

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	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Lydia Laythe			
Street Address		13031 Cambridge Springs Rd.			
City	Edinboro	State	PA	Zip Code	16412

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/22/2019	05/06/2019	
A. Amount Brought Forward From Last Report	\$	0	2019 MAY -6 PM 4:01 ERIE COUNTY VOTER REGISTRATION TF
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1109.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1109.00	
D. Total Expenditures (From Schedule III)	\$	582.50	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	526.50	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	830.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 6th day of May 2019

Signature: Ca Cant

My Commission expires 3-24-2023

MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
 CARRIE CROW - Notary Public
 Erie County
 My Commission Expires Mar 24, 2023
 Commission Number 1033141

Signature of Person Submitting report: Brandon Johnston

Printed Name: Brandon Johnston

Area Code: 814

Daytime Telephone Number: (814) 403-1150

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 6th day of May 2019

Signature: Ca Cant

My Commission expires 3-24-2023

MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
 CARRIE CROW - Notary Public
 Erie County
 My Commission Expires Mar 24, 2023
 Commission Number 1033141

Signature of Candidate: Lydia Laythe

Printed Name: LYDIA LAYTHE

Area Code: 814

Daytime Telephone Number: 403-1177

Commonwealth of Pennsylvania - Notary Seal
 CARRIE CROW - Notary Public
 Erie County
 My Commission Expires Mar 24, 2023
 Commission Number 1033141

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)	\$ 459.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 650.00
Total for the reporting period	(2)	\$ 650.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 1109.00

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.

Filer Identification Number												
										Amount		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$					
House #	Street Address						Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$					
House #	Street Address						Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$					
House #	Street Address						Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$					
House #	Street Address						Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$					
House #	Street Address						Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$					
House #	Street Address						Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$					
House #	Street Address						Date [MM/DD/YYYY]	\$				
City				State		Zip Code	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.)

Filer Identification Number:	
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Full Name of Contributor		Lydia Laythe				Date [MM/DD/YYYY]	\$	200.00
						03/22/2019		
House #	13031	Street Address		Cambridge Springs Road		Date [MM/DD/YYYY]	\$	
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Steven Malany				Date [MM/DD/YYYY]	\$	100.00
						03/30/2019		
House #	3004	Street Address		NE 51st Avenue		Date [MM/DD/YYYY]	\$	
City	Portland	State	OR	Zip Code	97213	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Janice Mazock				Date [MM/DD/YYYY]	\$	75.00
						04/03/2019		
House #	12270	Street Address		Woodside Drive		Date [MM/DD/YYYY]	\$	100.00
						04/17/2019		
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Veronica Fisher				Date [MM/DD/YYYY]	\$	75.00
						04/17/2019		
House #	603	Street Address		Colorado Drive		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Honey Stempka				Date [MM/DD/YYYY]	\$	100.00
						05/02/2019		
House #	655	Street Address		Smithson Ave		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16511	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		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.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		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:	
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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		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		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		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

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.

Filer Identification Number:	
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Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 30.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 800.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 830.00
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**SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250**

Filer Identification Number:	
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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							

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							

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

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Kylie John Klein					05/01/2019		500.00	
House #	4701	Street Address	College Drive, 404 Ariel Hall			Date [MM/DD/YYYY]		\$
City	Erie	State	PA	Zip Code	16563	Date [MM/DD/YYYY]		\$
Employer Name					Penn State Behrend		Occupation	
Employer Mailing Address / Principal Place of Business					4701 College Drive, Erie, PA 16563		Description of Contribution	
							Student Human Resource Manager videography, video production	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Jessica Strand					05/04/2019		300.00	
House #	102	Street Address	Georgian Drive			Date [MM/DD/YYYY]		\$
City	Edinboro	State	PA	Zip Code	16412	Date [MM/DD/YYYY]		\$
Employer Name					self-employed, The Light In The Woods		Occupation	
Employer Mailing Address / Principal Place of Business					12270 Edinboro Road, Edinboro, PA 16412		Description of Contribution	
							business owner party planning, snacks, space renta	
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							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]		\$
Employer Name							Occupation	
Employer Mailing Address / Principal Place of Business							Description of Contribution	

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid		PayPal			Date [MM/DD/YYYY]	\$	27.67
					05/19/2019		
House #	2211	Street Address	North First Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	To collect donations online	
To Whom Paid		Vistaprint			Date [MM/DD/YYYY]	\$	240.46
					04/08/2019		
House #	95	Street Address	Hayden Avenue		Description of Expenditure		
City	Lexington	State	MA	Zip Code	02421	Campaign literature	
To Whom Paid		US Postal Service			Date [MM/DD/YYYY]	\$	27.50
					04/15/2019		
House #	300	Street Address	Waterford Street		Description of Expenditure		
City	Edinboro	State	PA	Zip Code	16412	Stamps	
To Whom Paid		Vistaprint			Date [MM/DD/YYYY]	\$	6.35
					04/18/2019		
House #	95	Street Address	Hayden Avenue		Description of Expenditure		
City	Lexington	State	MA	Zip Code	02421	post-it notes, hats	
To Whom Paid		Brink Ink			Date [MM/DD/YYYY]	\$	200.00
					04/19/2019		
House #	5430	Street Address	Route 6N		Description of Expenditure		
City	Edinboro	State	PA	Zip Code	16412	Deposit for stickers and t-shirts	
To Whom Paid		US Postal Service			Date [MM/DD/YYYY]	\$	35.00
					04/22/2019		
House #	300	Street Address	Waterford Street		Description of Expenditure		
City	Edinboro	State	PA	Zip Code	16412	Stamps	
To Whom Paid		Walmart			Date [MM/DD/YYYY]	\$	45.52
					4/30/2019		
House #	108	Street Address	Washington Towne Blvd N		Description of Expenditure		
City	Edinboro	State	PA	Zip Code	16412	printer ink	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		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.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip Code				
Description of Debt							