

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																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Friends of Lori Schreiber</i>																							
STREET ADDRESS <i>2479 Lafayette Ave</i>																							
CITY <i>Brooklyn</i>		STATE <i>PA</i>	ZIP CODE <i>19001 -</i>																				
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Montgomery County Clerk of Courts</i>		DISTRICT NO.	PARTY <i>DEM</i>	DATE OF ELECTION																		
	<table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>1</td><td>1</td><td>2019</td></tr> </table> TO <table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>5</td><td>6</td><td>2019</td></tr> </table>		MO.	DAY	YEAR	1	1	2019	MO.	DAY	YEAR	5	6	2019	<table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>5</td><td>21</td><td>2019</td></tr> </table>			MO.	DAY	YEAR	5	21	2019
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	1	1	2019																				
	MO.	DAY	YEAR																				
	5	6	2019																				
	MO.	DAY	YEAR																				
5	21	2019																					
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>					FOR OFFICE USE ONLY 2019 MAY 13 AM 9:30																		
<table border="1" style="width:100%; text-align:center;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>						AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>										
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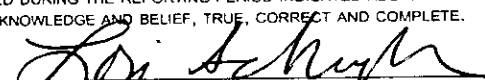
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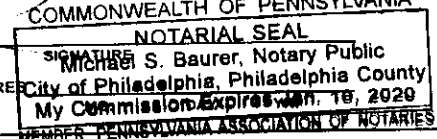
PART I -

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 21 DAY OF May 2019


 SIGNATURE OF PERSON SUBMITTING REPORT
Lori Schreiber
 PRINTED NAME

MY COMMISSION EXPIRES Jan. 10, 2020


215 517 7502
 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 OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 AREA CODE DAYTIME TELEPHONE NUMBER