

Commonwealth of Pennsylvania - Campaign Finance Report

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

File 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		The Committee to Elect Lydia Laythe					
Street Address		4970 Kinter Hill Rd					
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		11/02/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/19/2021	11/22/2021	
A- Amount Brought Forward from Last Report	\$	5,623.97	
B- Total Monetary Contributions and Receipts (From Schedule I)	\$	1,550	
C- Total Funds Available (Sum of Lines A and B)	\$	7,173.97	
D- Total Expenditures (From Schedule II)	\$	4,661.38	
E- Ending Cash Balance (Subtract Line D from Line C)	\$	2,512.59	
F- Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G- Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

28 day of November 20 21

Signature


Signature of Person Submitting report
Brandon Johnston

Printed Name

My Commission expires

MO. DAY YR.

814

Area Code

4031150

Daytime Telephone Number

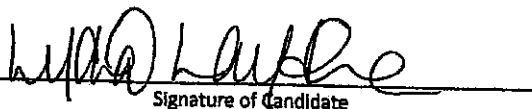
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

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

28 day of November 20 21

Signature


Signature of Candidate
Lydia Laythe

Printed Name

My Commission expires

MO. DAY YR.

814

Area Code

4031177

Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 50
2. Contributions of \$50.00 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
Total for the reporting period (2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 500
All Other Contributions (Part D)	\$ 1,000
Total for the reporting period (3)	\$ 1,500
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, Report Cover Page, Item B)	
	\$ 1,550

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						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

\$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.
(List all contributions from political committees reported in Part A.)

[illegible]

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.

Contributor Name						Date (MM/DD/YYYY)	\$
Erie County Democratic Party						10/25/2021	500
Address						Date (MM/DD/YYYY)	\$
1305	State Street						
City	Erie	State	PA	Zip Code	16501	Date (MM/DD/YYYY)	\$
Contributor Name						Date (MM/DD/YYYY)	\$
Address						Date (MM/DD/YYYY)	\$
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Contributor Name						Date (MM/DD/YYYY)	\$
Address						Date (MM/DD/YYYY)	\$
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Contributor Name						Date (MM/DD/YYYY)	\$
Address						Date (MM/DD/YYYY)	\$
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Contributor Name						Date (MM/DD/YYYY)	\$
Address						Date (MM/DD/YYYY)	\$
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Contributor Name						Date (MM/DD/YYYY)	\$
Address						Date (MM/DD/YYYY)	\$
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Contributor Name						Date (MM/DD/YYYY)	\$
Address						Date (MM/DD/YYYY)	\$
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Contributor Name						Date (MM/DD/YYYY)	\$
Address						Date (MM/DD/YYYY)	\$
City		State		Zip Code		Date (MM/DD/YYYY)	\$

PART D

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)

(Exclude contributions from political committees reported in Part C)							
Name of contributor						Date (MM/DD/YYYY)	\$
Megan Hull						10/24/2021	1,000
House		Street Address				Date (MM/DD/YYYY)	\$
	2226	Hall Place NW					
City		State	Zip Code		Date (MM/DD/YYYY)	\$	
	Washington	DC	20007				
Employment						Occupation	
Self-Employed						Political Consultant	
Employer's full name / Principal business							
2226 Hall Place NW, Washington, D.C. 20007							
Date of contribution						Date (MM/DD/YYYY)	\$
House		Street Address				Date (MM/DD/YYYY)	\$
City		State	Zip Code		Date (MM/DD/YYYY)	\$	
Employment						Occupation	
Employer's full name / Principal business							
Date of contribution						Date (MM/DD/YYYY)	\$
House		Street Address				Date (MM/DD/YYYY)	\$
City		State	Zip Code		Date (MM/DD/YYYY)	\$	
Employment						Occupation	
Employer's full name / Principal business							
Date of contribution						Date (MM/DD/YYYY)	\$
House		Street Address				Date (MM/DD/YYYY)	\$
City		State	Zip Code		Date (MM/DD/YYYY)	\$	
Employment						Occupation	
Employer's full name / Principal business							

PART E

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.

Use this part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

DECLASSIFICATION

House	Street Address
100150	

City		State		Zip Code		Date (MM/DD/YYYY)	
------	--	-------	--	----------	--	-------------------	--

[illegible]

RECEIVED

[illegible]

		State	Zip Code	Date (MM/DD/YYYY)	
--	--	-------	----------	-------------------	--

[illegible]

100

Street Address _____

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

94-007

Street Address _____

[illegible]

2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	2027-2028	2028-2029	2029-2030	2030-2031	2031-2032	2032-2033	2033-2034	2034-2035	2035-2036	2036-2037	2037-2038	2038-2039	2039-2040	2040-2041	2041-2042	2042-2043	2043-2044	2044-2045	2045-2046	2046-2047	2047-2048	2048-2049	2049-2050	2050-2051	2051-2052	2052-2053	2053-2054	2054-2055	2055-2056	2056-2057	2057-2058	2058-2059	2059-2060	2060-2061	2061-2062	2062-2063	2063-2064	2064-2065	2065-2066	2066-2067	2067-2068	2068-2069	2069-2070	2070-2071	2071-2072	2072-2073	2073-2074	2074-2075	2075-2076	2076-2077	2077-2078	2078-2079	2079-2080	2080-2081	2081-2082	2082-2083	2083-2084	2084-2085	2085-2086	2086-2087	2087-2088	2088-2089	2089-2090	2090-2091	2091-2092	2092-2093	2093-2094	2094-2095	2095-2096	2096-2097	2097-2098	2098-2099	2099-2100	2100-2101	2101-2102	2102-2103	2103-2104	2104-2105	2105-2106	2106-2107	2107-2108	2108-2109	2109-2110	2110-2111	2111-2112	2112-2113	2113-2114	2114-2115	2115-2116	2116-2117	2117-2118	2118-2119	2119-2120	2120-2121	2121-2122	2122-2123	2123-2124	2124-2125	2125-2126	2126-2127	2127-2128	2128-2129	2129-2130	2130-2131	2131-2132	2132-2133	2133-2134	2134-2135	2135-2136	2136-2137	2137-2138	2138-2139	2139-2140	2140-2141	2141-2142	2142-2143	2143-2144	2144-2145	2145-2146	2146-2147	2147-2148	2148-2149	2149-2150	2150-2151	2151-2152	2152-2153	2153-2154	2154-2155	2155-2156	2156-2157	2157-2158	2158-2159	2159-2160	2160-2161	2161-2162	2162-2163	2163-2164	2164-2165	2165-2166	2166-2167	2167-2168	2168-2169	2169-2170	2170-2171	2171-2172	2172-2173	2173-2174	2174-2175	2175-2176	2176-2177	2177-2178	2178-2179	2179-2180	2180-2181	2181-2182	2182-2183	2183-2184	2184-2185	2185-2186	2186-2187	2187-2188	2188-2189	2189-2190	2190-2191	2191-2192	2192-2193	2193-2194	2194-2195	2195-2196	2196-2197	2197-2198	2198-2199	2199-2200	2200-2201	2201-2202	2202-2203	2203-2204	2204-2205	2205-2206	2206-2207	2207-2208	2208-2209	2209-2210	2210-2211	2211-2212	2212-2213	2213-2214	2214-2215	2215-2216	2216-2217	2217-2218	2218-2219	2219-2220	2220-2221	2221-2222	2222-2223	2223-2224	2224-2225	2225-2226	2226-2227	2227-2228	2228-2229	2229-2230	2230-2231	2231-2232	2232-2233	2233-2234	2234-2235	2235-2236	2236-2237	2237-2238	2238-2239	2239-2240	2240-2241	2241-2242	2242-2243	2243-2244	2244-2245	2245-2246	2246-2247	2247-2248	2248-2249	2249-2250	2250-2251	2251-2252	2252-2253	2253-2254	2254-2255	2255-2256	2256-2257	2257-2258	2258-2259	2259-2260	2260-2261	2261-2262	2262-2263	2263-2264	2264-2265	2265-2266	2266-2267	2267-2268	2268-2269	2269-2270	2270-2271	2271-2272	2272-2273	2273-2274	2274-2275	2275-2276	2276-2277	2277-2278	2278-2279	2279-2280	2280-2281	2281-2282	2282-2283	2283-2284	2284-2285	2285-2286	2286-2287	2287-2288	2288-2289	2289-
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-------

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

		State	Zip Code	Date MM/DD/YYYY	\$
--	--	-------	----------	-----------------	----

[illegible]

State	ZIP Code	Date (MM/DD/YYYY)	S
-------	----------	-------------------	---

[illegible]

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**

REPORTING PERIOD	
-------------------------	--

1. UNDIVIDED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500.01 TO \$250,000 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250,000 (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
---	--	------

SCHEDULE II
PART F

VALUE OF \$50.01 TO \$250

NAME OF CONTRIBUTOR						DATE (MM/DD/YYYY)		
HOME		STREET ADDRESS				DATE (MM/DD/YYYY)		\$
CITY			STATE	ZIP CODE		DATE (MM/DD/YYYY)		\$
DESCRIPTION OF CONTRIBUTION								
NAME OF CONTRIBUTOR						DATE (MM/DD/YYYY)		\$
HOME		STREET ADDRESS				DATE (MM/DD/YYYY)		\$
CITY			STATE	ZIP CODE		DATE (MM/DD/YYYY)		\$
DESCRIPTION OF CONTRIBUTION								
NAME OF CONTRIBUTOR						DATE (MM/DD/YYYY)		\$
HOME		STREET ADDRESS				DATE (MM/DD/YYYY)		\$
CITY			STATE	ZIP CODE		DATE (MM/DD/YYYY)		\$
DESCRIPTION OF CONTRIBUTION								
NAME OF CONTRIBUTOR						DATE (MM/DD/YYYY)		\$
HOME		STREET ADDRESS				DATE (MM/DD/YYYY)		\$
CITY			STATE	ZIP CODE		DATE (MM/DD/YYYY)		\$
DESCRIPTION OF CONTRIBUTION								
NAME OF CONTRIBUTOR						DATE (MM/DD/YYYY)		\$
HOME		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

Full Name of Contributor				Date (MM/DD/YYYY)		S	
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)		S	
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)		S	
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)		S	
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)		S	
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			

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

To Whom Paid	Date (MM/DD/YYYY)	\$
McCarty Printing	10/25/2021	2,391.47
House # 246 Street Address E 7th Street	Description of Expenditure	
City Erie State PA Zip Code 16503	direct mailer	
To Whom Paid Talk Erie/WCTL	Date (MM/DD/YYYY) 10/19/2021	\$ 503.5
House # 10912 Street Address Route 19 N	Description of Expenditure	
City Waterford State PA Zip Code 16509	ads	
To Whom Paid Corry Journal	Date (MM/DD/YYYY) 10/25/2021	\$ 1,405.8
House # 28 Street Address W South Street	Description of Expenditure	
City Corry State PA Zip Code 16407	ads	
To Whom Paid Brink Ink	Date (MM/DD/YYYY) 10/28/2021	\$ 254.4
House # 5430 Street Address Rt 6 N	Description of Expenditure	
City Edinboro State PA Zip Code 16412	signs and stickers	
To Whom Paid Facebook	Date (MM/DD/YYYY) 10/29/2021	\$ 0.91
House # 1 Street Address Hacker Way	Description of Expenditure	
City Menlo Park State CA Zip Code 94025	ad attempt	
To Whom Paid Community Labor Administrative Services	Date (MM/DD/YYYY) 11/7/2021	\$ 88.42
House # 77 Street Address Sands Street	Description of Expenditure	
City Brooklyn State NY Zip Code 11201	mobilize account, textbanking	
To Whom Paid PayPal	Date (MM/DD/YYYY) 10/24/2021	\$ 16.88
House # 2211 Street Address N First Street	Description of Expenditure	
City San Jose State CA Zip Code 95131	online donation portal	
To Whom Paid	Date (MM/DD/YYYY)	\$
House #	Description of Expenditure	
City		

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.

			DATE DEBT INCURRED (MM/DD/YYYY)		OUTSTANDING BALANCE OF DEBT
			State	Zip Code	
			DATE DEBT INCURRED (MM/DD/YYYY)		OUTSTANDING BALANCE OF DEBT
			State	Zip Code	
			DATE DEBT INCURRED (MM/DD/YYYY)		OUTSTANDING BALANCE OF DEBT
			State	Zip Code	
			DATE DEBT INCURRED (MM/DD/YYYY)		OUTSTANDING BALANCE OF DEBT
			State	Zip Code	
			DATE DEBT INCURRED (MM/DD/YYYY)		OUTSTANDING BALANCE OF DEBT
			State	Zip Code	
			DATE DEBT INCURRED (MM/DD/YYYY)		OUTSTANDING BALANCE OF DEBT
			State	Zip Code	
			DATE DEBT INCURRED (MM/DD/YYYY)		OUTSTANDING BALANCE OF DEBT
			State	Zip Code	



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 NOV 25 AM 5:06
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 Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input checked="" type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-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.

Brandon D. Johnston

Signature of Treasurer, Candidate, or Lobbyist

11/23/2021
Date (DD/MM/YYYY)

BRANDON JOHNSTON

Printed Name

Edinboro / PA / USA

Location (City/State/Country)



Pennsylvania Department of State

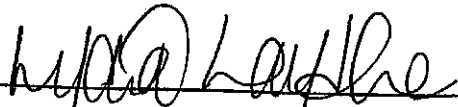
Bureau of Campaign Finance & Civic Engagement

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

11/23/2021
Date (DD/MM/YYYY)

LYDIA LAYTHE
Printed Name

Edinboro / PA / USA
Location (City/State/Country)