

# 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																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1. 6TH TUESDAY PRE-PRIMARY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. 2ND FRIDAY PRE-PRIMARY</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>3. 30 DAY POST-PRIMARY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. 6TH TUESDAY PRE-ELECTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. 2ND FRIDAY PRE-ELECTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. 30 DAY POST-ELECTION</td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. ANNUAL REPORT</td> <td><input type="checkbox"/></td> </tr> </table>		1. 6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2. 2ND FRIDAY PRE-PRIMARY	<input checked="" type="checkbox"/>	3. 30 DAY POST-PRIMARY	<input type="checkbox"/>	4. 6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	5. 2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	6. 30 DAY POST-ELECTION	<input type="checkbox"/>	7. ANNUAL REPORT	<input type="checkbox"/>	ERIE CITY COUNCIL			15	R	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		MO.	DAY	YEAR			
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		DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>1</td><td>1</td><td>21</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>5</td><td>3</td><td>21</td></tr> </table>			MO.	DAY	YEAR	1	1	21	MO.	DAY	YEAR	5	3	21	FOR OFFICE USE ONLY VOTER REGISTRATION 5 AM 9:27											
MO.	DAY	YEAR																										
1	1	21																										
MO.	DAY	YEAR																										
5	3	21																										
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0.00  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0.00																										
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TERMINATION REPORT?	YES	NO																										

## 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 THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 5th DAY OF May Tonia Hernandez SIGNATURE MY COMMISSION EXPIRES 14-3-23 MO. DAY YR.	Shawn Lyons SIGNATURE OF PERSON SUBMITTING REPORT SHAWN LYONS PRINTED NAME (814) 392-0138 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 MY COMMISSION EXPIRES _____ MO. DAY YR.	Shawn Lyons SIGNATURE OF CANDIDATE SHAWN LYONS PRINTED NAME (814) 392-0138 AREA CODE DAYTIME TELEPHONE NUMBER