

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	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>COMMITTEE TO ELECT LYELL P COOK</b>					
STREET ADDRESS <b>7277 RUPERT DR</b>					
CITY <b>FAIRVIEW</b>		STATE <b>PA</b>	ZIP CODE <b>16415 -</b>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <b>Coroner</b>		DISTRICT NO. <b>-</b>	PARTY <b>REP</b>
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
		DATE OF ELECTION			
		MO. DAY YEAR		<b>11 5 2019</b>	
		FOR OFFICE USE ONLY		2019 OCT 23 PM 2:04 ERIE COUNTY VOTER REGISTRATION	
		DATES OF REPORTING PERIOD		MO. DAY YEAR TO MO. DAY YEAR	
		<b>6 11 19</b>		<b>10 21 19</b>	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ <b>1,797.70</b>	
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <b>3500</b>	
		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 23<sup>rd</sup> DAY OF October 2019

Jonial Fernandez  
 SIGNATURE  
 MY COMMISSION EXPIRES 4-3-23  
 MO. DAY YR.

Gregory D Tower  
 SIGNATURE OF PERSON SUBMITTING REPORT  
 PRINTED NAME  
814 833-9222  
 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 23<sup>rd</sup> DAY OF October 2019

Jonial Fernandez  
 SIGNATURE  
 MY COMMISSION EXPIRES 4-3-23  
 MO. DAY YR.

LYELL P COOK  
 SIGNATURE OF CANDIDATE  
 PRINTED NAME  
814 452-2911  
 AREA CODE DAYTIME TELEPHONE NUMBER