

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	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT LYDIA LAYTHE							
Street Address		4970 KINTER HILL 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)		05/18/2021		Year	2021		Amendment Report	Termination Report

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		1/1/2021	
A. Amount Brought Forward From Last Report		\$ 540.26	2021 MAY -4 PM 4:59 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 2,731.00	
C. Total Funds Available (Sum of Lines A and B)		\$ 3,271.26	
D. Total Expenditures (From Schedule II)		\$ 2,179.40	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 1,091.86	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 396.00	
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
3 day of MAY 2021

Signature: _____

My Commission expires _____ MO. DAY YR.

Signature of Person Submitting report: Brandon Johnston
 Printed Name: BRANDON JOHNSTON
 Area Code: 814 Daytime Telephone Number: 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
3 day of MAY 2021

Signature: _____

My Commission expires _____ MO. DAY YR.

Signature of Candidate: Lydia Laythe
 Printed Name: LYDIA LAYTHE
 Area Code: 814 Daytime Telephone Number: 403-1177

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)		\$ 905.00
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)	\$	1326.00
Total for the reporting period (2)		\$ 1326.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	500.00
Total for the reporting period (3)		\$ 500.00
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$ 2,731.00

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								
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	Amount
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:									
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
DON GOLDSTEIN						3/10/2021		100.00	
House #	Street Address				Date [MM/DD/YYYY]	\$			
21553	STAR ROUTE								
City	State	Zip Code			Date [MM/DD/YYYY]	\$			
MEADVILLE	PA	16335							
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
DEVI SUBEDI						3/18/2021		51.00	
House #	Street Address				Date [MM/DD/YYYY]	\$			
6758	MILL STREET								
City	State	Zip Code			Date [MM/DD/YYYY]	\$			
ERIE	PA	16509							
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
JIM SCARPITTI						3/19/2021		100.00	
House #	Street Address				Date [MM/DD/YYYY]	\$			
11691	MAPLE LAWN DR.								
City	State	Zip Code			Date [MM/DD/YYYY]	\$			
EDINBORD	PA	16412							
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
Meredith Supjewski						3/24/2021		100.00	
House #	Street Address				Date [MM/DD/YYYY]	\$			
1920	COLLINGWOOD BLVD								
City	State	Zip Code			Date [MM/DD/YYYY]	\$			
TOLEDO	OH	43604							
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
Shraddha Prabhu						3/27/2021		100.00	
House #	Street Address				Date [MM/DD/YYYY]	\$			
840	E 40th STREET								
City	State	Zip Code			Date [MM/DD/YYYY]	\$			
ERIE	PA	16504							
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
Meg Durkin						4/6/2021		100.00	
House #	Street Address				Date [MM/DD/YYYY]	\$			
21392	N CIRCLE RD.								
City	State	Zip Code			Date [MM/DD/YYYY]	\$			
RATHDRUM	ID	83858							

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:							
Full Name of Contributor		J Michael Keyes			Date [MM/DD/YYYY]	\$	100.00
House #	5909	Street Address	S DEARBORN RD.		Date [MM/DD/YYYY]	\$	
City	SPOKANE	State	WA	Zip Code	99223	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Ruthie Keyes			Date [MM/DD/YYYY]	\$	100.00
House #	7815	Street Address	146TH PLSE		Date [MM/DD/YYYY]	\$	
City	NEW CASTLE	State	WA	Zip Code	98059	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Martha Nwachukwu			Date [MM/DD/YYYY]	\$	75.00
House #	2635	Street Address	CHESTNUT STREET		Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Laurie Parendes			Date [MM/DD/YYYY]	\$	100.00
House #	302	Street Address	W PLUM STREET		Date [MM/DD/YYYY]	\$	
City	EDINBORO	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Mary Jo Campbell			Date [MM/DD/YYYY]	\$	100.00
House #	5431	Street Address	LINDEN AVENUE		Date [MM/DD/YYYY]	\$	
City	EDINBORO	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Douglas Johnston			Date [MM/DD/YYYY]	\$	100.00
House #	315	Street Address	LAKE STREET		Date [MM/DD/YYYY]	\$	
City	GIRARD	State	PA	Zip Code	16417	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		JUDITH DAUSDN			Date [MM/DD/YYYY]	\$	100.00
House #	1180	Street Address	KINTER HILL RD.		Date [MM/DD/YYYY]	\$	
City	CAMBRIDGE SPRINGS	State	PA	Zip Code	16403	Date [MM/DD/YYYY]	\$
Full Name of Contributor		DAVE ROBINSON			Date [MM/DD/YYYY]	\$	100.00
House #	10175	Street Address	DIETZEL RD.		Date [MM/DD/YYYY]	\$	
City	UNION CITY	State	PA	Zip Code	16438	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]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		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]	\$
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:									
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		STEVE MALANY			Date [MM/DD/YYYY]	\$	500.00
House #	3004	Street Address NE 51ST AVE			Date [MM/DD/YYYY]	\$	
City	PORTLAND	State	OR	Zip Code	97213	Date [MM/DD/YYYY]	\$
Employer Name		P & C CONSTRUCTION			Occupation	PRESIDENT	
Employer Mailing Address / Principal Place of Business		2133 NW YORK STREET, PORTLAND, OR 97210					
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 B

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:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period (1) \$ 72.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period (2) \$ 324.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period (3) \$ 0

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)

\$ 396.00

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		THERESA THEWES			Date [MM/DD/YYYY]	\$	72.00
House #	127	Street Address	WATERFORD STREET		Date [MM/DD/YYYY]	\$	
City	EDINBORO	State	PA	Zip Code	16412	Date [MM/DD/YYYY]	\$
Description of Contribution							
addressed & stamped postcards							

Full Name of Contributor		JUDITH DAVSON			Date [MM/DD/YYYY]	\$	108.00
House #	1180	Street Address	KINTER HILL RD		Date [MM/DD/YYYY]	\$	
City	CAMBRIDGE SPRINGS	State	PA	Zip Code	16403	Date [MM/DD/YYYY]	\$
Description of Contribution							
addressed + stamped postcards							

Full Name of Contributor		GRETCHEN FAIRLEY			Date [MM/DD/YYYY]	\$	72.00
House #	637	Street Address	WEST 9TH STREET		Date [MM/DD/YYYY]	\$	72.00
City	ERIE	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$
Description of Contribution							
addressed & stamped postcards.							

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]	\$	
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		
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		VISTAPRINT			Date [MM/DD/YYYY]	\$	286.10
House #	275	Street Address	WYMAN STREET		Description of Expenditure		
City	WALTHAM	State	MA	Zip Code	02451 postcards + door hangers		
To Whom Paid		HANNAH FLYNN			Date [MM/DD/YYYY]	\$	50.00
House #	205	Street Address	STONE HAVEN DRIVE		Description of Expenditure		
City	EDINBORO	State	PA	Zip Code	16412 1090 design		
To Whom Paid		BRINK INK			Date [MM/DD/YYYY]	\$	200.00
House #	5430	Street Address	RT 6 N		Description of Expenditure		
City	EDINBORO	State	PA	Zip Code	16412 t-shirt deposit		
To Whom Paid		POST OFFICE			Date [MM/DD/YYYY]	\$	72.00
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]	\$	8.48
House #	275	Street Address	WYMAN STREET		Description of Expenditure		
City	WALTHAM	State	MA	Zip Code	02451 business cards		
To Whom Paid		COPY KING			Date [MM/DD/YYYY]	\$	506.15
House #	1162	Street Address	W 8TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502 signs deposit		
To Whom Paid		COPY KING			Date [MM/DD/YYYY]	\$	506.15
House #	1162	Street Address	W 8TH ST.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502 signs		
To Whom Paid		COMMUNITY ACCESS MEDIA			Date [MM/DD/YYYY]	\$	50.00
House #	142	Street Address	W 12TH STREET		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501 interview recording		

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid		BRINK INK			Date [MM/DD/YYYY]	\$	212.00
House #	5430	Street Address	RT 6N		Description of Expenditure		
City	EDINBORO	State	PA	Zip Code	16412	T-SHIRTS	
To Whom Paid		VISTAPRINT			Date [MM/DD/YYYY]	\$	216.48
House #	275	Street Address	WYMAN ST		Description of Expenditure		
City	WALTHAM	State	MA	Zip Code	02451	STICKERS	
To Whom Paid		PAYPAL			Date [MM/DD/YYYY]	\$	72.04
House #	2211	Street Address	N FIRST STREET		Description of Expenditure		
City	SAN JOSE	State	CA	Zip Code	95131	Online payment srvs.	
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			

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					