

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	83-4110386		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 SHAWN LYONS										
STREET ADDRESS 3917 DAVISON AVENUE										
CITY ERIE			STATE PA			ZIP CODE 16504-				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		ERIE CITY COUNCIL			15		REPUBLICAN		MO. 5 DAY 21 YEAR 19	
2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD		MO. 1 DAY 1 YEAR 19		TO		MO. 5 DAY 6 YEAR 19		
30 DAY POST-PRIMARY		CASH BALANCE AT END OF REPORTING PERIOD:		\$		0		FOR OFFICE USE ONLY 2019 MAY -5 PM 4:14 ERIE COUNTY VOTER REGISTRATION F		
6TH TUESDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0				
2ND FRIDAY PRE-ELECTION		AMENDMENT REPORT?		YES		NO				<input checked="" type="checkbox"/>
30 DAY POST-ELECTION		TERMINATION REPORT?		YES		NO		<input checked="" type="checkbox"/>		
ANNUAL REPORT										

**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

6<sup>th</sup> DAY OF May 20 19

*Shawn Lyons*  
 SIGNATURE OF PERSON SUBMITTING REPORT

SHAWN LYONS  
 PRINTED NAME

(814) 392-0138  
 AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal  
 Tonia Fernandez, Notary Public  
 My commission expires April 3, 2023  
 Commission number 1288912

*Tonia Fernandez*  
 SIGNATURE  
 4-3-23  
 MO. DAY YR.

Member, Pennsylvania Association of Notaries

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

\_\_\_\_\_  
 SIGNATURE  
 MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_

\_\_\_\_\_  
 AREA CODE DAYTIME TELEPHONE NUMBER