

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

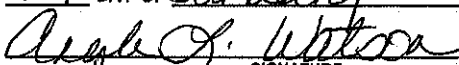
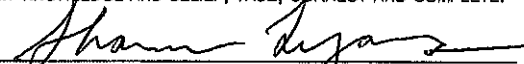
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST SHAWN LYONS								
STREET ADDRESS 3917 DAVISON AVENUE								
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		1B	R	MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY ^{1.}	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2023 JAN 19 PM 3:15 ERIE COUNTY VOTER REGISTRATION </div>		
2ND FRIDAY PRE-PRIMARY ^{2.}	MO.	DAY	YEAR	TO	MO.		DAY	YEAR
30 DAY POST-PRIMARY ^{3.}	1	1	22		12		31	22
6TH TUESDAY PRE-ELECTION ^{4.}	CASH BALANCE AT END OF REPORTING PERIOD:		\$		0.00			
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 TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 19 DAY OF January  SIGNATURE MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	 SIGNATURE OF PERSON SUBMITTING REPORT SHAWN LYONS PRINTED NAME (814) 392-0138 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 _____ PRINTED NAME _____ AREA CODE DAYTIME TELEPHONE NUMBER