

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 1	COMMITTEE 2 <input checked="" type="checkbox"/>	LOBBYIST 3	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>COMMITTEE TO ELECT SEAN CALHOUN</i>						
STREET ADDRESS <i>3609 BON VIEW DR.</i>						
CITY <i>ERIE</i>		STATE <i>PA</i>	ZIP CODE <i>16506</i>			
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 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		
	DATE OF REPORTING PERIOD		DATE OF ELECTION		FOR OFFICE USE ONLY	
	MO.	DAY	YEAR	MO.	DAY	YEAR
	<i>1</i>	<i>31</i>	<i>18</i>	<i>1</i>	<i>25</i>	<i>19</i>
	CASH BALANCE AT END OF REPORTING PERIOD: <i>\$2775.96</i>			TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____		
	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		
	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>		

FOR OFFICE USE ONLY
 ERIE COUNTY
 VOTER REGISTRATION
 19 FEB -6 PM 4:06
 DM

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* 20*19*

 SIGNATURE
 MY COMMISSION EXPIRES *March 21 2021*
 MO. DAY YR.

 SIGNATURE OF PERSON SUBMITTING REPORT
ZACHARY COMI
 PRINTED NAME
814 *823-4982*
 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* 20*19*

 SIGNATURE
 MY COMMISSION EXPIRES *March 21 2021*
 MO. DAY YR.

 SIGNATURE OF CANDIDATE
SEAN CALHOUN
 PRINTED NAME
814 *602-8595*
 AREA CODE DAYTIME TELEPHONE NUMBER

