

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 COON						
STREET ADDRESS 8164 PAGAN RD.						
CITY ERIE		STATE PA	ZIP CODE 16509-			
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 TOWNSHIP AUDITOR		DISTRICT NO.	PARTY		
	DATE OF ELECTION					
	MO.	DAY	YEAR			
	11	7	2017			
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
	MO.	DAY	YEAR	2017 OCT 27 PM 12:20 ERIE COUNTY VOTER REGISTRATION D 17		
	6	6	17			
				10	23	17
CASH BALANCE AT END OF REPORTING PERIOD: \$		0				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0				
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?	YES	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
27th DAY OF **October** 20**17**

Michelle Nesselhauf
 SIGNATURE

MICHAEL COON
 SIGNATURE OF PERSON SUBMITTING REPORT
MICHAEL COON
 PRINTED NAME

MY COMMISSION EXPIRES **Apr. 16** 20**18**
 COMMONWEALTH OF PENNSYLVANIA DAY YR.

814 **449-3409**
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

NOTARIAL SEAL
MICHELLE NESSELHAUF
SUMMIT TWP, ERIE COUNTY
 My Commission Expires **Apr. 16, 2018**

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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER