

COMMONWEALTH OF PENNSYLVANIA
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.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST LYELL P COOK						
STREET ADDRESS 11391 EDINBORO RD						
CITY EDINBORO		STATE PA	ZIP CODE 16412			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE CORONER	DISTRICT NO.	PARTY REP	DATE OF ELECTION		
				MO.	DAY	YEAR
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY	1.			11	5	2019
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY	2.					
<input type="checkbox"/> 30 DAY POST-PRIMARY	3.					
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION	4.					
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION	5.					
<input checked="" type="checkbox"/> 30 DAY POST-ELECTION	6.					
<input type="checkbox"/> ANNUAL REPORT	7.					

DATES OF REPORTING PERIOD <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>10</td><td>22</td><td>19</td> <td></td> <td>11</td><td>25</td><td>19</td> </tr> </table>	MO.	DAY	YEAR	TO	MO.	DAY	YEAR	10	22	19		11	25	19	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CASH BALANCE AT END OF REPORTING PERIOD:</td> <td style="width:50%; text-align: right;">\$ <u>0</u></td> </tr> <tr> <td>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td style="text-align: right;">\$ <u>0</u></td> </tr> </table>	CASH BALANCE AT END OF REPORTING PERIOD:	\$ <u>0</u>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ <u>0</u>	FOR OFFICE USE ONLY <div style="text-align: center;"> <p>2019 DEC -4 PM 3:32</p> <p>ERIE COUNTY VOTER REGISTRATION</p> </div>
MO.	DAY	YEAR	TO	MO.	DAY	YEAR														
10	22	19		11	25	19														
CASH BALANCE AT END OF REPORTING PERIOD:	\$ <u>0</u>																			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ <u>0</u>																			

AMENDMENT REPORT?	YES	NO
TERMINATION REPORT?	YES	NO

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, 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 THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
4th DAY OF December 2019

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES 07 31 2023
 MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

LYELL P COOK
 PRINTED NAME

814 452-2911
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, 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
6 DAY OF _____ 20

 SIGNATURE

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER