

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 <sup>1</sup>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <sup>3</sup>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>COM TO ELECT FIORE LEONE</b>						
STREET ADDRESS <b>1364 W. 32ND ST.</b>						
CITY <b>ERIE</b>		STATE <b>PA</b>	ZIP CODE <b>16508-2418</b>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	<b>COUNTY COUNCIL</b>		<b>3</b>	<b>DEM</b>	MO. <b>11</b>	DAY <b>5</b> YEAR <b>2019</b>
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	NO. <b>10</b> DAY <b>20</b> YEAR <b>19</b>	TO	MO. <b>1</b> DAY <b>31</b> YEAR <b>20</b>	JAN 14 PM 12:04 TC ERIE COUNTY WATER REGISTRATION	
30 DAY POST-PRIMARY	3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>2054.23</b>				
6TH TUESDAY PRE-ELECTION	4.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>0</b>				
2ND FRIDAY PRE-ELECTION	5.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
30 DAY POST-ELECTION	6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
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  
 14th DAY OF January 2020  
 Tonia Fernandez, Notary Public  
 Erie County  
 My commission expires April 3, 2023  
 Commission number 1288912

**DIANE LEONE**  
 SIGNATURE OF PERSON SUBMITTING REPORT  
 DIANE LEONE  
 PRINTED NAME  
 814 864-6306  
 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  
 14th DAY OF January 2020  
 Tonia Fernandez, Notary Public  
 Erie County  
 My commission expires April 3, 2023  
 Commission number 1288912

**Fiore Leone**  
 SIGNATURE OF CANDIDATE  
 FIORE LEONE  
 PRINTED NAME  
 814 864-6306  
 AREA CODE DAYTIME TELEPHONE NUMBER