

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 <b>ELIZABETH K. KELLY</b>					
STREET ADDRESS <b>140 W. 6<sup>th</sup> STREET</b>					
CITY <b>ERIE</b>		STATE <b>PA</b>	ZIP CODE <b>16501</b>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
1. 6TH TUESDAY PRE-PRIMARY 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		<b>COURT of COMMON PLEAS (Retention)</b>			<b>N/A</b>
		DATE OF ELECTION			
		MO. DAY YEAR		<b>11 5 19</b>	
		FOR OFFICE USE ONLY			
		DATES OF REPORTING PERIOD			
		MO. DAY YEAR		<b>1 1 19 TO 10 21 19</b>	
		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	<input checked="" type="checkbox"/>
		TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
		2019 OCT 16 AM 11:14 ERIE COUNTY VOTER REGISTRATION OK			

**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  
**16** DAY OF **October** 20**19**  
*Jennifer A. Prichard*  
 SIGNATURE  
 MY COMMISSION EXPIRES **7.14.2020**  
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT  
**ELIZABETH K. KELLY**  
 PRINTED NAME  
**814 451-6361**  
 AREA CODE DAYTIME TELEPHONE NUMBER

**PART II COMMONWEALTH OF PENNSYLVANIA**

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

**NOTARY PUBLIC**  
**JENNIFER A. PRICHARD, Notary Public**  
 City of Erie, Erie County  
 My Commission Expires **7.14.2020**

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 9, 1937 (P.L. 1937, 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  
 \_\_\_\_\_