

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	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>FRIENDS TO ELECT MICHAEL KEYS</b>						
STREET ADDRESS <b>3642 REED STREET</b>						
CITY <b>ERIE</b>		STATE <b>PA</b>		ZIP CODE <b>16504</b>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<b>ERIE CITY COUNCIL</b>			<b>DEM</b>	MO. DAY YEAR <b>5 21 2019</b>
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>05 07 19 TO 6 10 19</b>		FOR OFFICE USE ONLY		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>605</b>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>2500</b>				
		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 <b>24th</b> DAY OF <b>June</b> 20 <b>19</b> <b>Sonia Hernandez</b> SIGNATURE MY COMMISSION EXPIRES <b>4-3-23</b> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <b>Cypriana Milsap</b> PRINTED NAME <b>814 566-2940</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 <b>24th</b> DAY OF <b>June</b> 20 <b>19</b> <b>Sonia Hernandez</b> SIGNATURE MY COMMISSION EXPIRES <b>4-3-23</b> MO. DAY YR.	SIGNATURE OF CANDIDATE <b>MICHAEL D KEYS</b> PRINTED NAME <b>814 873-1200</b> AREA CODE DAYTIME TELEPHONE NUMBER