

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	²	LOBBYIST	³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Tim May</i>							
STREET ADDRESS <i>1087 Boyer Rd</i>							
CITY <i>ERIE</i>			STATE <i>PA</i>	ZIP CODE <i>16511</i>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		<i>HARBORCREEL Township Supervisor</i>		<i>1</i>	<i>R</i>	MO.	DAY
2ND FRIDAY PRE-PRIMARY						<i>11</i>	<i>02</i>
30 DAY POST-PRIMARY						<i>21</i>	<i>21</i>
6TH TUESDAY PRE-ELECTION							
2ND FRIDAY PRE-ELECTION							
30 DAY POST-ELECTION							
ANNUAL REPORT							
						FOR OFFICE USE ONLY	
		DATES OF REPORTING PERIOD					
		MO. DAY YEAR		MO. DAY YEAR			
		<i>11 23 21</i>		TO <i>12 31 21</i>			
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>6877</i>			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>0</i>			
		AMENDMENT REPORT?		YES	NO		
					<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, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
28 DAY OF *January* 20*22*

Connie Lee Cruz SIGNATURE
 Commonwealth of Pennsylvania - Notary Seal
 Connie Lee Cruz, Notary Public
 Erie County
 My commission expires *March 18, 2025*
 MO. DAY YR. My commission expires *March 18, 2025*
 Commission number *1248364*

Timothy J. May SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
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
 _____ DAY OF _____ 20____

 SIGNATURE

 PRINTED NAME

 DAYTIME TELEPHONE NUMBER

 AREA CODE

 DAYTIME TELEPHONE NUMBER

 MO. DAY YR.