

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	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>KATHY DAHKEPPER</i>					
STREET ADDRESS <i>6012 W. 2ND ST #304</i>					
CITY <i>ERIE</i>		STATE <i>PA</i>	ZIP CODE <i>16507 -</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>COUNTY EXECUTIVE</i>		DISTRICT NO.	PARTY <i>D</i>	
	DATE OF ELECTION MO. DAY YEAR <i>11 7 17</i>		FOR OFFICE USE ONLY		
1. 6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <i>6 6 17 TO 10 23 17</i>		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>52,610.17</i> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>-</i>		
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					
		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
		TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

2017 OCT 27 PM 3:33
 ERIE COUNTY
 VOTER REGISTRATION
 KA

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
29th DAY OF *October* 20*17*

Kimberly D Alexander
 SIGNATURE

MY COMMISSION EXPIRES *10 31 2019*
 MO. DAY YR.

Kathy Dahkepper
 SIGNATURE OF PERSON SUBMITTING REPORT

KATHY DAHKEPPER
 PRINTED NAME

514 342 0827
 AREA CODE DAYTIME TELEPHONE NUMBER

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