

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
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	MO. DAY YEAR		
30 DAY POST-PRIMARY	3.	11 23 21		12 31 21		
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 13.20		
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0.00		
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>
ANNUAL REPORT	7. <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 TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF January 2021

[Signature]
SIGNATURE

MY COMMISSION EXPIRES October 18 2022
MO. DAY YR.

[Signature]
SIGNATURE OF PERSON SUBMITTING REPORT

George J. Ramsey
PRINTED NAME

14 881-1800
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 25 DAY OF January 2021

[Signature]
SIGNATURE

MY COMMISSION EXPIRES October 18 2022
MO. DAY YR.

[Signature]
SIGNATURE OF CANDIDATE

SHAWN LYONS
PRINTED NAME

(814) 392-0138
AREA CODE DAYTIME TELEPHONE NUMBER