

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 checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		LYNDA MEYER		
Street Address		5362 LUNGER ROAD		
City	State	Zip Code		
ELLE	PA	16510		

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)		Year	Amendment Report		Termination Report			
05/11/19		2019	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date
	5-7-2019	6-10-2019
A. Amount Brought Forward From Last Report	\$	- 0 -
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	
C. Total Funds Available (Sum of Lines A and B)	\$	
D. Total Expenditures (From Schedule III)	\$	400.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 400.00
F. Value of In-Kind Contributions Received (From Schedule II)	\$	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0 -

For Office Use Only

2019 JUN 18 PM 1:16
Erie County
Voter Registration

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.
I swear (or affirm) that this report, including the attached schedules, on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

18th day of June 20 19
Signature of Sonia Fernandez

My Commission expires 4-3-23
MO. DAY YR.

Signature of Person Submitting report
Lynda D. Meyer
Printed Name

814 Area Code
881-9889 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		HARBOR VIEW GRILL			Date [MM/DD/YYYY]	\$	400.00
					05/21/2019		
House #	3130	Street Address	HARBOR RIDGE TRAIL		Description of Expenditure		
City	HARBORCREEK	State	PA	Zip Code	16510	FOOD-SNACKS-ELECTION ME	
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			
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			