CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE 1.	COMMITTEE 2. LOBE	3. BYIST
NAME OF FILING COMMITTEE, C	ANDIDATE OR LOBBYIST				
STREET ADDRESS	MONTRELIER AVE				
ERIE		STATE PA	ZIP CO	5505 -15	526
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOMEWIND CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELEC	
6th tuesday. 1. Pre-Primary	TOWNSHIP AUDITOR		DEM	FOR OFFICE USE O	NEY
2ND FRIDAY 2. FRE-PRIMARY 3.	DATES OF REPORTING PERIOD / / 2022	10 12 31 2022			
POST-PRIMARY 6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:	\$		707	
2ND FRIDAY FRE-ELECTION 5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABII AT THE END OF REPORTING PE				
30 DAY: POST-ELECTION ANNUAL REPORT:	AMENDMENT YES REPORT? TERMINATION YES	NO C		PA ES	
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	AFE	ELDAVIT SECTION		<u> </u>	
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