CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		ON SEHALF OF CANDIDA	TE COMMITTEE Z. LOBBYIST 3.				
NAME OF FILING COMMITTEE, C	ANDIDATE OR LOSBYIST Cherles	Nelson					
STREET ADDRESS	646 W 9+1						
CITY Eric		STATE	16502-				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTY	DATE OF ELECTION				
6TH TUESDAY 1.	Erie City Counci	L L) MO. DAY YEAR 5 18 21				
PRE-PRIMARY 2nd FRIDAY 2.	DATES OF	MO. DAY YEAR	FOR OFFICE USE ONLY				
PRE-PRIMARY X	REPORTING 1 1 21 TO	5 3 20					
POST-PRIMARY	CASH BALANCE AT END OF REPORTING PERIOD:	s					
PRE-ELECTION	TOTAL AMOUNT OF FILER'S	\nearrow					
2nd FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILITIE AT THE END OF REPORTING PERIOR		AM IO: 59				
30 day Post-election	AMENDMENT YES	NO X	-				
ANNUAL 7. REPORT	TERMINATION YES	NO K					
High programme and programme for							
f statement is filed o	n behalf of a <u>Political Committee <i>or</i> Ca</u> n behalf of a <u>Candidate,</u> the Candidate n behalf of a <u>Contributing Lobbyist,</u> the	must sian here.					
I SWEAR (OR AFFIRM) THAT EXCEED TWO HUNDRED AN	THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIA D FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO T	BILITIES INCURRED DURING THE RE THE BEST OF MY KNOWLEDGE AND I	PORTING PERIOD INDICATED ABOVE DID NOT BELIEF, TRUE, CORREST AND COMPLETE.				
SWORN TO AND SUE	SCRIBED BEFORE ME THIS						
DAY OF	20	SIGNATURE OF F	SIGNATURE OF PERSON SUBMITTING REPORT				
SIGNATURE MY COMMISSION EXPIRES		814	720 9996				
	MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER				
ART II - f statement is filed or	n behalf of a <u>Candidate's Authorized C</u>	ommittee, Candidate mu	ist sign here.				
I SWEAR (OR AFFIRM) JUNE 3, 1937 (P.L.	THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THI 1333, No. 320) AS AMENDED.	S POLITICAL COMMITTEE HAS NOT V	VIOLATED ANY PROVISIONS OF THE ACT OF				
	SCRIBED BEFORE ME THIS	SIGNATI	URE OF CANDIDATE				
DAY OF 20		PE	PRINTED NAME				
MV COMPUGACION	SIGNATURE		• • • • • • • • • • • • • • • • •				
MY COMMISSION EXP	MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER				

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist								
Reporting Cycle	e Name							
☐ Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ Cycle 4 6 th Tuesday Pre-Election		☐ Cycle 5 2 nd Friday Pre-Election			
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ Cycle 9 30 Day Post-Special Election				

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Printed Name

Date (DĎ/MM/YYYY)

Location (City/State/Country)