

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

	- -	(•					ula be typea		· · · · · · · · · · · · · · · · · · ·		
Filer Identificat Number				eport Filed By Candidate Mark X)			ite		Committee	·	X	Lobbyist	
Name of Filing Lobbyist	Committee, C	andidate or	Committee to Elect Lydia Laythe										
Street Address		· · · · ·	13031 Rt 99					•	.,				
City	Edinbor	0			St	ate	PA		Zip Code	16412			
Type of Report	(Place x under	report type)											
1-6 th Tuesday	4- 6 ^{tt}	Tuesday	5- 2 nd Fi	riday	6- 30 Da	•	7- Annual	Special 2	-	Special 30	-		
Pre-Primary	Pre-Primary	Primary	Pre-	Election	Pre- Ele	ction	ion Election Pre-Election Post-Election					on	
]							
Date Of Election		11/05/2019	Year	r	2019	0	Amendr	nent		Terminati	on		
(MM/DD/YYYY	-	11/03/2019			201	e e	Report			Report			
Summary of Re Expenditures	ceipts and	From Date		To Date	9				For	Office Use (Only		
		10/21/2019		11	/25/2019								
A. Amount Bro	ught Forward	rom Last Report	\$	\$	652.78					9	510		
B. Total Moneta (From Schedule	B. Total Monetary Contributions and Receipts			\$	40.00						- Carlo		
C. Total Funds			\$	\$	692.78		ŀ			771	TT .		
(Sum of Lines A and B)				ļ	092.78								
D. Total Expenditures					82.33	,				(1) ئىسى			
(From Schedule III) E. Ending Cash Balance				s 						ja ja			
(Subtract Line D from Line C)				1	585.45					المدور] العالمة المراجع	=	- <i>></i>	
F. Value of In-K (From Schedule		ons Received	Ş	82.33 585.45 25.00									
G. Unpaid Debt	•	ons	\$										
(From Schedule	· IV)				0 Affid-	avit Sec	+100			<u> </u>			
Part 1- if this is a	Committee repo	rt, treasurer sign he	re. If t	this is a Can				n here.					
		including the attac							ge and belief tr	ue, correct a	nd complet	te.	
Sworn to and subs	7	e this		S Se)23 otarie	4	Z	ĵ			/		
day of	A	20	_	de de la constante de la const	pril 3, 2023 288912 Ition of Notari	<u> </u>	Sin Sin	matura	of Per <u>son</u> Subm	ittier report	me	20	
Morre	Signature ,	mand	B	nia - I	4 10	Í	ran	den	Printed Name	<u>) :: h r</u>	ston	<u>-</u>	
	. '(1	2-72	J		expires A number 1 la Associa	1	0 111	\	Trinced Warn		3-115	502	
My Commission e	xpires MO.	DAY YR.	-	of Pennsyfvania nandez, Notar Erie County	on expires A ion number 1 vania Associa	A	rea Code)	Day	time Telepho			
Part II- If this is a r	eport of a Candi	date's Authorized	Comm	யத்தி bnood abati	digress and	sign he	ere.	···.				• •	
I swear (or affirm)	that to the best	of my knowledge a	nd be	lief teispoli	te Edin	nittee l	nas not viol	ated any	provisions of t	he Act of Jun	e 3, 1937 (P.L. 1333, NO.	320) as
I swear (or affirm) that to the best of my knowledge and belief this spoil that to the best of my knowledge and belief this spoil that to the best of my knowledge and belief this spoil that to the best of my knowledge and belief this spoil that to the best of my knowledge and belief this spoil that the has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) amended. Sworn to and subscribed before me this													
Sworn to and subscribed before me this						(0.11	7		•			
day of D & C 20 19						LUM	Φ.						
Sjeppture of Kandidate													
Signature Printed Name													
54Camatt	الأيا	2-22	_	, •		5	2111		Uf	53-11	77		
My Commission ex	MO.	DAY YR.	-			6	rea Code	_	Dayti	ا الراس me Telephon	e Number		
nonwealth of Penr	wealth of Pennsylvania - Notory Seal												

Com Tonia 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)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1	
Contributions Received from Political Committees (Part A)	\$	o
All Other Contributions (Part B)	\$	15.00
Total for the reporting period (2)	\$	15.00
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)	<u> </u>	
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)	\$	15.00

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 Id	entification Numb	er				·		
				· · · · · · · · · · · · · · · · · · ·				Amount
	ame of Contribu	ting		**************************************		Date [MM/DD/YYYY]	\$	
Comm	ittee							
House	#	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
	me of Contribu	ting		····		Date [MM/DD/YYYY]	\$	
Comm	ittee							
House	#	Street Address		, , , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY]	\$	
City	<u> </u>		State	Zip Code		Date [MM/DD/YYYY]	\$	
		·						
Full Na Commi	me of Contribut	ting				Date [MM/DD/YYYY]	\$	
				11070				
House	#	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Enti Ni-	me of Contribut	ina	<u></u>			Data Issas (nn hanna		
Commi		.nug				Date [MM/DD/YYYY]	\$	
House	#	Street Address				Date [MM/DD/YYYY]	\$	
		ļ						
City		<u></u>	State	Zip Code		Date [MM/DD/YYYY]	\$	
							1	
	me of Contribut	ing				Date [MM/DD/YYYY]	\$	
Commi	rree							
House i	#	Street Address		15 West House		Date [MM/DD/YYYY]	\$	
City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code		Date [MM/DD/YYYY]	\$	
- 45								
	Full Name of Contributing Committee				·	Date [MM/DD/YYYY]	\$	·
House #	#	Street Address				Date [MM/DD/YYYY]	\$	_
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
<u>. </u>			.					

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 Ide	ntification Number:			•			
1 							
Full Nar	ne of Contributor				D	ate [MM/DD/YYYY]	\$
House #	Stro	eet Address			D	ate [MM/DD/YYYY]	\$
City			State	Zip Code	D	ate [MM/DD/YYYY]	\$
Full Nan	ne of Contributor			<u> </u>	Di	ate [MM/DD/YYYY]	\$
House #	Stre	eet Address			Da	ate [MM/DD/YYYY]	\$
City	1		State	Zip Code	Da	ate [MM/DD/YYYY]	\$
Full Nan	ne of Contributor				Da	ate [MM/DD/YYYY]	\$
House #	# Street Address				De	ate [MM/DD/YYYY]	\$
City	<u> </u>	1	State	Zip Code	Da	ite [MM/DD/YYYY]	\$
Full Nam	ne of Contributor		! !		Da	ste [MM/DD/YYYY]	\$
House #	Stre	eet Address			Da	te [MM/DD/YYYY]	\$
City			State	Zip Code	Da	ite [MM/DD/YYYY]	\$
Full Nam	e of Contributor				Da	te [MM/DD/YYYY]	\$
House #	Stre	et Address			Da	te [MM/DD/YYYY]	\$
City		 	State	Zip Code	Da	te [MM/DD/YYYY]	\$
Full Nam	Full Name of Contributor				Da	te [MM/DD/YYYY]	\$
House #	Stre	et Address			Da	te [MM/DD/YYYY]	\$
City	<u> </u>		State	Zip Code	Da	te [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 Ide	Filer Identification Number:								
Full Na Contrib	me of outing Committee		Date [MM/DD/YYYY]	\$					
House	Str	eet Address	TATALANTA			Date [MM/DD/YYYY]	\$		
City	<u> </u>		State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Na Contrib	ne of uting Committee		Date [MM/DD/YYYY]	\$					
House #	Str	eet Address	. 170			Date [MM/DD/YYYY]	\$		
City			State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Nar Contrib	ne of uting Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	1		State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Nan Contribu	ne of uting Committee					Date [MM/DD/YYYY]	\$		
House #	Stre	et Address	, , , , , , , , , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/YYYY]	\$		
City			State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Nan Contribu	ne of Iting Committee	7.00				Date [MM/DD/YYYY]	\$		
House #	Stre	et Address				Date [MM/DD/YYYY]	\$		
City			State	Zip Code		Date [MM/DD/YYYY]	\$		
Contribu	Full Name of Contributing Committee			,	Date [MM/DD/YYYY]	\$			
House #	Stre	et 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:

Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Principal Place of		 			The second secon
Full Name of Con		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Principal Place of					
Full Name of Con	tributor		*************************************	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Principal Place of					
Full Name of Cont	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		J		Occupation	
Employer Mailing					

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						
	eet Address					
City	State	Zip Code	Date [MM/DD/YYYY] \$			
Receipt Description						
Fulf Name						
House # Stre	eet Address					
City	State	Zip Code	Date [MM/DD/YYYY] \$			
Receipt Description	<u>. </u>					
Full Name						
House # Stre	et Address					
City	State	Zip Code	Date [MM/DD/YYYY] \$			
Receipt Description						
Full Name						
House # Stre	et Address					
City	State	Zip Code	Date [MM/DD/YYYY] \$			
Receipt Description						
Full Name						
l·	et Address					
City	State	Zip Code	Date [MM/DD/YYYY] \$			
Receipt Description			duiden			
Full Name	Full Name					
	et Address					
City	State	Zip Code	Date [MM/DD/YYYY] \$			
Receipt Description		1 .1				

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

INS RECEIVED-VALUE OF \$5	0.00	OR LESS PER CONTRIBUTOR
(1)	\$	25.00
-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
(2)	\$	0
/ALUE OVER \$250.00 (FROI	VI PAR	TG)
(3)	\$	0
IRING THIS REPORTING	\$	
es 1, 2, and 3; also enter		<u> </u>
		25.00
	(1) VALUE OF \$50.01 TO \$250 (2) VALUE OVER \$250.00 (FROM	VALUE OF \$50.01 TO \$250.00 (FF (2) \$ VALUE OVER \$250.00 (FROM PAR (3) \$ IRING THIS REPORTING \$

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 # Stree	et Address		Date [MM/DD/YYYY]	\$						
City	State	Zip Code	Date [MM/DD/YYYY]	\$						
Description of Contribution	n .		<u> </u>							
Full Name of Contributor			Date [MM/DD/YYYY]	\$						
House # Stree	et Address		Date [MM/DD/YYYY]	\$						
City	State	Zip Code	Date [MM/DD/YYYY]	\$						
Description of Contribution	Description of Contribution									
Full Name of Contributor			Date [MM/DD/YYYY]	\$						
House # Stree	et Address		Date [MM/DD/YYYY]	\$						
City	State	Zip Code	Date [MM/DD/YYYY]	\$						
Description of Contribution	1									
Full Name of Contributor			Date [MM/DD/YYYY]	\$						
House # Stree	et 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 # Stree	et Address		Date [MM/DD/YYYY]	\$						
City	State	Zip Code	Date [MM/DD/YYYY]	\$						
Description of Contribution	escription of Contribution									

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

Full Name of Contri	butor	·		Dot	e [MM/DD/YYYY]	16
Tan Hame of Conti				Dat	e [www,DD/1111]	_ \$
12					For an allow the stand	
House #	Street Address			Dat	e [MM/DD/YYYY]	\$
		· · · · · · · · · · · · · · · · · · ·				
City		State	Zip Code	Dat	e [MM/DD/YYYY]	\$
Employer Name				Осс	upation	*
Employer Mailing A	ddress / Principal		***************************************		cription	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Place of Business				of	tribution	
Full Name of Contri	hutor	_	· · · · · · · · · · · · · · · · · · ·		e [MM/DD/YYYY]	\$
						⊣ *
House #				l Det	Tasks (pp hogod	
nouse#	Street Address			Date	e [MM/DD/YYYY]	\$
		1121				
City		State	Zip Code	Date	[MM/DD/YYYY]	\$
Employer Name				Occi	pation	
Employer Mailing A	ddress / Principal				cription	······································
Place of Business				of	tribution	
Full Name of Contril	butor				[MM/DD/YYYY]	\$
						-
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date	[MM/DD/YYYY]	\$
	Street Address			Date	: [www/oo/1111]	- *
City		State	Zip Code	Dete	(BABA/DD MANA)	<u> </u>
City		State	Zip Code	Date	[MM/DD/YYYY]	\$

Employer Name				Оссі	pation	
Employer Mailing A	ddress / Principal				ription	
Place of Business		ļ		of Cont	ribution	
Full Name of Contrib	outor				[MM/DD/YYYY]	\$
•	İ					-
House #	Street Address			Date	[MM/DD/YYYY]	\$
	Street Address			Date		-
City		- Chehn	7:- 6-4-		[MM/DD/YYYY]	
City		State	Zip Code	Date	[WW/DD/YYYY]	\$
Employer Name						<u> </u>
					pation	:
Employer Mailing Ac Place of Business	dress / Principal			Desc of	ription	
riace of pusifiess				-	ribution	
		1		25/10		

Statement of Expenditures

Filer Identification Number:	
•	,

To W	hom Paid				· · · · ·		Date [MM/DD/YYYY]	\$	
l		PayPal	<u>.</u>				11/03/2019	1_	0.74
House	e# 2211	Street Address No	orth First S	treet	•		Description of Expend	iture	
City	San Jose		State	CA	Zip Code	95131	To collect donations onlin	10	
To W	hom Paid	The Edinboro Hotel	Rar				Date [MM/DD/YYYY]	\$	81.59
<u> </u>							11/08/2019	1	81.58
House	100	Street Address Me	eadville St	reet			Description of Expendi	ture	
City	Edinboro		State	PA	Zip Code	16412	election night party		
To W	nom Paid						Date [MM/DD/YYYY]	\$	
House	2#	Street Address				Description of Expendi	ture	<u>.</u>	
City			State		Zip Code				
To Wi	nom Paid		-1	<u> </u>	4		Date [MM/DD/YYYY]	\$	
House	#	Street Address				Description of Expendi	ture		
City			State		Zip Code			•	
To Wi	nom Paid		1		0040	1	Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendi	ture	
City			State		Zip Code				
To Wh	om Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address	· · · · · · · · · · · · · · · · · · ·	**************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Description of Expendi	ture	
City		- I , I,	State		Zip Code				
To Wh	om Paid			'		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendit	ure	
City			State		Zip Code				
To Wh	om Paid		<u> </u>				Date [MM/DD/YYYY]	\$	
House	#	Street Address				·	Description of Expendit	ure	
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.

<u> </u>					
					· · · · · · · · · · · · · · · · · · ·
Name o	f Creditor				Outstanding Balance of Debt
House #	Stre	eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Descript	ion of Debt				
Name of Creditor					Outstanding Balance of Debt
House #	Stre	eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Descript	ion of Debt				
Name of Creditor					Outstanding Balance of Debt
House #	Stre	eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Descript	ion of Debt				
	Creditor				Outstanding Balance of Debt
Name of House #	· · · · · · · · · · · · · · · · · · ·	eet Address		DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
House #	Stre	eet Address	State		
House #	· · · · · · · · · · · · · · · · · · ·	eet Address	State	[MM/DD/YYYY]	
House #	Stre	eet Address	State	[MM/DD/YYYY]	
House # City Descripti	ion of Debt Creditor	eet Address eet Address	State	[MM/DD/YYYY]	\$
City Descripti Name of House #	ion of Debt Creditor Stre		State	Zip Code DATE DEST INCURRED	Outstanding Balance of Debt
City Descripti Name of House #	ion of Debt Creditor			Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	Outstanding Balance of Debt
City Descripti Name of House #	on of Debt Creditor Street on of Debt			Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	Outstanding Balance of Debt
City Descripti Name of House # City Descripti	on of Debt Creditor Street on of Debt Creditor			Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	Outstanding Balance of Debt
City Descripti Name of House # City Descripti Name of House #	on of Debt Creditor Street on of Debt Creditor	eet Address		Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Outstanding Balance of Debt \$ Outstanding Balance of Debt