

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 173-58-2389		REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Tim May							
STREET ADDRESS 1087 Boyer Rd							
CITY Erie		STATE PA	ZIP CODE 16511				
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 Harborscreek Township Supervisor		DISTRICT NO. 1	PARTY Rep	DATE OF ELECTION		
			MO. DAY YEAR	MO. DAY YEAR	MO.	DAY	YEAR
			1 1 19	12 31 19	11	03	2015
			DATES OF REPORTING PERIOD CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>35.00</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>-0-</u>		FOR OFFICE USE ONLY		
			AMENDMENT REPORT?	YES	NO	2020 JAN 27 PM 1:08 RECEIVED FR	
			TERMINATION REPORT?	YES	NO		
				<input checked="" type="checkbox"/>	<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
27 DAY OF January 2020

Michelle Gonda SIGNATURE
 My Commission Expires _____
 Commonwealth of Pennsylvania Notary Seal
 MICHELLE GONDA - Notary Public
 Erie County
 My Commission Expires May 26, 2023

Kelly May SIGNATURE OF PERSON SUBMITTING REPORT
Kelly May PRINTED NAME
814 AREA CODE 899-6202 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
27 DAY OF January 2020

Michelle Gonda SIGNATURE
 My Commission Expires _____
 Commonwealth of Pennsylvania Notary Seal
 MICHELLE GONDA - Notary Public
 Erie County
 My Commission Expires May 26, 2023

Timothy J. May SIGNATURE OF CANDIDATE
TIMOTHY J. MAY PRINTED NAME
814 AREA CODE 899-6202 DAYTIME TELEPHONE NUMBER