

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 <i>John M. Pessinger</i>									
STREET ADDRESS <i>401 Frontier Dr.</i>									
CITY <i>Erie</i>				STATE <i>PA</i>	ZIP CODE <i>16505 -</i>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Mayor-City of Erie</i>			DISTRICT NO.	PARTY <i>R</i>	DATE OF ELECTION			
	6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		
	2ND FRIDAY PRE-PRIMARY	2.	<i>01</i>	<i>01</i>	<i>18</i>	TO	<i>12</i>	<i>31</i>	<i>18</i>
	30 DAY POST-PRIMARY	3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>						
	6TH TUESDAY PRE-ELECTION	4.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>						
	2ND FRIDAY PRE-ELECTION	5.	AMENDMENT REPORT?		YES	NO	FOR OFFICE USE ONLY		
	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO	2019 JAN 31 PM 3:25 ERIE COUNTY VOTER REGISTRATION <i>DM</i>			
ANNUAL REPORT	<input checked="" type="checkbox"/>								

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
31st DAY OF *January* 20*19*
Lorie S. Watson
 SIGNATURE
 MY COMMISSION EXPIRES *12-08-19*
 MO. DAY YR.

John M. Pessinger
 SIGNATURE OF PERSON SUBMITTING REPORT
John Pessinger
 PRINTED NAME
973 *953-9299*
 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