

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	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>EDWARDS WILSON</b>						
STREET ADDRESS <b>914 REED ST.</b>						
CITY <b>ERIE</b>			STATE <b>PA</b>	ZIP CODE <b>16503</b>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <b>2ND WARD DISTRICT JUDGE</b>		DISTRICT NO.	PARTY <b>DEMOCRAT</b>	DATE OF ELECTION
						MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY		1.				
2ND FRIDAY PRE-PRIMARY		2.				
30 DAY POST-PRIMARY		3.				
6TH TUESDAY PRE-ELECTION		4.				
2ND FRIDAY PRE-ELECTION		5.				
30 DAY POST-ELECTION		6.				
ANNUAL REPORT		<input checked="" type="checkbox"/>				

DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR	
		1 1 24				12 31 24	

CASH BALANCE AT END OF REPORTING PERIOD:		\$ <b>2585.51</b>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <b>- 0.</b>

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

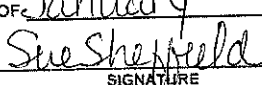
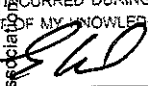
  

FOR OFFICE USE ONLY  
 2025 JAN 24 PM 1:23  
 ERIE COUNTY  
 VOTER REGISTRATION

**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 OF LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <b>24</b> DAY OF <b>January</b> 20 <b>24</b>  SUE SHEFFIELD SIGNATURE MY COMMISSION EXPIRES <b>12-02-2026</b> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT  <b>EDWARDS WILSON</b> PRINTED NAME <b>841 449-2617</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