

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	1	COMMITTEE	2	LOBBYIST	3
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST LYELL P COOK									
STREET ADDRESS 1739 EDINBORO ROAD									
CITY EDINBORO				STATE PA		ZIP CODE 16112			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE CORONER		DISTRICT NO.	PARTY	DATE OF ELECTION			
						MO.	DAY	YEAR	
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.							

DATES OF REPORTING PERIOD		MO.		DAY	YEAR	TO	MO.		DAY	YEAR
		6		6	23		10		23	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		NO	X
TERMINATION REPORT?	YES		NO	X

2023 OCT 25 PM 1:12
 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 25th DAY OF October 20 23 Tonia Fernandez SIGNATURE MY COMMISSION EXPIRES 4-3-24 MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT Lyell P Cook PRINTED NAME 814 AREA CODE 873-061 DAYTIME TELEPHONE NUMBER
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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 _____
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