

# 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 Cambridge Springs Rd.					
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/06/2019	Year	2020	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
	11/25/2019	1/12/2020
A. Amount Brought Forward From Last Report	\$	585.45
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0
C. Total Funds Available (Sum of Lines A and B)	\$	585.45
D. Total Expenditures (From Schedule III)	\$	0
E. Ending Cash Balance (Subtract Line D from Line C)	\$	585.45
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

For Office Use Only

2020 JAN 24 AM 11:08  
ELECTORAL ADMINISTRATION  
VOTER REGISTRATION

### Affidavit Section

Part 1- 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

day of January 2020  
Tonia Fernandez  
 Signature

Brandon D. Johnston  
 Signature of Person Submitting report  
Brandon D. Johnston  
 Printed Name

My Commission expires 4-3-23  
 Commonwealth of Pennsylvania - Notary Seal  
 Tonia Fernandez, Notary Public  
 Erie County

814 403-1150  
 Area Code Daytime Telephone Number

Part 2- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is 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

day of January 2020  
Tonia Fernandez  
 Signature

Lydia Laythe  
 Signature of Candidate  
LYDIA LAYTHE  
 Printed Name

My Commission expires 4-3-23  
 MO. DAY YR.

814 403-1177  
 Area Code Daytime Telephone Number

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

Filer Identification Number	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
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Total for the reporting period	(1)	\$ 0
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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Total for the reporting period	(4)	\$ 0
<i>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)</i>		\$ 0

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]		\$				

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					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]	\$	
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:	
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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)

<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>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>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>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>								

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)	\$

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)	\$

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)		\$
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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>					<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>			

<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>	Lexington	<b>State</b>		<b>Zip Code</b>			

<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>			

<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>			

<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>			

<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>			

<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>			

<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>			