

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 <input checked="" type="checkbox"/>		LOBBYIST 3	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Committee to Elect Lyle P Cook									
STREET ADDRESS 210 Erie Street									
CITY EDINBORO				STATE PA		ZIP CODE 16412			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.		PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1.		CORONER						MO. DAY YEAR 11 7 23	
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. <input checked="" type="checkbox"/>									
ANNUAL REPORT 7.									
		DATES OF REPORTING PERIOD		MO. DAY YEAR 10 24 23 TO 11 27 23					
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 1804 17					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 3500.00					
		AMENDMENT REPORT?		YES NO <input checked="" type="checkbox"/>					
		TERMINATION REPORT?		YES NO <input checked="" type="checkbox"/>					
								FOR OFFICE USE ONLY 2023 DEC -7 AM 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 TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS	
7 DAY OF December 2023	
Sue Sheffield	
SIGNATURE	
MY COMMISSION EXPIRES 12-02-26	
MO. DAY YR.	
28	
HARRY D. GLUNT	
SIGNATURE OF PERSON SUBMITTING REPORT	
HARRY D. GLUNT	
PRINTED NAME	
814 440-8858	
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 REPORTING 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	
7 DAY OF December 2023	
Sue Sheffield	
SIGNATURE	
MY COMMISSION EXPIRES 12-02-26	
MO. DAY YR.	
Lyle P Cook	
SIGNATURE OF CANDIDATE	
Lyle P Cook	
PRINTED NAME	
814 452.2911	
AREA CODE DAYTIME TELEPHONE NUMBER	