

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	<input checked="" type="checkbox"/> CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Kathy Fatia</i>						
STREET ADDRESS <i>4623 Southern Dr.</i>						
CITY <i>Cie</i>			STATE <i>PA</i>	ZIP CODE <i>16506 -</i>		
TYPE OF REPORT (CHECK ONE) 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	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Eric County Council</i>		DISTRICT NO. <i>1</i>	PARTY <i>D</i>	DATE OF ELECTION MO. DAY YEAR <i>11 07 2017</i>	
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY	
	MO. DAY YEAR		MO. DAY YEAR		2017 OCT 24 PM 12:49 ERIE COUNTY VOTER REGISTRATION KA	
	<i>06 05 17</i>		<i>TO 10 23 17</i>			
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>					
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>					
	AMENDMENT REPORT?		YES	NO		
	TERMINATION REPORT?		YES	NO		

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
23 DAY OF *October* 20 *17*

Linda S. McCabe SIGNATURE
 MY COMMISSION EXPIRES *4 24* MO. DAY YR.
 Commonweath of Pennsylvania - Notary Seal
 LINDA S. MCCABE, Notary Public
 Erie County AREA CODE
 My Commission Expires April 24, 2021
 Commission Number 1273541

Kathy Fatia SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
KATHY FATICA
 DAYTIME TELEPHONE NUMBER
881-7370

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