

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 <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Rob Mahrt</b>						
STREET ADDRESS <b>2017 S Shore Dr.</b>						
CITY <b>Erie</b>		STATE <b>PA</b>		ZIP CODE <b>16505</b>		
TYPE OF REPORT (CHECK ONE)  1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <b>Erie City Council</b>		DISTRICT NO.	PARTY <b>D</b>	DATE OF ELECTION	
					MO.	DAY
					<b>5</b>	<b>16</b>
					YEAR <b>2023</b>	
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY	
	MO. DAY YEAR		MO. DAY YEAR		<b>2023 MAY -5 PM 4:14</b> <b>ERIE COUNTY</b> <b>VOTER REGISTRATION</b>	
	<b>2 24 23</b>		<b>5 1 23</b>			
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>0</b>					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>0</b>						
AMENDMENT REPORT?		YES	NO			
TERMINATION REPORT?		YES	NO			

**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		SIGNATURE OF PERSON SUBMITTING REPORT	
<b>5</b> DAY OF <b>May</b>	<b>2023</b>	<b>Rob Mahrt</b>	
SIGNATURE <b>Sue Sheffield</b>		PRINTED NAME <b>Rob Mahrt</b>	
MY COMMISSION EXPIRES	MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER
<b>12-02-2026</b>		<b>937</b>	<b>626-2122</b>

**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		SIGNATURE OF CANDIDATE	
DAY OF	<b>20</b>		
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES	MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER