

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 <b>83-4110386</b>		REPORT FILED ON BEHALF OF <b>CANDIDATE</b> <input type="checkbox"/> COMMITTEE <input checked="" type="checkbox"/> LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Committee To Elect SHAWN LYONS</b>			
STREET ADDRESS <b>3917 DAVISON AVE</b>			
CITY <b>ERIE</b>		STATE <b>PA</b>	ZIP CODE <b>16504</b>
TYPE OF REPORT (CHECK ONE)  1. 6TH TUESDAY PRE-PRIMARY 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"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <b>ERIE City Council</b>		DISTRICT NO. <b>15</b>
			PARTY <b>R</b>
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <b>1 1 23 TO 12 31 23</b>		DATE OF ELECTION MO. DAY YEAR
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>13.20</b>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>0.00</b>		FOR OFFICE USE ONLY  2024 JAN 22 AM 3:24 ERIE COUNTY VOTER REGISTRATION
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <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 STATEMENT IS TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <b>22nd</b> DAY OF <b>January</b> <b>Angela L. Watson</b> SIGNATURE MY COMMISSION EXPIRES <b>12/02/2026</b> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <b>NAME</b> PRINTED NAME <b>814 881-1800</b> 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 <b>22nd</b> DAY OF <b>January</b> <b>Angela L. Watson</b> SIGNATURE MY COMMISSION EXPIRES <b>12/02/2026</b> MO. DAY YR.	SIGNATURE OF CANDIDATE <b>SHAWN LYONS</b> PRINTED NAME <b>(814) 392-0138</b> AREA CODE DAYTIME TELEPHONE NUMBER