary Public
 Millcreek Twp., Erie County
 My Commission Expires Sept. 5, 2020

PART II -

If statement is filed on behalf of a Political Committee, Candidates's 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

SIGNATURE OF CANDIDATE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. DAY YR.

AREA CODE _____ DAYTIME TELEPHONE NUMBER