

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	83-4110386	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee To Elect SHAWN LYONS							
Street Address	3917 DAVIDSON AVE							
City	ERIE	State	PA	Zip Code	16504			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)			Year			Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2019 OCT 23 PM 4:01 ERIE COUNTY VOTER REGISTRATION K
A. Amount Brought Forward From Last Report	6/11/2019	10/3/2019	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	14.90	
C. Total Funds Available (Sum of Lines A and B)	\$	1749.12	
D. Total Expenditures (From Schedule III)	\$	1764.02	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1622.56	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	141.46	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.	Signature of Person Submitting report
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.	Printed Name
Sworn to and subscribed before me this 23 rd day of October 2019	Area Code
Signature: Sonia Fernandez	Daytime Telephone Number
My Commission expires 4-3-19 MO. DAY YR.	

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.	Signature of Candidate
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.	Printed Name
Sworn to and subscribed before me this 23 rd day of October 2019	Area Code
Signature: Sonia Fernandez	Daytime Telephone Number
My Commission expires 4-3-19 MO. DAY YR.	

Commonwealth of Pennsylvania - Notary Seal
Tonia Fernandez, Notary Public
Erie County
My commission expires April 3, 2023
Commission number 1288912
Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		83-4110386	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 19.12
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	200.00
All Other Contributions (Part B)		\$	
Total for the reporting period		(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	1530.00
Total for the reporting period		(3)	\$ 1749.12
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number											
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											Amount
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number	83-4110386
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Full Name of Contributor	SAFTY first		Date [MM/DD/YYYY]	07/02/2019	\$	200.00
House #	Street Address	PO Box 1004		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16512	
Full Name of Contributor			Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributor			Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributor			Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributor			Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributor			Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	83-4110386
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Michael A. Peterson				09/22/2019		\$	1000.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
436	Wst 12th Street		09/27/2019		\$		530.00
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
M.A. Peterson			OWNER				
Employer Mailing Address / Principal Place of Business							
436 Wst 12th Street							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
					\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
					\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
					\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
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Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number	
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1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART H)		
TOTAL for the reporting period	(2)	\$

3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code		S	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code		S	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code		S	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code		S	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #		Street Address			Date [MM/DD/YYYY]	S	
City		State		Zip Code		S	
Description of Contribution							

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III

Statement of Expenditures

Filer Identification Number		83-4110386			
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To Whom Paid	SIGNS 365			Date [MM/DD/YYYY]	07/15/2019	\$	114.65
House #	51245	Street Address	FILOMENE	Description of Expenditure			
City	Shelby Twp	State	MI	Zip Code	48315		

To Whom Paid	DESANTIS SIGNS / GRAPHICS			Date [MM/DD/YYYY]	09/25/2019	\$	865.83
House #	540	Street Address	W 18TH STREET	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504		

To Whom Paid	DESANTIS SIGN / GRAPHICS			Date [MM/DD/YYYY]	10/04/2019	\$	453.68
House #	540	Street Address	W 18TH STREET	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504		

To Whom Paid	VALU HOME CENTER			Date [MM/DD/YYYY]	10/06/2019	\$	137.6
House #	255	Street Address	E 38TH STREET	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504		

To Whom Paid	HOBBY LOBBY			Date [MM/DD/YYYY]	07/06/2019	\$	2.11
House #	1900	Street Address	KEYSTONE DRIVE	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509		

To Whom Paid	BRANDON BISSILL			Date [MM/DD/YYYY]	10/03/2019	\$	93.80
House #	3912	Street Address	STANLEY AVE	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504		

To Whom Paid	WAL MART			Date [MM/DD/YYYY]	07/03/2019	\$	54.40
House #	2711	Street Address	ELM ST	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504		

To Whom Paid	HOBBY LOBBY			Date [MM/DD/YYYY]	07/06/2019	\$	24.33
House #	1900	Street Address	KEYSTONE DRIVE	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City	State	Zip Code				
Description of Debt						