

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 1	COMMITTEE 2	LOBBYIST 3
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST LYDIA LAVITHE					
STREET ADDRESS 13031 Rt. 99					
CITY Edinboro			STATE PA	ZIP CODE 16412-	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
	washington twp. council				
DATE OF ELECTION		FOR OFFICE USE ONLY			
NO. DAY YEAR		DATE			
5 21 2019					
1. 6TH TUESDAY (PRE-PRIMARY)	2. 2ND FRIDAY (PRE-PRIMARY)	3. 30 DAY (POST-PRIMARY)	4. 6TH TUESDAY (PRE-ELECTION)	5. 2ND FRIDAY (PRE-ELECTION)	6. 30 DAY (POST-ELECTION)
	<input checked="" type="checkbox"/>				
DATES OF REPORTING PERIOD		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>			
MO. DAY YEAR		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>			
3 22 19					
TO					
5 6 19					
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>	

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's 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, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
6th DAY OF **May** 20**19**
Sonia Hernandez SIGNATURE
 MY COMMISSION EXPIRES **4-3-23**
 MO. DAY YR.

Lydia Lavithe SIGNATURE OF PERSON SUBMITTING REPORT
LYDIA LAVITHE PRINTED NAME
814 AREA CODE **403-1177** 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
 _____ DAY OF _____ 20____
 _____ SIGNATURE
 MY COMMISSION EXPIRES _____
 MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER