COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER ▶		REPORT FILED ON BEHALF OF ▶	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST
LYDIA LAYTHE

STREET ADDRESS
4970 Kinter Hill Rd

CITY EDINBORO   **STATE** PA   **ZIP CODE** 16412 —

TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
					MO.	DAY	YEAR

6TH TUESDAY PRE-PRIMARY	1.	
2ND FRIDAY PRE-PRIMARY	2.	
30 DAY POST-PRIMARY	3.	
6TH TUESDAY PRE-ELECTION	4.	
2ND FRIDAY PRE-ELECTION	5.	
30 DAY POST-ELECTION	6.	
ANNUAL REPORT	7. X	

DATES OF REPORTING PERIOD MO. 11 DAY 25 YEAR 19 TO MO. 01 DAY 12 YEAR 2020

CASH BALANCE AT END OF REPORTING PERIOD: $ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

FOR OFFICE USE ONLY
2020 JAN 24 PM 1:09

AMENDMENT REPORT?	YES		NO	X
TERMINATION REPORT?	YES		NO	X

AFFIDAVIT SECTION

PART I -
If statement is filed on behalf of a <u>Political Committee or Candidates's Committee</u>, the Treasurer must sign here.
If statement is filed on behalf of a <u>Candidate</u>, the Candidate must sign here.
If statement is filed on behalf of a <u>Contributing Lobbyist</u>, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS ($250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
24th DAY OF January 20 20

Commonwealth of Pennsylvania - Notary Seal
Tonia Fernandez, Notary Public
Erie County
My commission expires April 3, 2023
Commission number 1288912
Member, Pennsylvania Association of Notaries

1-3-23 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT
PRINTED NAME LYDIA LAYTHE
AREA CODE 814 **DAYTIME TELEPHONE NUMBER** 403-1177

PART II -
If statement is filed on behalf of a <u>Candidate's Authorized Committee</u>, Candidate must 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

DSEB-503 (12-99)

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280