

	CONTRACTOR TO THE
Reset corm	Print Form
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## Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification	(Note: In			nd legible. It sho				
Number		Report Filed ( Mark X)	By Candid	late	Committee	·  \times	Lobbyist	
Name of Filing Committee, Candidate or								
Lobbyist Street Address	··	The Committee to Elect Lydia Laythe						
		1970 Kinter Hill	Rd					
City Edinboro	, , , , , , , , , , , , , , , , , , ,		State	PA	Zip Code	16412		
Type of Report (Place x under report	type)		4212 year			·		
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30	Day Post 4	- 6th Tuesday	5- 2 <sup>nd</sup> Friday	6-30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30	Dav
Pre-Primary Pre-Primary Primary		re- Election	Pre-Election	,	, , , , , , , , , , , , , , , , , , , ,	Pre-Election	Post-Electi	
	<del>-,</del>	<del></del>	<del></del>	<del> </del>	[ ]		<del>                                     </del>	
Date Of Election								
	2/2021	ear	2021	Amendment : Report		Termination Report		
Summary of Receipts and From	Date	To Date				Office Use Only		
Expenditures		10000			For C	office ose offig		
	23/2021		31/2021					
A. Amount Brought Forward From Las	t Report	\$ 2,	512.59					
B. Total Monetary Contributions and F	Receipts	\$	,					
(From Schedule I) C. Total Funds Available					ERIE	COUNTY		
(Sum of Lines A and B)	- 1	\$ 2,5	12.59			,		
D. Total Expenditures		\$	0	JAN 10 <b>2021</b>				
(From Schedule III)  E. Ending Cash Balance		0		VILLA A AVAI				
(Subtract Line D from Line C)	ł	\$ 2,512.59		VOTER REGISTRATION				
F. Value of In-Kind Contributions Received	ed :	\$						
(From Schedule II) G. Unpaid Debts and Obligations		0						
(From Schedule IV)	7	]	0					
		<u></u>	Affidavit Section		<del> ,</del>	·		
Part 1- If this is a Committee report, treasurer	sign here. If t	his is a Candid	ate report, cand	lidate sign here.				
I swear (or affirm) that this report, including the Sworn to and subscribed before me this	e attached sc	nequies on pa	per, is to the be	st of my knowledge	and belief true	, correct and complete	<b>2.</b>	
8 day of JANVARY 2022			4	3 /-	1			
Uay 01 351041 20	<u> </u>	- 1		Signature of F	erson Submitt	ing report		
Signature		r	Brand	on Johnston			_	
Signature		. 1		F	rinted Name			
My Commission expires	VD		814		403115	0	_	ŀ
MO. DAY	YR.		Area	Code	Daytin	ne Telephone Number		
Part II- If this is a report of a Candidate's Authori	zed Committ	ee, candidate	shall sign here.					
I swear (or affirm) that to the best of my knowled amended.	ige and beliet	f this political o	committee has i	not violated any pro	ovisions of the	Act of June 3, 1937 (P	.L. 1333, NO.3	20) as
1								
Sworn to and subscribed before me this			;	$\sim 1/\Omega/c$	a.10			į
		• 1	h.L.	ILYKU IL (U	KIK 0			i
7		1.	<del></del>		e of Candidate	<b>:-</b>	_	
Signature	<del></del>	1	Laythe I		ted Name		_	
-	•	. •	814	riii				ļ
My Commission expires	<del></del>				4031177		-	
MO, DAI (R.			Area C	oue	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)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	<u></u>	
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	;
Total for the reporting period (2)	†\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	٠.	
Total for the reporting period (4)	\$	
otal 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)	\$	

#### 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.

					Amount
	f Contributing	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Date [MM/DD/YYYY] \$	-
Committee					
House #	Street Add	ress		Date [MM/DD/YYYY] \$	·
City		?State v	Zip Code	Date [MM/DD/YYYY] \$	
		State		Date [IMM/DD/1111]	
Full Name of	Contributing	C239 4-1	and a real of the way to be and page?	Date [MM/DD/YYYY] \$	
Committee	- }			Date [IMM/OD/1111]	
House #	Street Addr				
i iouse ii	Street Addr	ess		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	_
		Strains of St			
ull Name of C ommittee	ontributing		<u></u>	Date [MM/DD/YYYY] \$	
onumittee					
ouse#	Street Addre	iss		VIEW CIPE OF CHARACTER	<u> </u>
1				"Date [MM/DD/YYYY] \$	
ty		<u> </u>			
y		State	Zip Code	Date [MM/DD/YYYY] \$	
l Name of Co	ntributing	-		Date [MM/DD/YYYY] \$	
milittee	i				
use#	Street Addres	š		Date [MM/DD/YYYY]   \$	
use#	Street Addres	š		Date [MM/DD/YYYY] \$	
use#	Street Addres		iiiiii codo et e		
	Street Addres	/State*	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
			Zip Code		
Name of Con		/State*	Zip Code	Date [MM/DD/YYYY] \$	
		/State*	Zip Code		
Name of Con	tributing	State	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Name of Committee		State	Zip Code	Date [MM/DD/YYYY] \$	
Name of Committee	tributing	State	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Name of Committee	tributing	State	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Name of Committee	tributing Street Address	State		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Name of Continuittee e #	tributing Street Address	State		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Name of Continues of Control	tributing Street Address	State		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Name of Continuittee e #	Street Address	State		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Name of Continues of Control	tributing Street Address	State		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Name of Continues of Control	Street Address	State		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	
Name of Continues of Control	Street Address	State		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  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.)

					<del>استعمار المستعمار ا</del>
Flier Identification Number:	-				
Full Name of Contributor			Date [MM/DD/YYYY]	\$ (	_
House# Street	Address		Date [MM/DD/YYYY]	\$	<del></del>
nouse #			Date [MIM/DD/1711]	in the second	
City :	State	(Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		To your expression or start many	Date [MM/DD/YYYY]	\$	
'House#9 Street A		_	Date [MM/DD/YYYY]	\$	
City	State	Zip Gode	"Date [MM/DD/YYYY]	\$	
Full Name of Contributor	####################################	(CASSESSESSESSESSESSESSESSESSESSESSESSESSE	Date [MM/DD/YYYY]	\$	
House# Street A	ddress		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
House# Street Ad			`Date [MM/DD/YYYY]	\$	
	State	Zip Gode	"Date [MM/DD/YYYY]	\$	
ull Name of Contributor			Date [MM/DD/YYYY]	\$	i
ouse# Street Add			<b>₹Date [MM/DD/YYYY]</b>	\$	
y	State	Zip Code	«Date [MM/DD/YYYY]	\$	
II/Name of Contributor	p og andere er engelser er (		Date [MM/DD/YYYY]	\$	
use# Street Addi			Date [MM/DD/YYYY]	\$	
	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.

<b>等于是是一个工作的</b>							
	ame of buting Committee				Date [MM/DD/YYYY]	\$	
House	# Str	eet Address	<u>.</u>	<del></del>	ुDate [MM/DD/YYYY]	\$	
City		<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Na Contri	ime of buting Committee				Date [MM/DD/YYYY]	\$	
House	# Str	eet Address			Date [MM/DD/YYYY]	\$	" "
City		2.1	State	"Zip Code	Date [MM/DD/YYYY]	\$	
Full Na Contril	me of outing Committee				Date [MM/DD/YYYY]	\$	
House	# Str	eet Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Gode	PDate [MM/DD/YYYY]	\$ 1	
Full Na Contrib	me of outing Committee				Date [MM/DD/YYYY]	\$	
House	# Str	eet Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Cöde	©Date [MM/DD/YYYY]	\$	
Full Na Contrib	me of outing Committee				Date [MM/DD/YYYY]	\$	
House	# Stro	et Address			Date [MM/DD/YYYY]	\$	
City	· · · · · · · · · · · · · · · · · · ·		State.	Zip Code	Date [MM/DD/YYYY]	\$	
Full Nat Contrib	uting Committee				Date [MM/DD/YYYY]	\$	
House #	Stre	et Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>		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:

Company of the state of the sta	
*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	Däte [MM/DD/YYYY] ** \$
Employer Name	Occupation .
Employer Mailing Address / Principal Place of Business	[20] [20] [20] [20] [20] [20] [20] [20]
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] 5
louse # Street Address	Date [MM/DD/XYYY] \$
State Zip Code	Date [MM/DD/YYYY] \$
imployer Name	Occupation -
imployer Mailing Address / Principal Place of Business	[224: 2000; ca.2376:27-164]

#### 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.

riier id	entification No	imber:			
Full Na	ame			<del></del>	
House	#	Street Address	5		
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receip	t Description	1	[25200003_115]		
Full Na	me				
House #	#	Street Address		· · · · · · · · · · · · · · · · · · ·	
City			State	Zip. Code	∛Date [MM/DD/YYYY] \$ 1
Receipt	Description				
Full Nan	ne				
House #		Street Address			
City	1 Accordingly any public references		State	Zip Code	(Date IMM/DD/YYYI) \$
Receipt	Description		Ususadiasa	W Transactor	Transfer
Full Nam	ne .			·	
House #		Street Address			
City	<del>,</del>		State	Zip Code	Date [MM/DD/YYYY] \$ \$
Receipt I	Description				
Full Name	e				
louse #		Street Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
eceipt D	escription				
ull Name					
ouse#		Street Address			
ty	, <u>.</u>	F	State	Zip Code	Date [MM/DD/YYYY] \$
eceipt De	escription				

#### 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

Filer identification Number:			
UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAI	JE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED:VALUE OF \$50.0	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. In-KIND GONTRIBUTION RECE	IVED-VALUE OVER \$25	OO (FROM PART G)	H-MAN
TOTAL for the reporting period	(3)	\$	and the second s
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals on Page 1, Report Cover Page, Item F)	ONS DURING THIS REPO	RTING \$	

## 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]] 75
Description of Contribution	[89 %]
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	1 2
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

VALUE OVER \$25	<del></del>
Filer identification Number:	
Full Name of Contributor"	Date [MM/DD/WYYY] 5
House # Street Address	Date [MM/DD/YYYY] \$
City   State   Zip Code	Date [MM/DD/XYYY] \ \$
Employer Name	*Occupation (*)
Employer Mailing Address / Principal Place of Business	Description / Contribution / Contrib
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zjp Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Malling Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Pate [MM/DD/YYYY] \$
City State Zip Code	*Date [MM/DD/YYYY] ** \$
Imployer Name	SOccupation (
Employer Mailing Address / Principal Place of Business	Description  of 2 Contribution
ull Name of Contributor	Date [MM/DD/YYYY] \$
ouse # Street Address	Date [MM/DD/YYYY] \$
ty State Zip Code	Date [MM/DD/YYYY] \$
nployer Name	Occupation
nployer Mailing Address / Principal ace of Business	Description  of  Contribution

### SCHEDULE III

		statement of Expe	naitures
Filer Identification	Number: '		
To Whom Paid			Date [MM/DD/YYYY] \$
			SatellineANDEAT 1.11
House #	Street Address		Description of Expenditure %
City	State	Zip	Description of Expenditure %
		Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House #	Street Address		25%
N	Street Address		Description of Expenditure
City	State	Zip Code \	NE (C. ) in the form of the best property and a best reason read despect of the supplementary and the suppleme
To Whom Paid	[2·46] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	LOGE X	□ Date IMM/DD/XXXXI 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Date Hand Anderson and
House #	Street Address		(Description of Expenditure
City	State	Zio	
	State	Code	
To Whom Paid			Date [MM/DD/YYYY] \$ 1
House #	Street Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid	Principles of the state of	<u> Розапсияна зачания</u>	*Date [MM/DD/YYYY] ** \$
House #	Street Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid		Loge	Date [MM/DD/xyyy] ** \$3
10 1111011.			
House #	Street Address		Description of Expenditure
City	State	Zip	
To Whom Paid	。 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	Code	bear of the house 1201
To Whom Paid			Date [MM/DD/YYYY] ;
House #	Street Address		Description of Expenditure
City E	State	Zip Code	Control of the Contro
To Whom Paid		I A sweet	Date [MM/DD/YYYY] \$
House #	Street Address		Description of Expenditure
City	State	Zip 🔍	
	A 100 FM (유리 전 전 2년 1년 1년 1년 구동(1) 설립 (유리 전	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.

Manager of Co. 10			<del></del>
Name of Creditor	r	Outstanding Balance of	of Debt
House #	Street Address	DATE DEBT INCURRED \$	<u>, es establicado</u>
City		State Zip Code	
Description of De	ebt	parameter (Section 1987)	<u> </u>
Name of Creditor	r	Outstanding Balance c	of Debt
House #	Street Address	DATE DEBT INCURRED 35 TIMM/DD/YYYY1	oga veza
City  Description of De	2bt	State Zip Code	
			_
Name of Creditor		Outstanding Balance of Succession Control of	of Debt
House#	Street Address	DATE DEBT INCURRED \$	anging the and
City  Description of De		State Code Code	
Description of De			
Name of Creditor		Outstanding Balance	of Debt
House #	Street Address	DATE DEBT INCURRED (\$)	
City Description of De		State Zip Code	
Description of De			_
Name of Creditor		Outstanding Balance of	of Debt
House #	Street Address	DATE DEBT INCURRED \$  [MM/DD/YYYY]	
City		State Zip Code 7	
	ebt ,	and a control of magnetic and the second of	
Description of De	4		
Description of De	<u> </u>	Outstanding Balance	of Debt
-	r Street Address	DATE/DEBT INCURRED \$ [MM/DD/YYYY]	of Debt
Name of Creditor	Street Address	DATE/DEBT INCURRED \$	of Debt



### 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.

COMMITTEE	Committee, Cand TO とほのし Name	YDIA LAYTH			
□ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	☐ <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 <sup>th</sup> Ti	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Specia	l Election	1	cle 9 ost-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.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

BRANDON JOHNSTON

**Printed Name** 

EDINBORD 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

Date (DD/MM/YYYY)

LYDIA LAYTHE

**Printed Name** 

EDINBORO PA USA

Location (City/State/Country)



## 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, Car AYTHE	ndidate; or Lobby	iist		
Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	☐ Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 Tuesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special	Election	Ĭ	cle 9 ost-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.

Signature of Treasurer, Candidate, or Lobbyist

08 01 2022 Date (DD/MM/YYYY)

UDIA LAYTHE

**Printed Name** 

EDINBORD PD USA Location (City/State/Country)

### CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

	O O O S Committee in the receive in	ittee, the	ORTING REDIOD INDICATED ADOVE DIG NO
TYPE OF REPORT (CHECK ONE)  NAME OF OFFICE SOUGHT BY CANDIDATE COMMON COUNCIL  PRE-PRIMARY  2ND FRIDAY PRE-PRIMARY  30 DAY PRE-PRIMARY  31 CASH BALANCE AT END OF REPORTING PERIOD:  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:  AMENDMENT REPORT?  TERMINATION REPORT?  THE Candidates' STATE P.  AMENDMENT REPORT?  TERMINATION REPORT?  THE Candidates' STATE P.  AMENDMENT REPORT?  TERMINATION REPORT?  THE CANDIDATE REPORT OF CANDIDATES  AMENDMENT REPORT?  TERMINATION REPORT?  THE AMENDMENT REPORT.  TO AMEN	YEAR  YEAR  O  O  STION  S Committe  In here.  In must sign	ittee, the	PATE OF ELECTION  MO. DAY YEAR  OF OFFICE USE ONLY  FOR OFFICE USE ONLY  Treasurer must sign here.
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MY COMMISSION EXPIRES NO. DAY YR. ARE	1U A CODE		DAYTIME TELEPHONE NUMBER
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SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.	COMMITTEE H	HAS NOT N	VIOLATED ANY PROVISIONS OF THE ACT
WORN TO AND SUBSCRIBED BEFORE ME THIS	<del></del>		
DAY OF 20		SIGNAT	TURE OF CANDIDATE
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