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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		Committee	X	Lobbyist
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- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
					X			
Date Of Election (MM/DD/YYYY)		11/02/2021	Year	2021	Amendment Report		Termination Report	

Summary of Receipts and Expenditures	From Date 10/19/2021	To Date 11/22/2021	For Office Use Only
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 III)	$	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 1- 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

23 day of November 20 21

Signature

My Commission expires _____ MO. DAY YR.

Signature of Person Submitting report

Brandon Johnston

Printed Name

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

23 day of November 20 21

Signature

My Commission expires _____ MO. DAY YR.

Signature of Candidate

Laythe Laythe

Printed Name

814 Area Code

4031177 Daytime Telephone Number

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)	$	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)	$	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	

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

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.)

Identification Number	

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)	$	
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:

Full Name of Contributing Committee: Erie County Democratic Party
House #: 1305
Street Address: State Street
City: Erie
State: PA
Zip Code: 16501
Date (MM/DD/YYYY): 10/25/2021 $ 500
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $

Full Name of Contributing Committee:
House #:
Street Address:
City:
State:
Zip Code:
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $

Full Name of Contributing Committee:
House #:
Street Address:
City:
State:
Zip Code:
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $

Full Name of Contributing Committee:
House #:
Street Address:
City:
State:
Zip Code:
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $

Full Name of Contributing Committee:
House #:
Street Address:
City:
State:
Zip Code:
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $

Full Name of Contributing Committee:
House #:
Street Address:
City:
State:
Zip Code:
Date (MM/DD/YYYY): $
Date (MM/DD/YYYY): $
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)

[illegible]	

Full Name of Contributor	Megan Hull					Date (MM/DD/YYYY) 10/24/2021	$ 1,000
House #	2226	Street Address	Hall Place NW			Date (MM/DD/YYYY)	$
City	Washington	State	DC	Zip Code	20007	Date (MM/DD/YYYY)	$
Employer Name	Self-Employed					Occupation	Political Consultant
Employer Mailing Address / Principal Place of Business	2226 Hall Place NW, Washington, D.C. 20007						

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, 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

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 RECIEVED

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

DETAILED SUMMARY PAGE

ELECTRONIC FILING Number	

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 $50.00 TO $250.00 (FROM PART H)			
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

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number	

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

[illegible]	

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	

To Whom Paid	McCarty Printing					Date (MM/DD/YYYY)	$
						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 #		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.

[illegible]

[illegible]
[illegible] Address
DATE DEBT INCURRED (MM/DD/YYYY)
[illegible] State Zip Code
[illegible]
Outstanding Balance of Debt
$

[illegible]
[illegible] Address
DATE DEBT INCURRED (MM/DD/YYYY)
[illegible] State Zip Code
[illegible]
Outstanding Balance of Debt
$

[illegible]
[illegible] Address
DATE DEBT INCURRED (MM/DD/YYYY)
[illegible] State Zip Code
[illegible]
Outstanding Balance of Debt
$

[illegible]
[illegible] Address
DATE DEBT INCURRED (MM/DD/YYYY)
[illegible] State Zip Code
[illegible]
Outstanding Balance of Debt
$

[illegible]
[illegible] Address
DATE DEBT INCURRED (MM/DD/YYYY)
[illegible] State Zip Code
[illegible]
Outstanding Balance of Debt
$

[illegible]
[illegible]
DATE DEBT INCURRED (MM/DD/YYYY)
[illegible] State Zip Code
[illegible]
Outstanding Balance of Debt
$

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

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				
☐ **Cycle 1** 6th Tuesday Pre-Primary	☐ **Cycle 2** 2nd Friday Pre-Primary	☐ **Cycle 3** 30 Day Post Primary	☐ **Cycle 4** 6th Tuesday Pre-Election	☐ **Cycle 5** 2nd Friday Pre-Election
☒ **Cycle 6** 30 Day Post-Election	☐ **Cycle 7** Annual Report	☐ **Cycle 8** 2nd Friday Pre-Special Election	☐ **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.

Lydia Laythe
Signature of Treasurer, Candidate, or Lobbyist

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

LYDIA LAYTHE
Printed Name

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