

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.	LOBBYIST	3.		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>ELIZABETH A. ALLEN</i>											
STREET ADDRESS <i>407 LINCOLN AVE.</i>											
CITY <i>ERIE</i>				STATE <i>PA</i>		ZIP CODE <i>16505</i>					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <i>ERIE CITY COUNCIL</i>			DISTRICT NO.		PARTY <i>DEM.</i>		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		1.									
2ND FRIDAY PRE-PRIMARY		2.									
30 DAY POST-PRIMARY		3.									
6TH TUESDAY PRE-ELECTION		4.									
2ND FRIDAY PRE-ELECTION		5.									
30 DAY POST-ELECTION		6.									
ANNUAL REPORT		7.									
		<i>X</i>									

DATES OF REPORTING PERIOD			TO			FOR OFFICE USE ONLY		
MO.	DAY	YEAR				MO.	DAY	YEAR
<i>11</i>	<i>20</i>	<i>17</i>				<i>12</i>	<i>31</i>	<i>17</i>

CASH BALANCE AT END OF REPORTING PERIOD:		\$	<i>0</i>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	<i>0</i>

AMENDMENT REPORT?	YES	<i>NO</i>
TERMINATION REPORT?	<i>YES</i>	NO

FOR OFFICE USE ONLY

2018 JAN 26 PM 2:09

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
26th DAY OF *January* 20*18*
Senia Wilt
 SIGNATURE
 MY COMMISSION EXPIRES *4-3-18*
 MO. DAY YR.

Elizabeth A. Allen
 SIGNATURE OF PERSON SUBMITTING REPORT
ELIZABETH A. ALLEN
 PRINTED NAME
814 *440-0089*
 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