

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. Persinger</i> | | | | | |
| STREET ADDRESS <i>401 Franker Drive</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 | DISTRICT NO. | PARTY | | |
| | <i>Mayor - City of Erie</i> | | | <i>R</i> | |
| | DATES OF REPORTING PERIOD | | DATE OF ELECTION | | |
| | MO. DAY YEAR | | MO. | DAY | YEAR |
| | <i>01 01 19</i> TO <i>12 31 19</i> | | <i>11</i> | <i>07</i> | <i>2017</i> |
| | CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i> | | FOR OFFICE USE ONLY | | |
| | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i> | | | | |
| 6TH TUESDAY PRE-PRIMARY | 1. | | | | |
| 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"/> | | | | |

AFFIDAVIT SECTION

COMMONWEALTH OF PENNSYLVANIA
 NOTARY SEAL
 CLORIE S. WATSON, NOTARY PUBLIC
 ERIE COUNTY
 MY COMMISSION EXPIRES 08/08/2023
 COMMISSION NUMBER 110108

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
 1ST DAY OF *January* 20*20*
Louise S. Watson
 SIGNATURE
 COMMISSION EXPIRES *12 08 2023*
 MO. DAY YR.

John M. Persinger
 SIGNATURE OF PERSON SUBMITTING REPORT
John M. Persinger
 PRINTED NAME
 973 AREA CODE
 953-9299 DAYTIME TELEPHONE NUMBER

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

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER