

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 MICHAEL KEYS									
STREET ADDRESS 3612 REED ST									
CITY ERIE		STATE PA	ZIP CODE 16504-						
TYPE OF REPORT (CHECK ONE)	1. 30th TUESDAY PRE-PRIMARY	NAME OF OFFICE SOUGHT BY CANDIDATE ERIE CITY COUNCIL		DISTRICT NO.	PARTY DEM				
	2. 2nd FRIDAY PRE-PRIMARY	DATE OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 6 11 2019 TO 10 27 2019		DATE OF ELECTION MO. DAY YEAR NOV 5th 2019					
	3. 30 DAY POST-PRIMARY	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>00</u>		FOR OFFICE USE ONLY 2019 OCT 26 PM 11:31 ERIE COUNTY VOTER REGISTRATION TF					
	4. 6th TUESDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>00</u>							
	5. 2nd FRIDAY PRE-ELECTION	<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES <input checked="" type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> </table>				AMENDMENT REPORT?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TERMINATION REPORT?
	AMENDMENT REPORT?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>						
	TERMINATION REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
6. 30 DAY POST-ELECTION									
7. 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
 DAY OF October 2019
 Signature: [Signature]
 My Commission Expires 4-3-23 MO. DAY YR.

Signature of Person Submitting Report: [Signature]
 Printed Name: MICHAEL D KEYS
 Area Code: 814 Daytime Telephone Number: 873-1207

PART II -

If statement is filed on behalf of a Candidate's Authorized Campaign 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. 820) 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: _____