

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 <i>Teresa Stankiewicz</i> | | | | | | | | | | | | | | | | | |
| STREET ADDRESS <i>3926 Beech Avenue</i> | | | | | | | | | | | | | | | | | |
| CITY <i>Erie</i> | | STATE <i>PA</i> | ZIP CODE <i>16508 -</i> | | | | | | | | | | | | | | |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE | | DISTRICT NO. | PARTY | DATE OF ELECTION | | | | | | | | | | | | |
| | <i>Erie City Controller</i> | | | <i>DEM</i> | MO. | DAY | YEAR | | | | | | | | | | |
| 6TH TUESDAY PRE-PRIMARY | | | | | <i>11</i> | <i>7</i> | <i>2017</i> | | | | | | | | | | |
| 2ND FRIDAY PRE-PRIMARY | | | | | FOR OFFICE USE ONLY | | | | | | | | | | | | |
| 30 DAY POST-PRIMARY | | | | | 2017 OCT 27 AM 11:30 ERIE COUNTY VOTER REGISTRATION TF | | | | | | | | | | | | |
| 6TH TUESDAY PRE-ELECTION | | | | | | | | | | | | | | | | | |
| 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |
| 30 DAY POST-ELECTION | | | | | | | | | | | | | | | | | |
| ANNUAL REPORT | | | | | | | | | | | | | | | | | |
| DATES OF REPORTING PERIOD | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; text-align: center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td><i>6</i></td><td><i>6</i></td><td><i>2017</i></td></tr> </table> TO <table border="1" style="width:100%; text-align: center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td><i>10</i></td><td><i>23</i></td><td><i>2017</i></td></tr> </table> | | MO. | DAY | YEAR | | | | <i>6</i> | <i>6</i> | <i>2017</i> | MO. | DAY | YEAR | <i>10</i> | <i>23</i> | <i>2017</i> | CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>0</i></u> |
| MO. | DAY | YEAR | | | | | | | | | | | | | | | |
| <i>6</i> | <i>6</i> | <i>2017</i> | | | | | | | | | | | | | | | |
| MO. | DAY | YEAR | | | | | | | | | | | | | | | |
| <i>10</i> | <i>23</i> | <i>2017</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 <u><i>26th</i></u> DAY OF <u><i>October</i></u> 20 <u><i>17</i></u> <i>Teresa M. Amodei</i> SIGNATURE MY COMMISSION EXPIRES <u><i>10-26-2017</i></u> MO. DAY YR. | SIGNATURE OF PERSON SUBMITTING REPORT <i>Teresa Stankiewicz</i> PRINTED NAME <u><i>814</i></u> <u><i>882-9980</i></u> AREA CODE DAYTIME TELEPHONE NUMBER |
|--|--|

NOTARIAL SEAL
 THERESA M. POMORSKI, NOTARY PUBLIC
 ERIE, ERIE COUNTY, PENNA.
 MY COMMISSION EXPIRES ON OCT. 26, 2017

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.

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| 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 _____ |
|---|---|