



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

2021 JAN 27 PM 1: 57

ERIE COUNTY

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

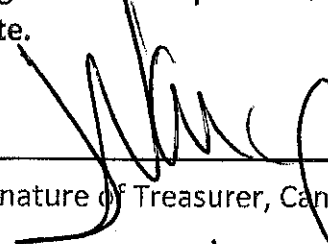
Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect.** This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Committee, Candidate, or Lobbyist			
Committee to Elect SHAWN LYONS			
Reporting Cycle Name			
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 9 30-Day Post Special Election

ANNUAL Report

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.



 Signature of Treasurer, Candidate, or Lobbyist

GERALD T. NAMEY

 Printed Name

01-24-2021

 Date

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 83-4110386		REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³																													
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Committee To Elect Shawn Lyons																																		
STREET ADDRESS 3917 DAVISON AVE																																		
CITY ERIE		STATE PA		ZIP CODE 16504																														
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION																													
	ERIE City Council		15	R	MO.	DAY	YEAR																											
6TH TUESDAY PRE-PRIMARY ¹	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td colspan="3">TO</td> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>01</td><td>01</td><td>20</td> <td>12</td><td>31</td><td>20</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>CASH BALANCE AT END OF REPORTING PERIOD:</td> <td style="text-align: right;">\$ 13.20</td> </tr> <tr> <td>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td style="text-align: right;">\$ 0.00</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		DATES OF REPORTING PERIOD			TO			MO.	DAY	YEAR	MO.	DAY	YEAR	01	01	20	12	31	20	CASH BALANCE AT END OF REPORTING PERIOD:	\$ 13.20	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ 0.00	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>	FOR OFFICE USE ONLY	
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MO.			DAY	YEAR	MO.	DAY	YEAR																											
01			01	20	12	31	20																											
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TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>																															
2ND FRIDAY PRE-PRIMARY ²	2021 JAN 27 PM 1:57 ERIE COUNTY VOTER REGISTRATION																																	
30 DAY POST-PRIMARY ³																																		
6TH TUESDAY PRE-ELECTION ⁴																																		
2ND FRIDAY PRE-ELECTION ⁵																																		
30 DAY POST-ELECTION ⁶																																		
ANNUAL REPORT ⁷ <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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT
GENE T. NAMEY
 PRINTED NAME

(814) **881-1800**
 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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF CANDIDATE
SHAWN LYONS
 PRINTED NAME

(814) **392-0138**
 AREA CODE DAYTIME TELEPHONE NUMBER