

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Lydia Laythe							
Street Address	13031 Rt 99							
City	Edinboro	State	PA	Zip Code	16412			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2019	Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/06/2019	06/10/2019	
A. Amount Brought Forward From Last Report	\$	526.50	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	265.00	
C. Total Funds Available (Sum of Lines A and B)	\$	791.50	
D. Total Expenditures (From Schedule III)	\$	286.89	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	504.61	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.	Affidavit Section
I swear (or affirm) that this report, including the attached schedule, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 17 th day of June 20 19 Sonia Fernandez Signature	Brandon D. Johnston Signature of Person Submitting report Brandon Johnston Printed Name
My Commission expires 4-3-23 MO. DAY YR.	814 403-1150 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee , candidate 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 17 th day of June 20 19 Sonia Fernandez Signature	LYDIA LAYTHE Signature of Candidate LYDIA LAYTHE Printed Name
My Commission expires 4-3-23 MO. DAY YR.	814 403-1177 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Sonia Fernandez, Notary Public
Erie County
My commission expires April 3, 2023
Commission number 1288912
Member, Pennsylvania Association of Notaries

SCHEDULE I
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)	\$ 65.00
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)			\$ 200.00
Total for the reporting period		(2)	\$ 200.00
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$ 265.00

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 Identification Number																			
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												Amount																														
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$																						
House #										Street Address										Date [MM/DD/YYYY]										\$												
City										State										Zip Code										Date [MM/DD/YYYY]										\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$																						
House #										Street Address										Date [MM/DD/YYYY]										\$												
City										State										Zip Code										Date [MM/DD/YYYY]										\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$																						
House #										Street Address										Date [MM/DD/YYYY]										\$												
City										State										Zip Code										Date [MM/DD/YYYY]										\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$																						
House #										Street Address										Date [MM/DD/YYYY]										\$												
City										State										Zip Code										Date [MM/DD/YYYY]										\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$																						
House #										Street Address										Date [MM/DD/YYYY]										\$												
City										State										Zip Code										Date [MM/DD/YYYY]										\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$																						
House #										Street Address										Date [MM/DD/YYYY]										\$												
City										State										Zip Code										Date [MM/DD/YYYY]										\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$																						
House #										Street Address										Date [MM/DD/YYYY]										\$												
City										State										Zip Code										Date [MM/DD/YYYY]										\$		

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.)

Filer Identification Number:	
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Full Name of Contributor		Corbin Fowler				Date [MM/DD/YYYY]	\$	100.00
						05/13/19		
House #	12231	Street Address	Ridge Ave			Date [MM/DD/YYYY]	\$	
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Mike Wode				Date [MM/DD/YYYY]	\$	100.00
						05/22/19		
House #	5000	Street Address	Willamette Blvd			Date [MM/DD/YYYY]	\$	
City	Portland	State	OR	Zip Code	97203	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

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 Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

PART E

Other Receipts**REFUNDS, INTEREST 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:	
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Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Receipt Description											
Full Name											
House #		Street Address									
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Receipt Description											

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period (1)	\$	0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period (2)	\$	0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period (3)	\$	0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution								

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				

Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				

Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				

Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		PayPal				Date [MM/DD/YYYY]	\$	3.94
						06/03/19		
House #	2211	Street Address	North First Street			Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	To collect donations online		
To Whom Paid		US Postal Service				Date [MM/DD/YYYY]	\$	86.45
						05/17/19		
House #	300	Street Address	Waterford St.			Description of Expenditure		
City	Edinboro	State	PA	Zip Code	16412	Stamps		
To Whom Paid		BRINK INK				Date [MM/DD/YYYY]	\$	196.50
						05/20/19		
House #	5430	Street Address	Route 6N			Description of Expenditure		
City	Edinboro	State	PA	Zip Code	16412	t-shirts, stickers		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

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.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							