

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>KATHY DAHCKENPER</i>					
STREET ADDRESS <i>108 MYRTLE ST</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		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY 1.					MO. DAY YEAR
2ND FRIDAY PRE-PRIMARY 2.					
30 DAY POST-PRIMARY 3.					
6TH TUESDAY PRE-ELECTION 4.					
2ND FRIDAY PRE-ELECTION 5.					
30 DAY POST-ELECTION 6.					
ANNUAL REPORT 7. <input checked="" type="checkbox"/>					
DATES OF REPORTING PERIOD		MO. DAY YEAR	TO	MO. DAY YEAR	
		<i>1 1 19</i>		<i>12 31 19</i>	
<p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>4837.98</i></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i></p>					
AMENDMENT REPORT?		YES	NO		
TERMINATION REPORT?		YES	NO		
FOR OFFICE USE ONLY 2020 JUN 31 PM 1:34					

**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 31<sup>st</sup> DAY OF January

*[Signature]*  
 SIGNATURE

MY COMMISSION EXPIRES October 16 MO. DAY YR.

Commonwealth of Pennsylvania Notary Seal  
 L. Turner, Notary Public  
 Erie County  
 My commission expires October 15, 2021  
 Commission number 1341887

*[Signature]*  
 SIGNATURE OF PERSON SUBMITTING REPORT

*KATHY DAHCKENPER*  
 PRINTED NAME

392 0827  
 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