

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	Committee	Lobbyist			
Name of Filing Committee, Candidate or Løbbyist	Janis Filbeck						
Street Address	4879 Thoroughbred Loop						
City for a second of Erie		State PA	Zip Code 1	16506			
Type of Report (Place x under report type)		,	CONTRACTOR FOR THE STATE OF THE				
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		^d Friday 6-30 Day P Election Election		Special 2 nd Friday Special 30 Day Pre-Election Post-Election			
Date Of Election (MM/DD/YYYY)	Year	Amendmen Report		ermination Report			
Summary of Receipts and From Date	To Date		For Of	fice Use Only			
Expenditures	- Haustanan and Antonio						
A. Amount Brought Forward From Last Report	0			3 8			
B. Total Monetary Contributions and Receipts (From Schedule I)	2,000						
C. Total Funds Available (Sum of Lines A and B)	\$ 2,000						
D. Total Expenditures (From Schedule III)	\$			EGISTRATION			
E. Ending Cash Balance (Subtract Line D from Line C)	\$			A N			
F. Value of In-Kind Contributions Received (From Schedule II)	\$			호 ઝ			
G. Unpaid Debts and Obligations (From Schedule IV)	\$						
	A	ffidavit Section					
Part 1- If this is a Committee report, treasurer sign he				correct and complete			
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 Uman May of May 20 Commonwealth of Penpsylvania - Notange and belief true, correct and complete.							
Gody of The Control o	Erie County Signature of Person Submitting report						
Signature Commission pumber 1281755 Printed Name							
My Commission expires 07 18 Manual 18 Mo. DAY YR.	ermayivania Associatio	n of Notarion / Y Area Code	Daytin	2 - 16 40 ne Telephone Number			
Part II- 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							
Commonwealth of Pennsylvania - Notary Seal day of May Erin Jeziorski, Notary Public Eric County Signature of Candidate							
My commission expires February 18, 2022 Janis Fi Beck Separture Commission number 1281755 Printed Name							
	nsylvania Association o		34	97-3336			
MO. DAY YR.		Area Code	Daytime	e Telephone Number			

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)	Ì	\$
Total for the reporting period	2)	\$
:: Contributions Over \$250,00 (From Part Cand Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 2,000
Total for the reporting period (3)	\$ 2,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$
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, Repo Cover Page, Item B)	rt	\$

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:

Full Name of Contributor			Date [MM/DD/yy	YW) \$
	nd Janis Filbeck		03/11/2021	500
House # Street Address 4879	S Thoroughbred Loop		Date [MM/DD/YY	
Gity	State State		03/18/2021	1,500
Erie Employer Name	PA	Zip Code 16506	Date [MM/DD/YY	(X)
Bulletin Salestan (1995) in the contract of the	Penn State University		Occupation	SSOr
Employer Mailing Address / Principal Place of Business	University Park, PA 168	302	100 XXX and an annual XXX and a supplemental	
Full Name of Contributor			Date [MM/DD/YY)	M
House # Street Address			Date (MM/DD/yyy	M - s
City		A LOCAL MARKET M		upri Veni
	State	Zip Code	Date [MM/DD/YYY	Y] \$
Employer Name		Processing Control of	Occupation	
Employer Mailing Address / Principal Place of Business			Physical State State Company of the State Company o	
Full Name of Contributor			Date (MM/DD/YYY)	YI S
House # Street Address			Date (MM/DD/YYY)	r) s
Gity	State	Zip Code	Date [MM/DD/YYY	n s s
Employer Name				
Employer Mailing Address /			Occupation	Eliteratura .
Principal Place of Business				
Full Name of Contributor			Date (MIN/DD)/YYYY	5
House # Street Address			Date MM/DD/YYYY	j
Sity :	State	Zip Code		
		Apubuc Maringan Maringan	Date [MM/DD/YYYY	
mployer Name		Book 6 and 6 access of a control of the control	Occupation	
mployer Malling Address / rincipal Place of Business				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:				
THE UNITEMIZED INSKINDINGS	TRIBUTIONS RECEIVED VAL	WERDESSENDOVORUEESSELE	RIGONERIBENOR	
TOTAL for the reporting period		, \$		
2. IN-KIND CONTRIBUTIONS	RECEIVED VALUE OF \$50.01	TO \$250.00 (FROM PART		
TOTAL for the reporting period	(2)	\$		
	CEIVED-VALUE OVER \$250	.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item I	ls from boxes 1, 2, and 3; al	'		,