

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	1. <input checked="" type="checkbox"/>	COMMITTEE	2. <input type="checkbox"/>	LOBBYIST	3. <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST TIMOTHY S. BEVERIDGE										
STREET ADDRESS 4114 HARVARD RD.										
CITY ERIE				STATE PA		ZIP CODE 16509				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE MOS			DISTRICT NO. 06-1-05		PARTY D/R		DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY									MO. DAY YEAR 11 07 2003	
2. 2ND FRIDAY PRE-PRIMARY										
3. 30 DAY POST-PRIMARY										
4. 6TH TUESDAY PRE-ELECTION										
5. 2ND FRIDAY PRE-ELECTION										
6. 30 DAY POST-ELECTION										
7. ANNUAL REPORT <input checked="" type="checkbox"/>										
		DATES OF REPORTING PERIOD			MO. DAY YEAR 1 1 23		TO		MO. DAY YEAR 12 31 23	
		CASH BALANCE AT END OF REPORTING PERIOD:			\$ 0					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ 0					
		AMENDMENT REPORT?			YES		NO		<input checked="" type="checkbox"/>	
		TERMINATION REPORT?			YES		NO		<input checked="" type="checkbox"/>	
									FOR OFFICE USE ONLY DEC 12 PM 12:46	

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 IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 12 th DAY OF December Angela L. Watson SIGNATURE MY COMMISSION EXPIRES 12/02/2002 MO. DAY YR.	Timothy S. Beveridge SIGNATURE OF PERSON SUBMITTING REPORT TIMOTHY S. BEVERIDGE PRINTED NAME 16509 AREA CODE 814-434-4902 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