

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.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FRIENDS TO ELECT MICHAEL KEYS											
STREET ADDRESS 114 EAST 41ST STREET											
CITY ERIE				STATE PA		ZIP CODE 16504					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE CITY COUNCIL			DISTRICT NO. AT LARGE		PARTY DEM		DATE OF ELECTION		
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		7. <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:				\$		10					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$		0					
AMENDMENT REPORT?				YES		NO		K			
TERMINATION REPORT?				YES		NO		K			
										FOR OFFICE USE ONLY	
										2025 JAN 23 AM 10: 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 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									
23 DAY OF January 2025									
Sue Sheffield									
SIGNATURE									
MY COMMISSION EXPIRES 12-02-2024									
MO. DAY YR.									
SIGNATURE OF PERSON SUBMITTING REPORT									
Cynthia Milsap									
PRINTED NAME									
814									
AREA CODE									
510-2940									
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									
23 DAY OF January 2025									
Sue Sheffield									
SIGNATURE									
MY COMMISSION EXPIRES 12-02-2024									
MO. DAY YR.									
SIGNATURE OF CANDIDATE									
MICHAEL KEYS									
PRINTED NAME									
814									
AREA CODE									
873-1202									
DAYTIME TELEPHONE NUMBER									