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 I.	COMMITTEE 2 LOBBYIST 3.
NAME OF FILING COMMITTEE, CA				
FRIFNOS STREET ADDRESS	TO ELECT MICHAEL	KEYS		
36/2 REE	D STREET			
ERIE		STATE	211	16504 —
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY	ERIC CITY COUNCI	L LARGE	DEM	FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD TO	MO. DAY YEAR		202 1
30 day Post-Primary	CASH BALANCE AT END		-	FEB FEB
6TH TUESDAY 4. PRE-ELECTION	OF REPORTING PERIOD:	\$ <u>27. </u>		<u> </u>
2ND FRIDAY PRE-ELECTION 5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILI AT THE END OF REPORTING PERI			
30 day Post-Election	AMENDMENT YES YES	/ NO		2 3
ANNUAL 7. REPORT	TERMINATION YES	NO		
	AFEL	DAVIT SECTION	į	<u> </u>
t statement is filed or	behalf of a <u>Political Committee <i>or</i> Candidate</u> , the Candidate, the Candidate behalf of a <u>Contributing Lobbyist</u> , the	te must sian here		easurer must sign here.
I SWEAR (OR AFFIRM) THAT EXCEED TWO HUNDRED AND	THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR I FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO	LIABILITIES INCURRED DURIN	G THE REPORTING	S PERIOD INDICATED ABOVE DID NOT
	SCRIBED BEFORE ME THIS	Wn	Lloan	NOE, CORRECT AND COMPLETE.
DAY OF	20	SIGNAT		SUBMITTING REPORT
MY COMMISSION EXP	SIGNATURE RES MO. DAY YR.	(814) AREA GODE	PRINTED SU(DAYTH	NAME 7 - 2940 ME TELEPHONE NUMBER
ART II - statement is filed on	behalf of a Candidate's Authorized	Committee, Candic	late must sig	n here.
I SWEAR (OR AFFIRM) JUNE 3, 1937 (P.L.	THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF T 1333, No. 320) AS AMENDED.	HIS POLITICAL COMMITTEE	HAS NOT VIOLATED	ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBS	CRIBED BEFORE ME THIS	Much	Gul D	MIN
DAY OF	20		SIGNATURE OF	CANDIDATE /
	SIGNATURE	C-111	PRINTED !	VAME /
MY COMMISSION EXPI	RES MO. DAY YR.	AREA CODE	S/S	ME TELEPHONE NUMBER

Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

	Lobbyist	nittee, Candidate, or	Name of Filing Comn
		ie	Reporting Cycle Nam
Cycle 9 30-Day Post Special Election	☐ Cycle 3 30 Day Post Primary	☐ Cycle 2 2 nd Friday Pre-Primary	Cyclest Cyclest Company
r) 	30 Day Post Prima	2 nd Friday Pre-Primary	6 th Tuesday Fre-Primary

Page - Littles form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Treasurer, Candidate, or Lobbyist Date

Printed Name



Pennsylvania Department of State

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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Printed Name