

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		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 <u>Timothy J. May</u>									
STREET ADDRESS <u>1087 Boyer RD</u>									
CITY <u>ERIE</u>				STATE <u>PA</u>		ZIP CODE <u>16511</u>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		1. <u>Harborside Township Supervisor</u>			1	R	MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY		2.					11	2	2021
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		MO. DAY YEAR		
					01 01 24		TO 12 31 24		
		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		NO	<input checked="" type="checkbox"/>	
		TERMINATION REPORT?			YES		NO	<input checked="" type="checkbox"/>	
							FOR OFFICE USE ONLY		
							2025 JAN 29 AM 9:37 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	
28 DAY OF <u>January</u> 20 <u>25</u>	SIGNATURE OF PERSON SUBMITTING REPORT
<u>Michelle Gonda</u>	<u>Timothy J. May</u>
SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES <u>5</u> <u>26</u> <u>2027</u>	AREA CODE <u>814</u> DAYTIME TELEPHONE NUMBER <u>790-2736</u>
MO. DAY YR.	

Commonwealth of Pennsylvania - Notary Seal  
MICHELLE GONDA - Notary Public  
Erie County  
My Commission Expires May 26, 2027  
Commission Number 1290868

**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	
28 DAY OF <u>January</u> 20 <u>25</u>	SIGNATURE OF CANDIDATE
<u>Michelle Gonda</u>	<u>Timothy J. May</u>
SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES <u>3</u> <u>26</u> <u>2027</u>	AREA CODE <u>814</u> DAYTIME TELEPHONE NUMBER <u>790-2736</u>
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