

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	1	COMMITTEE	2	X	LOBBYIST	3			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Tim May												
STREET ADDRESS 1087 Boyer Road												
CITY Erie			STATE PA		ZIP CODE 16511							
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION					
6TH TUESDAY PRE-PRIMARY	1.	Harborcreek Township Supervisor			1	Republican		MO.	DAY	YEAR		
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	TO	MO.	DAY	YEAR	FOR OFFICE USE ONLY			
30 DAY POST-PRIMARY	3.	01	01	22		12	31	22	ERIE COUNTY VOTER REGISTRAR 2023 JAN 24 AM 11:11			
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0										
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0										
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO	X	TERMINATION REPORT?	YES	NO			X	
ANNUAL REPORT	7.	X										

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
 24 DAY OF January 2023
 Michelle Gonda
 SIGNATURE
 MY COMMISSION EXPIRES 5 26 23
 Notary Seal
 Commonwealth of Pennsylvania
 MICHELLE GONDA - Notary Public
 Erie County
 My Commission Expires May 26, 2023
 1290868

Kelly May
 SIGNATURE OF PERSON SUBMITTING REPORT
 Kelly May
 PRINTED NAME
 814 897-6562
 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
 24 DAY OF January 2023
 Michelle Gonda
 SIGNATURE
 MY COMMISSION EXPIRES 5 26 23
 Notary Seal
 Commonwealth of Pennsylvania
 MICHELLE GONDA - Notary Public
 Erie County
 My Commission Expires May 26, 2023
 1290868

Timothy J. May
 SIGNATURE OF CANDIDATE
 Timothy J. May
 PRINTED NAME
 814 790-2736
 AREA CODE DAYTIME TELEPHONE NUMBER