

Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible. It should be typed)

Filer Identifica	tion	1		eport Filed	Ву	Candid	late		Committee	•		Lobbyls	`_ <u> </u> _
Number	1	andidate e-	÷	(Mark X) The Committee to Elect Lydia Laythe									
Name of Filing Lobbyist		andidate or	The	Committee	to Ele	ct Lydia La	ythe						
Street Address			497	O Kinter Hill	Road	63-4-	Zip Code 16412				<u></u>		
City	Edinboro		State			PA			16412	112			
Type of Report							Le con	Dest	7- Annual	Special 2	^{sa} Fridav	Special	30 Day
1-6 th Tuesday	2- 2 nd Friday	3-30 Day Post Primary	4- 6	th Tuesday - Election		nd Friday - Election		FOST	/-Ammai	Pre-Elect		Post-Ele	ction
Pre-Primary	Pre-Primary	rimary	L.	- SIECHON	 		 		 	 			7
										Terminat	ion	 - 	_
Date Of Election (MM/DD/YYYY)		5/18/2021	Yea	ar	:	2021	Amendme Report	ent		Report			
Summary of Reco	elpts and	From Date		To Date	9				For	Office Use	Only	···· •	
Expenditures		5/3/2021		6,	/7/202	21					44	Const.	
A. Amount Broug					L,091.8	36							
B. Total Monetar		ns and Receipts	T	\$	250		l				77.7		
(From Schedule I) C. Total Funds Av			+	1	,341.8	6					مدمور ه کار د د م	A Process	
(Sum of Lines A ar	nd B)		4.		,						غ يداً سيو سود]# # ⊒>
D. Total Expenditu (From Schedule III			7	5 687.8					- 1	on which the	÷		
E. Ending Cash Bal	. Ending Cash Balance				554.06			•			,	Ö	5
(Subtract Line D fr	Subtract Line D from Line C) Value of In-Kind Contributions Received							÷				همنازي	
(From Schedule II)			\$ 0						•				
G. Unpaid Debts at From Schedule IV		S	\$		0								
		·	<u>-</u>		Afl	fldavit Sec	tion						. <u>. </u>
art 1- if this is a Com swear (or affirm) tha	mittee report,	treasurer sign here	. If ti	his is a Cand hedules on i	idate i paper	report, car is to the b	adidate sign h est of my kno	ere. owledg	e and belief tro	ue, correct a	nd comple	te.	
swear (or affirm) tha worn to and subscrib	it unis report, in led before me t	his			, -,,		-2	•	01		7		
14_day of		20 2-1		.1			Den	dy	Noll !				
, , day o. <u>t</u> r				<u> </u>		\$	36 AN D	ture of	Person Submi	CTON			
Sign	ature						3	· - 	Printed Name				
Commission avaisa	c			•			114			03-119		 -	
y Commission expire	MO.	DAY YR.				Аг	ea Code		Day	time Telepho	one Numbe	er	
rt II- if this is a report	of a Candidate	's Authorized Com	nnit	tee, candida	te sha	il sign her	е.					D 4000	NO 220
rt II- if this is a report vear (or affirm) that i ended.	to the best of n	ny knowledge and i	belle	f this politic	cal con	nmittee h	s not violate	d any p	provisions of th	ne Act of Jun	e 3, 1937 ((P.L. 1333,	NU.52U)
orn to and subscribed	d before me thi	s					1 10	$\widehat{\ \ }$	1 ~ 1	10.	_		
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day of U	<u> </u>	,eu		1.			1010	Signa	ure of Candle	ate			
Cignot	ure			1			<u> </u>	الإما Pr	inted Name	·		 1	
Signat	,ui C			, 1		Q	14		40	3-11	77		
Commission expires_	MO. DAY	/ YR.				O Are	a Code		Dayti	me Telephor	e Number	-	
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Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

2021 JUH 15 AM 8: 23

ERIE COUNTY OTER REGISTRATION

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing Reporting Cycle		didate, or Lobby	ist		
☐ Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th T	Cycle 4 Tuesday Election	Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	_	c ie 9 st-Special Election

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

BRANDON JOHNSTON

Printed Name

EUINBURG, PA JUST
Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

LYDIA LAYTHE

Printed Name

EDINBOLO, PA, USA

Location (City/State/Country)

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SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Filer identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		-	
Total for the reporting period	(1)	\$	50
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	200
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0 -
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		-	
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repo Cover Page, Item B)	ort	\$	250

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PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer iden	itification Numbe	Г	سے ہے دست در صف			
						Amount
Full Nan Commit	ne of Contributi tee	ng	 		Date [MM/DD/YYYY] \$	
House #		Street Address			Date [MM/DD/YYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nan Commit	ne of Contributi tee	ng			Date [MM/DD/YYYY] \$	
House #		Street Address			Date [MM/DD/YYYY] \$	
City			State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nan Commit	ne of Contribut tee	ing			Date [MM/DD/YYYY] \$	
House #		Street Address		<u> </u>	Date [MM/DD/YYYY] \$	
City		LL	State	Zip Code	Date [MM/DD/YYYY] S	
Full Nan Commit	ne of Contribut tee	ing			Date [MM/DD/YYYY]	
House #		Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	······································	State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Nar Commit	ne of Contribut tee	ing			Date [MM/DD/YYYY]	\$
House #		Street Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Succ (many so) 11111	\$
Full Nar Commit	ne of Contribut ttee	ting			Date [MM/DD/YYYY]	\$
House #	*	Street Address			Date [MM/DD/YYYY]	\$
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$

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PART B **All Other Contributions**

\$50.01 TO \$250
Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

riser (de	ntification Number:				· · · · · · · · · · · · · · · · · · ·						1
Full Na	me of Contributor	Ron DiNicola				Date		\$ 2	00		7
U		<u> </u>					05/18/2021				
House #	1001	reet Address	State Street			Dat	e [MM/DD/YYYY]	\$			1
City	Erle	······································	State P/	Zip Co	ode 165	Dat	te [MM/DD/YYYY]	\$			1
Full Nar	me of Contributor		 			Da	te [MM/DD/YYYY]	\$			\neg
House #	# St	reet Address				Da	ite [MM/DD/YYYY]	\$	 	<u> </u>	1
City			State	Zip C	Code	Da	ate [MM/DD/YYYY]	\$			
Full Nar	me of Contributor		<u> </u>			D	ate [MM/DD/YYYY]	\$		<u>-</u>	_
House #	\$ SI	treet Address		···		D	ate [MM/DD/YYYY]	\$	-		\dashv
City			State	Zip	Code	1	Pate [MM/DD/YYYY	1 \$	-		
Full Nar	me of Contributor		<u></u>				Date [MM/DD/YYYY	1	\$		
House #	# St	treet Address	5				Date [MM/DD/YYY	1	\$	·····	
City	1		State	Zip	Code		Date [MM/DD/YYY	n	\$		
Full Nar	me of Contributo						Date [MM/DD/YY	Υ]	\$	·	
House #	₹ St	reet Addres	5				Date [MM/DD/YY	YY]	s	<u></u>	 -
City			State	Zij	p Code		Date [MM/DD/YY	ΥΥ]	\$		
Full Nar	me of Contributo	r		<u> </u>			Date [MM/DD/Y	^	\$		
House #	# S	treet Addres	s		<u></u>	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/Y	YYY]	\$		
City		<u></u>	State	Z	ip Code	<u> </u>	Date [MM/DD/)	YYY	\$	-	
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PART C

Contributions Received From Political Committees

Over \$250,00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Iden	tification Numb	er:					
Full Nam	ne of uting Committ		"		Date [MM/DD/YYYY	\$	
				·/		_	
House #		Street Address			Date [MM/DD/YYYY	5	
City		 	State	Zip Code	Date [MM/DD/YYYY	1 \$	
Full Nan Contrib	ne of uting Committ	ee	<u> </u>	1	Date [MM/DD/YYYY	\$	
House #		Street Address			Date [MM/DD/YYYY	\$, , , , , , , , , , , , , , , , , , , ,
City	<u> </u>	<u> </u>	State	Zip Code	Date [MM/DD/YYYY	\$	
Full Nar Contrib	ne of uting Commit	tee	<u> </u>		Date [MM/DD/YYYY	\$	
House #	#	Street Address			Date [MM/DD/YYYY	\$	
City	<u></u>	11_	State	Zip Code	Date [MM/DD/YYYY	\$	· · · · · · · · · · · · · · · · · · ·
Full Na Contrib	me of outing Commit	tee	- L	, 	Date [MM/DD/YYYY	\$	
House	#	Street Address			Date [MM/DD/YYYY	\$	
City		<u></u>	State	Zip Code	Date [MM/DD/YYYY	\$	
Full Na Contrib	me of outing Commit	tee	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Date [MM/DD/YYYY	\$	
House	#	Street Address	 		Date [MM/DD/YYYY	\$	
City		<u>.l.,</u>	State	Zip Code	Date [MM/DD/YYYY	\$	
	ime of buting Commit	itee		<u> </u>	Date [MM/DD/YYYY	\$	<u> </u>
House	#	Street Address			Date [MM/DD/YYYY	\$	
City			State	Zip Code	Date [MM/DD/YYYY	\$	

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PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

	cation Number:				,
Full Name o	of Contributor			Date [MM/DD/YYYY]	\$
House #	Street Addr	ess		Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
mployer Na				Occupation	
rincipal Plac	ailing Address / ce of Business				
ull Name of	Contributor			Date [MM/DD/YYYY]	\$
ouse#	Street Addre	555	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
ty	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$
iployer Nan	ne		Occupation	<u></u>	
iployer Mai ncipal Place	ling Address / of Business				
l Name of C	ontributor			Date [MM/DD/YYYY]	\$
use#	Street Addres	s		Date [MM/DD/YYYY]	\$
- 		State	Zip Code	Date [MM/DD/YYYY]	\$
oloyer Name	9		<u></u> _	Occupation	1
oloyer Maili cipal Place (ng Address / of Business				
Name of Co	ntributor			Date [MM/DD/YYYY]	\$
ie#	Street Address	:		Date [MM/DD/YYYY]	\$
		State	Zip Code	Date [MM/DD/YYYY]	\$
oyer Name	<u> </u>			Occupation	
oyer Mailin pai Place of	g Address / Business				·

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

D-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
\$	
\$50.01 TO \$250.00 (FROM PART F)	
\$	
R \$250.00 (FROM PART G)	
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S REPORTING \$	
and 3; also enter	
	\$ S50.01 TO \$250.00 (FROM PART F) \$ R \$250.00 (FROM PART G)

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SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:					
			Date [MM/DD/YYYY]	Ś	
Full Name of Contributor			Date [www.dbj 1111]		į
House # Street Address			Date [MM/DD/YYYY]	\$	
			(a a bagga)	-	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	l
Description of Contribution	<u></u> _				
Full Name of Contributor	<u>,</u>		Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	1
	State	Zip Code	Date [MM/DD/YYYY]	\$	
City	State	aip out			
Description of Contribution		, <u> </u>			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
			Date [MM/DD/YYYY]	\$	
House # Street Address			Date (MMI/DD) 1111)		
Cita	State	Zip Code	Date [MM/DD/YYYY]	\$	
City					
Description of Contribution			Date [MM/DD/YYYY]	 \$	
Full Name of Contributor			Date Initial DDJ 11113		
	<u> </u>		Date [MM/DD/YYYY]	\$	
House # Street Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution			Date [MM/DD/YYYY]	\$	
Full Name of Contributor]	·
House # Street Address			Date [MM/DD/YYYY]	\$	
United a 2ffeet whitesa					
City	State	Zip Code	Date [MM/DD/YYYY	\$	
]
Description of Contribution					

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer. Filer Identification Number: Full Name Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] State Zip City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description **Full Name** Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description

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SCHEDULE II 'Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identific	ation Number:			
Full Name o	f Contributor			Date [MM/DD/YYYY] \$
House #	Street Addre	ss		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Na	me	 		Occupation
Employer Ma Place of Busin	illing Address / Principa tess	1		Description of
Full Name of	Contributor I			Contribution
run Hanne or				Date [MM/DD/1111]
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
mployer Nam	ne			Occupation
Employer Mailing Address / Principal Place of Business				Description of Contribution
ull Name of C	ontributor			Date [MM/DD/YYYY] \$
	j			
ouse#	Street Address	· _ · _ · _ · · · · · · · ·	 	Date [MM/DD/YYYY] \$
ty		State	Zip Code	Date [MM/DD/YYYY] \$
nployer Name				Occupation
-	g Address / Principal		 	Description
ice of Busines				of
				Contribution
l Name of Cor	ntributor			Date [MM/DD/YYYY] \$
ise#	Street Address			Date [MM/DD/YYYY] \$
		State	Zip Code	Date [MM/DD/YYYY] \$
loyer Name				Occupation
	Address / Principal			Description
e of Business				of Contribution

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Statement of Expenditures

	Statement	Of Experiences
Filer identification	Number:	
To Whom Paid		Date [MM/DD/YYYY] \$
10 10110	WÇTL	5/4/2021
House #	Street Address Rt 10 N	Description of Expenditure

o Wh	Whom Paid					Date [MM/DD/YYYY]	*	150		
	WÇTL						5/4/2021			
louse	# 10912	Street Address	Rt 19 N		, , , , , , , , , , , , , , , , , , , 		Description of Expendi	ture	elinete medikejareteloegung 1. a g	
ris. I	Waterford		State	PA	Zip Code	16441	radio ads			
Γο Wh	om Paid	The Corry Journal		السبيب		الوالوالمالمالة بيهنديور شيه	Date [MM/DD/YYYY]	\$	537.8	
		1					5/5/2021		<u> </u>	
House	# 28	Street Address	W South Stree	et .		`	Description of Expendit	.ure	der der seinen einer der seiner d	
City	 Согту		State	PA	Zip Code	16407	newspaper ads		-	
To Wh	om Paid				 		Date [MM/DD/YYYY]	\$		
House	#	Street Address					Description of Expendit	ure	<u> </u>	
City	<u></u>		State		Zip	1				
To Wi	nom Pald			<u> </u>			Date [MM/DD/YYYY]	\$		
House	#	Street Address					Description of Expendi	ture		
City	<u> </u>		State		Zip Code					
To W	hom Paid			در پروست برون آر			Date [MM/DD/YYYY]	\$		
Hous	e#	Street Address					Description of Expenditure			
City	<u> </u>		State	<u> </u>	Zip Code					
To W	hom Paid			1			Date [MM/DD/YYYY]	\$		
Hous	e#	Street Address	5				Description of Expendi	Description of Expenditure		
City	<u> </u>		State	T	Zip Code					
To W	hom Paid					والمرابع والمرابع	Date [MM/DD/YYYY]	\$		
Hous	ie#	Street Addres	5			 	Description of Expend	iture	<u></u>	
City			State		Zip Code					
To V	hom Paid				0000		Date [MM/DD/YYYY]	. \$		
Hou	se#	Street Addres	<u></u>				Description of Expenditure			
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SCHEDULE IV

Statement of Unpaid Debts
Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

riler identification N	lumber: '[
Name of Creditor	1			Outstanding Balance of Debt	
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code	-	
Description of De	bt				
Name of Creditor			Outstanding Balance of Debt		
House #	Street Address	dress DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State	Zip Code		
Description of De	bt				
Name of Creditor			Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of De	bt				
Name of Creditor				Outstanding Balance of Debt	
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of De	ebt				
Name of Credito				Outstanding Balance of Debt	
House#	Street Address	·	DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of D	ebt				
Name of Credito	r l			Outstanding Balance of Debt	
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of D	ebt				

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