

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															
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FIORE LEONE																				
STREET ADDRESS 1364 W. 32ND ST.																				
CITY ERIE		STATE PA	ZIP CODE 16508-2418																	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION																
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY	Co Council	3	DEM	MO.	DAY	YEAR														
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY				11	7	2017														
<input type="checkbox"/> 30 DAY POST-PRIMARY				FOR OFFICE USE ONLY																
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION				DATES OF REPORTING PERIOD <table border="1"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>5</td><td>5</td><td>2017</td> <td></td> <td>10</td><td>23</td><td>2017</td> </tr> </table>			MO.	DAY	YEAR	TO	MO.	DAY	YEAR	5	5	2017		10	23	2017
MO.							DAY	YEAR	TO	MO.	DAY	YEAR								
5							5	2017		10	23	2017								
<input checked="" type="checkbox"/> 2ND FRIDAY PRE-ELECTION							CASH BALANCE AT END OF REPORTING PERIOD: \$ 3217.31 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____													
<input type="checkbox"/> 30 DAY POST-ELECTION	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																			
<input type="checkbox"/> ANNUAL REPORT	2017 OCT 26 PM 12:43 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
26 DAY OF **October**, 20**17**

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
FIORE LEONE
 PRINTED NAME

814 **864-6306**
 AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 LANA R. WRIGGINS, NOTARY PUBLIC
 ERIE, ERIE COUNTY, PENNA.
 MY COMMISSION EXPIRES ON MARCH 19, 2018.

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 OF CANDIDATE

 PRINTED NAME

 AREA CODE _____ DAYTIME TELEPHONE NUMBER

 SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.