

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 <b>183-72-1934</b>		REPORT FILED ON BEHALF OF <b>CANDIDATE</b> <input checked="" type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Susannah Faulkner</b>		
STREET ADDRESS <b>1037 W. 4th St.</b>		
CITY <b>Erie</b>	STATE <b>PA</b>	ZIP CODE <b>16507</b>
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>Erie City Council</b>	DISTRICT NO. <b>7</b>
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	DATE OF ELECTION MO. DAY YEAR <b>11 07 2023</b>	
DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>10 06 23 TO 10 23 23</b>		FOR OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);">           2023 OCT 27 PM 4:16            ERIE COUNTY            VOTER REGISTRATION         </div>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political 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 INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <b>27</b> DAY OF <b>October</b> 20 <b>23</b> <b>Sue Sheffield</b> SIGNATURE MY COMMISSION EXPIRES <b>12-02-26</b> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <b>Susannah Faulkner</b> PRINTED NAME <b>814</b> <b>746-0702</b> 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 _____