

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 183-72-1934		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 Susannah Faulkner						
STREET ADDRESS 1637 W. 4th St.						
CITY Erie		STATE PA		ZIP CODE 16527		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY		Erie City Council		7	Dem	MO. DAY YEAR 11 07 2003
2. 2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR 12 31 2003
3. 30 DAY POST-PRIMARY		CASH BALANCE AT END OF REPORTING PERIOD: \$		FOR OFFICE USE ONLY		
4. 6TH TUESDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		2001 JAN 31 AM 12:09		
5. 2ND FRIDAY PRE-ELECTION		AMENDMENT REPORT?		YES NO <input checked="" type="checkbox"/>		
6. 30 DAY POST-ELECTION		TERMINATION REPORT?		YES NO <input checked="" type="checkbox"/>		
7. ANNUAL REPORT <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 31 st DAY OF January Angela L. Watson SIGNATURE MY COMMISSION EXPIRES 12/02/2003 MO. DAY YR.	Susannah Faulkner SIGNATURE OF PERSON SUBMITTING REPORT Susannah Faulkner PRINTED NAME 814 746 0702 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