

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	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist LYNDA MEYER				
Street Address 5362 UPPER ROAD				
City ERIE	State PA	Zip Code 16510		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
11/4/2019		2019		<input type="checkbox"/>		<input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	10/22/2019	11/25/2019	<p style="text-align: center;">2019 DEC -4 PM 3:37</p> <p style="text-align: center;">ERIE COUNTY VOTER REGISTRATION</p>	
A. Amount Brought Forward From Last Report	\$	800.00		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-		
C. Total Funds Available (Sum of Lines A and B)	\$	121.70		
D. Total Expenditures (From Schedule III)	\$	1928.40		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-1806.70		
F. Value of In-Kind Contributions Received (From Schedule II)	\$			
G. Unpaid Debts and Obligations (From Schedule IV)	\$			

Affidavit Section

Part I- 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

4th day of **December** 20 **19**

Nicole Inan
Signature

My Commission expires **07 31 2023**
MO. DAY YR.

Lynnda D. Meyer
Signature of Person Submitting report
Lynnda D Meyer
Printed Name

814 Area Code **881-9889** 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

4th day of **December** 20 **19**

Nicole Inan
Signature

My Commission expires **07 31 2023**
MO. DAY YR.

Lynnda D. Meyer
Signature of Candidate
Lynnda D. Meyer
Printed Name

814 Area Code **881-9889** Daytime Telephone Number

Notary Seal
 Commonwealth of Pennsylvania - Notary Public
 Nicole Inan, Notary Public
 Erie County
 My commission expires July 31, 2023
 Commission number 1292344
 Member, Pennsylvania Association of Notaries

**SCHEDULE III
Statement of Expenditures**

Employer Identification Number:	
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To Whom Paid	McCarthy Printing	Date (MM/DD/YYYY)	10/29/2019	\$	1798.40
House #	244	Street Address	E. 7th Street	Description of Expenditure	
City	Eme	State	PA	Zip Code	16503
POSTCARDS - MAILING					

To Whom Paid	CREEKS BAR & GRILLE	Date (MM/DD/YYYY)	11/4/2019	\$	\$130.00
House #	4935	Street Address	EAST LAKE ROAD	Description of Expenditure	
City	Eme	State	PA	Zip Code	16511
WATCH PARTY FOOD					

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	