

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

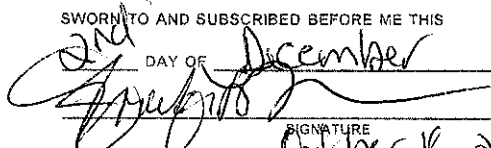
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

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|--|-----------|--|--|---|------------------------------------|-----------------------------------|-----------|-----------|-----------|-----|-----|------|-----------|-----------|-----------|--|--|--|
| FILER IDENTIFICATION NUMBER | | 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 <i>Charles Nelson</i> | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS <i>646 W 9th St</i> | | | | | | | | | | | | | | | | | | |
| CITY <i>Erie</i> | | STATE <i>PA</i> | | ZIP CODE <i>16502</i> | | | | | | | | | | | | | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE <i>Erie City Council</i> | | DISTRICT NO. | PARTY <i>D</i> | DATE OF ELECTION | | | | | | | | | | | | |
| 6TH TUESDAY PRE-PRIMARY | | | | | | MO. DAY YEAR <i>11 2 21</i> | | | | | | | | | | | | |
| 2ND FRIDAY PRE-PRIMARY | | | | | | | | | | | | | | | | | | |
| 30 DAY POST-PRIMARY | | | | | | | | | | | | | | | | | | |
| 6TH TUESDAY PRE-ELECTION | | | | | | | | | | | | | | | | | | |
| 2ND FRIDAY PRE-ELECTION | | | | | | | | | | | | | | | | | | |
| 30 DAY POST-ELECTION <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| ANNUAL REPORT | | | | | | | | | | | | | | | | | | |
| | | DATES OF REPORTING PERIOD | | FOR OFFICE USE ONLY | | | | | | | | | | | | | | |
| | | <table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td><i>10</i></td> <td><i>19</i></td> <td><i>21</i></td> </tr> </table> TO <table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td><i>11</i></td> <td><i>22</i></td> <td><i>21</i></td> </tr> </table> | | MO. | DAY | YEAR | <i>10</i> | <i>19</i> | <i>21</i> | MO. | DAY | YEAR | <i>11</i> | <i>22</i> | <i>21</i> | | | |
| MO. | DAY | YEAR | | | | | | | | | | | | | | | | |
| <i>10</i> | <i>19</i> | <i>21</i> | | | | | | | | | | | | | | | | |
| MO. | DAY | YEAR | | | | | | | | | | | | | | | | |
| <i>11</i> | <i>22</i> | <i>21</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 <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | | TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input 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.

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|---|---|
| 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 <i>2nd</i> DAY OF <i>December</i> 20 <i>21</i>  SIGNATURE MY COMMISSION EXPIRES <i>October 18 2022</i> MO. DAY YR. | SIGNATURE OF PERSON SUBMITTING REPORT <i>Charles Nelson</i> PRINTED NAME AREA CODE <i>814</i> DAYTIME TELEPHONE NUMBER <i>720-9996</i> |

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

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| I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS CANDIDATE 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 |