

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 LYNDA MEYER																	
STREET ADDRESS 5362 LUNGER RD																	
CITY ERIC		STATE PA	ZIP CODE 16510														
TYPE OF REPORT (CHECK ONE) 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 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE TOWNSHIP SUPERVISOR		DISTRICT NO. Harborside	PARTY DEM	DATE OF ELECTION MO. 11 DAY 04 YEAR 2019												
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY														
	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>26</td><td>2019</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>2019</td></tr> </table>		MO.	DAY	YEAR	11	26	2019	MO.	DAY	YEAR	12	31	2019			
	MO.	DAY	YEAR														
	11	26	2019														
	MO.	DAY	YEAR														
	12	31	2019														
CASH BALANCE AT END OF REPORTING PERIOD: \$ -1806.⁷⁰																	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ -1806.⁷⁰																	
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																	
				2020 JAN 27 PM 3:55 H													

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 27th DAY OF January 2019

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

Lynda D. Meyer SIGNATURE OF PERSON SUBMITTING REPORT
Lynda D. Meyer PRINTED NAME
814 AREA CODE 881-9889 DAYTIME TELEPHONE NUMBER

Notary Public - Notary Sonia Fernandez, Notary Public Erie County My commission expires April 3, 2023 Commission number 1288913 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

SIGNATURE OF CANDIDATE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. DAY YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____