

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>						
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST LYDIA LAYTHE											
STREET ADDRESS 13031 Rt. 99											
CITY EDINBORO		STATE PA	ZIP CODE 16412-								
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE WASH. TWP. COUNCIL		DISTRICT NO.	PARTY D							
	DATE OF ELECTION		NO. DAY YEAR 11 5 19								
	1. 10th TUESDAY PRE-PRIMARY		FOR OFFICE USE ONLY								
	2. 2nd FRIDAY PRE-PRIMARY		ERIE COUNTY Voter REGISTRATION OCT 24 PM 12:01 LE								
	3. 30 DAY POST-PRIMARY		DATES OF REPORTING PERIOD								
	4. 6th TUESDAY PRE-ELECTION		MO. DAY YEAR to MO. DAY YEAR 6 10 19 to 10 21 19								
	5. 2nd FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>								
6. 30 DAY POST-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>									
7. ANNUAL REPORT		<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>				AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO
AMENDMENT REPORT?	YES	NO									
TERMINATION REPORT?	YES	NO									

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
24th DAY OF October 2019
Sonia Hernandez
 SIGNATURE
 MY COMMISSION EXPIRES 4-3-23
 MO. DAY YR.

Lydia Laythe
 SIGNATURE OF PERSON SUBMITTING REPORT
LYDIA LAYTHE
 PRINTED NAME
814 AREA CODE 403-1177 DAYTIME TELEPHONE NUMBER

Notary Public
 Sonia Hernandez, Notary Public
 Erie County
 My commission expires April 3, 2023
 Commission number 1288914
 Member, Pennsylvania Association of Notaries

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 THE 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 _____