

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 <i>ELIZABETH A. ALLEN</i>						
STREET ADDRESS <i>407 LINCOLN AVE.</i>						
CITY <i>ERIE</i>		STATE <i>PA</i>	ZIP CODE <i>16505</i>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>ERIE City Council</i>	DISTRICT NO.	PARTY <i>DEMOCRATIC</i>	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY				<i>11</i>	<i>07</i>	<i>2017</i>
2ND FRIDAY PRE-PRIMARY						
30 DAY POST-PRIMARY						
6TH TUESDAY PRE-ELECTION						
2ND FRIDAY PRE-ELECTION						
30 DAY POST-ELECTION						
ANNUAL REPORT						

  

DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
MO.	DAY	YEAR	2017 OCT 25 PM 1:36 ERIE COUNTY VOTER REGISTRATION TF	
<i>6</i>	<i>6</i>	<i>17</i>		
TO		MO.	DAY	YEAR
		<i>10</i>	<i>23</i>	<i>17</i>

  

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 25 DAY OF October 2017

*Sonia Wehlt*  
 SIGNATURE  
 MY COMMISSION EXPIRES 4-3-19  
 MO. DAY YR.

*Elizabeth A. Allen*  
 SIGNATURE OF PERSON SUBMITTING REPORT  
 PRINTED NAME  
ELIZABETH A. ALLEN  
 AREA CODE 814 DAYTIME TELEPHONE NUMBER -440-0089

**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.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE  
 PRINTED NAME  
 \_\_\_\_\_  
 AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_