

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 Dahlkemper</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																													
				MO.	DAY	YEAR																											
6TH TUESDAY PRE-PRIMARY 1.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>10</i></td> <td><i>19</i></td> <td><i>21</i></td> <td></td> <td><i>12</i></td> <td><i>31</i></td> <td><i>21</i></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____</p> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td></td> </tr> </table>	DATES OF REPORTING PERIOD			MO.	DAY	YEAR	TO	MO.	DAY	YEAR				<i>10</i>	<i>19</i>	<i>21</i>		<i>12</i>	<i>31</i>	<i>21</i>	AMENDMENT REPORT?	YES		NO		TERMINATION REPORT?	YES	<input checked="" type="checkbox"/>	NO		FOR OFFICE USE ONLY VOTER REGISTRATION ERIE COUNTY JAN 27 2002	
DATES OF REPORTING PERIOD			MO.	DAY	YEAR	TO	MO.	DAY	YEAR																								
				<i>10</i>	<i>19</i>	<i>21</i>		<i>12</i>	<i>31</i>	<i>21</i>																							
AMENDMENT REPORT?		YES		NO																													
TERMINATION REPORT?		YES	<input checked="" type="checkbox"/>	NO																													
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

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 _____ DAY OF _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.	_____ SIGNATURE OF PERSON SUBMITTING REPORT _____ PRINTED NAME _____ _____ AREA CODE DAYTIME TELEPHONE NUMBER
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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
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