

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 <input checked="" type="checkbox"/> | COMMITTEE ² <input type="checkbox"/> | LOBBYIST ³ <input type="checkbox"/> | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST SHAWN LYONS | | | | | | | |
| STREET ADDRESS 3917 DAVISON AVENUE | | | | | | | |
| CITY ERIE | | | STATE PA | | ZIP CODE 16504 | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE ERIE CITY COUNCIL | | DISTRICT NO. 15 | PARTY R | DATE OF ELECTION | |
| | | | | | | MO. | DAY |
| 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 23 | | | | 12 31 23 | |

| | |
|---|--|
| CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0.00</u> | |
| TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0.00</u> | |

| | | | |
|---------------------|-----|----|-------------------------------------|
| AMENDMENT REPORT? | YES | NO | <input checked="" type="checkbox"/> |
| TERMINATION REPORT? | YES | NO | <input checked="" type="checkbox"/> |

FOR OFFICE USE ONLY
 2024 JAN 22 AM 3:24
 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 IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE. | |
| SWORN TO AND SUBSCRIBED BEFORE ME THIS <u>22nd</u> DAY OF <u>January</u> <u>Angela L. Watson</u> SIGNATURE MY COMMISSION EXPIRES <u>12/02/2026</u> MO. DAY YR. | SIGNATURE OF PERSON SUBMITTING REPORT <u>SHAWN LYONS</u> PRINTED NAME <u>(814) 392-0138</u> 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 _____ |