

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		92-3202971		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										
Susannah Fowler										
STREET ADDRESS										
1037 W. 4th St.										
CITY				STATE		ZIP CODE				
Erie				PA		16507				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		Erie City Council					Dem		MO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY									05 16 2023	
30 DAY POST-PRIMARY									FOR OFFICE USE ONLY	
6TH TUESDAY PRE-ELECTION									2023 JUN 15 AM 10:09	
2ND FRIDAY PRE-ELECTION									ERIE COUNTY VOTER REGISTRATION	
30 DAY POST-ELECTION										
ANNUAL REPORT										

DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR	
		05 02 23				06 05 23	

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

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	
15 DAY OF June 2023	
Angela L. Watson	Susannah Fowler
SIGNATURE	SIGNATURE OF PERSON SUBMITTING REPORT
MY COMMISSION EXPIRES 12/02/2026	PRINTED NAME
MO. DAY YR.	814 746-0702
	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 OF CANDIDATE
	PRINTED NAME
SIGNATURE	
MY COMMISSION EXPIRES	AREA CODE DAYTIME TELEPHONE NUMBER
MO. DAY YR.	

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05/01/2001 BY 60322
UNCLAS