

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 <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST SHAWN M. LYONS				
STREET ADDRESS 3917 DAVISON AVENUE				
CITY ERIE		STATE PA	ZIP CODE 16504	
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE ERIE CITY COUNCIL		DATE OF ELECTION MO: 11 DAY: 05 YEAR: 2019	
	DATES OF REPORTING PERIOD MO: 6 DAY: 11 YEAR: 19 TO MO: 10 DAY: 3 YEAR: 19		FOR OFFICE USE ONLY 2019 OCT 23 PM 3:42 ERIE COUNTY VOTER REGISTRATION TF	
	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>			
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	TERMINATION REPORT? YES <input type="checkbox"/> NO <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
 23rd DAY OF October 20 19

Dania Fernandez
 SIGNATURE
 MY COMMISSION EXPIRES 4-3-23
 MO. DAY YR.

Shawn Lyons
 SIGNATURE OF PERSON SUBMITTING REPORT
 SHAWN LYONS
 PRINTED NAME
 (814) 392-0138
 AREA CODE DAYTIME TELEPHONE NUMBER

Notary Public
 Dania Fernandez, Notary Public
 Erie County
 My Commission expires April 3, 2023
 Commission Number 1288912
 Member, Pennsylvania Association of Notaries

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 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