

# 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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Lydia Laythe					
Street Address		13031 Rt 99					
City	Edinboro	State	PA	Zip Code	16412		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2019	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	
		06/10/2019	10/21/2019	
A. Amount Brought Forward From Last Report	\$	504.61		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	610.00		
C. Total Funds Available (Sum of Lines A and B)	\$	1114.61		
D. Total Expenditures (From Schedule III)	\$	461.83		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	652.78		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

2019 OCT 26 PM 12:04  
 ERIE COUNTY  
 VOTER REGISTRATION  
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**Part I - Affidavit Section**  
 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 pages \_\_\_\_\_, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 24<sup>th</sup> day of October 2019  
 Signature: Tonia Fernandez  
 My Commission expires 4-3-23 MO. DAY YR.

Signature of Person Submitting report: Brandon P. Johnston  
 Printed Name: Brandon P. Johnston  
 Area Code: 814 Daytime Telephone Number: 403-1150

**Part II - Candidate's Authorized Committee**  
 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 24<sup>th</sup> day of October 2019  
 Signature: Tonia Fernandez  
 My Commission expires 4-3-23 MO. DAY YR.

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

Commonwealth of Pennsylvania - Notary Seal  
 Tonia Fernandez, Notary Public  
 Erie County  
 My commission expires April 3, 2023  
 Commission number 1288912  
 Member, Pennsylvania Association of Notaries

**SCHEDULE I**  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 110.00
Total for the reporting period	(2)	\$ 110.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 500.00
All Other Contributions (Part D)		\$ 500.00
Total for the reporting period	(3)	\$ 500.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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>		\$ 610.00

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.

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

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		Josh Shaldenbrand				Date [MM/DD/YYYY]	\$	
House #	4622	Street Address		Henry Street		Date [MM/DD/YYYY]	\$	15.00
						08/03/2019		
City	Pittsburgh	State	PA	Zip Code	15213	Date [MM/DD/YYYY]	\$	15.00
						09/03/2019		
Full Name of Contributor		Josh Shaldenbrand				Date [MM/DD/YYYY]	\$	
House #	4622	Street Address		Henry Street		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15213	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Diane Kolyer				Date [MM/DD/YYYY]	\$	50.00
House #	7	Street Address		Great Jones St.		Date [MM/DD/YYYY]	\$	
City	New York	State	NY	Zip Code	10012	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City	Surfside	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.

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	

**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		Jill Braufman			Date [MM/DD/YYYY]	\$	
					08/29/2019		
House #	9111	Street Address	Collins Ave		Date [MM/DD/YYYY]	\$	
City	Surfside	State	FL	Zip Code	33154	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)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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)	\$ 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)		\$ 0
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SCHEDULE II  
PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>							

SCHEDULE II  
Part G

## In-Kind Contributions Received

VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		PayPal			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
					10/03/2019		30.07	
<b>House #</b>	2211	<b>Street Address</b>		North First Street		<b>Description of Expenditure</b>		
<b>City</b>	San Jose	<b>State</b>	CA	<b>Zip Code</b>	95131	To collect donations online		
<b>To Whom Paid</b>		US Postal Service			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
					08/19/2019		7.70	
<b>House #</b>	300	<b>Street Address</b>		Waterford Street		<b>Description of Expenditure</b>		
<b>City</b>	Edinboro	<b>State</b>	PA	<b>Zip Code</b>	16412	shipping t-shirt to donor		
<b>To Whom Paid</b>		Vistaprint			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
					06/12/2019		15.78	
<b>House #</b>	108	<b>Street Address</b>		Washington Towne Blvd N		<b>Description of Expenditure</b>		
<b>City</b>	Edinboro	<b>State</b>	PA	<b>Zip Code</b>	16412	printer ink		
<b>To Whom Paid</b>		Edinboro Market			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
					06/17/2019		30.00	
<b>House #</b>	1308	<b>Street Address</b>		Springfield Circle		<b>Description of Expenditure</b>		
<b>City</b>	Boalsburg	<b>State</b>	PA	<b>Zip Code</b>	16827	illustration		
<b>To Whom Paid</b>		Micki Smith			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
					07/21/2019		90.00	
<b>House #</b>	109	<b>Street Address</b>		Erie Street		<b>Description of Expenditure</b>		
<b>City</b>	Edinboro	<b>State</b>	PA	<b>Zip Code</b>	16412	Event tickets		
<b>To Whom Paid</b>		Vistaprint			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
					09/09/2019		240.74	
<b>House #</b>	95	<b>Street Address</b>		Hayden Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Lexington	<b>State</b>	MA	<b>Zip Code</b>		stickers		
<b>To Whom Paid</b>		Erie County Democratic Party			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
					10/04/2019		50.00	
<b>House #</b>	1305	<b>Street Address</b>		State Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	Advertisement in fall dinner program		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				

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.

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

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

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

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

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

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

<b>Description of Debt</b>	
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## PENNSYLVANIA CAMPAIGN FINANCE REPORT

*This Report must be typed or printed legibly in blue or black ink.*

### INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

### REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

**Filer Identification Number** - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

**Report Filed By** - Please indicate which type of filer you are by checking the appropriate box on the cover page.

**Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code** - Please enter appropriate name and address.

**Type of Report** - Please place an "X" by the applicable report type.

**Amendment Report** - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

**Termination Report** - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

**Filing Method** - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

**Name of Office Sought** - If filed by a candidate or candidate's committee, indicate office sought.

**Date of Election** - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

**District Number** - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

**Office Code, Party Code and County Code** - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

**Summary of Receipts and Expenditures** - Enter the appropriate dates of the reporting period covered.

**Amount Brought Forward From Last Report (Item A)** - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

**Items B through G** - See detailed instructions on each corresponding schedule.

**Affidavit Section** - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

**Page Number** - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

**Reports Filed on Diskette:** The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at [www.dos.state.pa.us](http://www.dos.state.pa.us) or by contacting the Bureau.