

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.

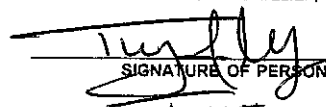
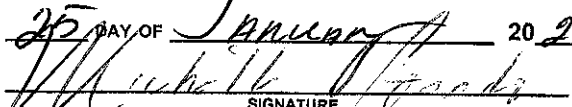
FILER IDENTIFICATION NUMBER 173-58-2389		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Tim May						
STREET ADDRESS 1087 Boyer Road						
CITY ELIE			STATE PA		ZIP CODE 16511	
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input checked="" type="checkbox"/> ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE Hainesboro Township Supervisor		DISTRICT NO. 1	PARTY Republican		DATE OF ELECTION
						MO. DAY YEAR
						11 2 21
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY	
	MO. DAY YEAR		MO. DAY YEAR		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> ERIE COUNTY VOTER REGISTRATION 2024 JAN 26 AM 12:56 </div>	
	01 01 23		12 31 23			
	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0						
		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.

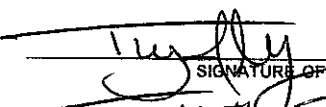
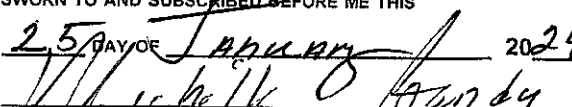
I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF PERSON SUBMITTING REPORT	
25 DAY OF January 20 24			
SIGNATURE 		PRINTED NAME Timothy J. May	
MY COMMISSION EXPIRES Commonwealth of Pennsylvania - Notary Seal MICHELLE GONDA - Notary Public Erie County		AREA CODE 814	
DAY YR. 26 2027		DAYTIME TELEPHONE NUMBER 790-2736	

PART II - My Commission Expires May 26, 2027
 Commission Number 1290868

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		SIGNATURE OF CANDIDATE	
25 DAY OF January 20 24			
SIGNATURE 		PRINTED NAME Timothy J. May	
MY COMMISSION EXPIRES Commonwealth of Pennsylvania - Notary Seal MICHELLE GONDA - Notary Public Erie County		AREA CODE 814	
DAY YR. 26 2027		DAYTIME TELEPHONE NUMBER 790-2736	