

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 Liz Allen (Elizabeth A Allen)						
STREET ADDRESS 4076 Lincoln Ave.						
CITY ERIE		STATE PA	ZIP CODE 16505			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE ERIE City Council	DISTRICT NO.	PARTY DEM	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY				11	6	17
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		MO. DAY YEAR		MO. DAY YEAR		
		1 1 18		1 31 19		
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"/>		
FOR OFFICE USE ONLY						
ERIE COUNTY VOTER REGISTRATION 2019 JAN 31 PM 4:12 TE						

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

31st DAY OF JANUARY 2019

Laurie A Watson
 SIGNATURE

MY COMMISSION EXPIRES 2-2-19
 MO. DAY YR.

Elizabeth A. Allen
 SIGNATURE OF PERSON SUBMITTING REPORT

Elizabeth A. Allen
 PRINTED NAME

814 459-7151
 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

31st DAY OF JANUARY 2019

Laurie A Watson
 SIGNATURE

MY COMMISSION EXPIRES 2-2-19
 MO. DAY YR.

Elizabeth A. Allen
 SIGNATURE OF CANDIDATE

Elizabeth A. Allen
 PRINTED NAME

814 459-7151
 AREA CODE DAYTIME TELEPHONE NUMBER

CITY OF ERIE, ERIE COUNTY
 My Commission Expires Feb 2, 2019
 LAURIE A WATSON
 Notary Public
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 CITY OF ERIE, ERIE COUNTY
 My Commission Expires Feb 2, 2019