### CAMI AIGH I MANGE GIÁIEMENI

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			<del></del>	REPORT FILED	CANDIDATE	
name of faling committee, cap	DIDATE OR LOBBYIST	***************************************	·	ON BEHALF OF	<u> </u>	
WASD	VOICE	S			VOTES	REGISTRATION
TREET ADDRESS			<del></del>		4 O 1 L+1	
10500	DONA	TION R	id.	•		
, (				STATE		ZIP CODE
WATERF	The state of the s			PA		16441 -744
(CHECK ONE)		IGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
STH TUESDAY	JC1+006	DIREC	TOR			MO. DAY YE
PRE-PRIMARY			<del></del>	<u> </u>		1/ 3 20
2ND FRIDAY 2.	DATES OF	MO. DAY YEA	AR: N	O. DAY YEAR	7	FOR OFFICE USE ONLY
RE-PRIMARY	REPORTING PERIOD	1/1/2	O TO /	2 31 20		50 292
10 DAY 3.	, inop	112		2 31 20		
OST-PRIMARY						22 5
TH TUESDAY 4.	OF REPOR	ANCE AT END TING PERIOD:		\$ 0.0		CT0
RE-ELECTION	[			2	<del>-</del>	<u> </u>
5.	TOTAL AM	OUNT OF FILER'S	\$			三二 至
ND FRIDAY RE-ELECTION	AT THE EN	ING DEBTS OR L	JABILITIES	\$ 0.0		2< <u>5</u>
5,			> 1 #1000°	3		COUNTY OS
PDAY PST-ELECTION	··	AMENDMENT	T		<del></del>	
Talkanersebungs		REPORT?	<sup>ES</sup> X N	0		·
NUAL X		TERMINATION YE		<del>     </del>   ×	•	
		REPORT?	is X N	°   .		
T		<del></del>		T SECTION		
atement is filed on b	ehalf of a Pol	tical.Committee	a ar Candi	datasta O		reasurer must sign here.
atement is filed on b	ehalf of a Car	didate, the Car	rdidate mi	<u>ualess Comm</u> Ist sign bere	ittee, the T	reasurer must sign here.
THE PROPERTY OF THE PARTY OF THE	enan ola <u>col</u>	uriputing Lobby	rist, the Lo	hhylst must eid	in here.	
						NG PERIOD INDICATED ABOVE DID NOT
			T IS, TO THE B	est of My Knowled	GE AND BELIEF	NG PERIOD INDICATED ABOVE DID NOT TRUE, CORRECT AND COMPLETE.
	DEI GRE ME	çın.				
DAY OF		20		SIGNATU	RE OF PERSO	N SUBMITTING REPORT
	SIGNATURE		-		PRINTE	D NAME
MY COMMISSION EXPIRES						
	MO.	DAY YR.	·	AREA CODE	DAYT	TIME TELEPHONE NUMBER
11 -						
ement is filed on be	half of a Cand	lidate's Authori	zed Comp	niffon Maadid.	1	
I Duran Ion			Collin	<u>mure,</u> Candida	ne must sig	gn nere.
JUNE 3, 1937 (P.L. 133)	TO THE SEST OF M	KNOWLEDGE AND BE	LIEF THIS POLI	TICAL COMMITTEE HA	S NOT VIOLATE	D ANY PROVISIONS OF THE ACT OF
						HE ACT OF
SWORN TO AND SUBSCRIE	BED BEFORE ME TI	iis .				
DAY OF		20	•		SIGNATURE OF	CANDIDATE
			· _			
·	SIGNATURE				PRINTED	NAME
MY COMMISSION EXPIRES			_			
—	MO,	AY YR.	_	AREA CODE	DAUTI	ME TELEPHONE NUMBER

## CAMITAIGN I INANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE I.	COMMITTEE 2 LOBBYIST
NAME OF FILING COMMITTEE,				
WASD STREET ADDRESS	VOICES			
<u> </u>	Daylow			
/0500	DONATION Rd.			
Almoni I	A	STATE	ZIP	tone
IVURIH E	457 I	PA	//	6442 -
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION
STH TUESDAY	SCHOOL DIRECTOR			MO. DAY YEA
PRE-PRIMARY				11 3 20
2ND ERIDAY 2.	DATES OF MO. DAY YEAR	MO. DAY YEAR	<u>.</u>	FOR OFFICE USE ONLY
PRE-PRIMARY	REPORTING		1	
3. 3.	PERIOD			
OST-PRIMARY				
2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	CASH BALANCE AT END	- 00		
TH TUESDAY RE-ELECTION	OF REPORTING PERIOD:	\$ <u>0.00</u>		<b>S</b> &
5.	TOTAL AMOUNT OF FILER'S			32 25
ND FRIDAY RE-ELECTION	OUTSTANDING DEBTS OR LIABILIT AT THE END OF REPORTING PERIO	IES DD: \$ _ <u>0.00</u>		
	THE LAD OF REPORTING PERIC	D: \$ <u>0.00</u>		
DAY 6.				85 5 6 5
ST-ELECTION	AMENDMENT YES X	ио		
NUAL "	TEDMINATION			≥< N
PORT	REPORT? YES	NO	-	<u>Ş</u>
				<u> </u>
TI-	AFFID	AVIT SECTION		
atement is filed on	hehalf of a Political Complete			
atement is filed on	behalf of a <u>Political Committee</u> or Cabehalf of a <u>Candidate</u> , the Candidate	indidates's Committe	<u>se,</u> the Treas	surer must sign here.
atement is filed on	behalf of a Contributing Lobbyist, the	: must sign nere. : Lobbyist must sign	here	
VEAR (OR AFFIRM) THAT I	HE ADDEDATE DOOR OF STREET			
		HE BEST OF MY KNOWLEDGE	HE REPORTING PE : AND BELIEF, TRU	RIOD INDICATED ABOVE DID NOT
SMOKIN TO AND SUBS	CRIBED BEFORE ME THIS	Xa. 11	. 0 .	lo . 1
13 DAY OF C	JANUARY 2021	SIGNATURE	OF PERSON SIL	Vel_
No. 6 1	Chiefe 1		11 12 10	MITTING REPORT
- Aug ru	SIGNATURE		PRINTED NAN	<u>BEI</u>
MY COMMISSION EXPIR	RES	Q14	919	11.21
	MO. DAY YR.	AREA CODE	DAYTIME ?	ELEPHÔNE NUMBER
· ]] -				HADE THOMBER
ement is filed on	behalf of a <u>Candidate's Authorized Co</u>			
I SWEAR (OR AFFIRM) TI	HAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS 333, No. 320) AS AMENDED.	POLITICAL COMMITTEE MAD	NOT MANAGEMENT	
JUNE 3, 1937 (P.L. 1	333, No. 320) AS AMENDED.	TOTAL COMMITTEE HAS I	NOT VIOLATED ANY	PROVISIONS OF THE ACT OF
SWORN TO AND SUBSC	RIBED BEFORE ME THIS			
DAY OF.		SIG	NATURE OF CAN	DIDATE
VA! Ur	20		WANT	
			PRINTED NAME	
STV AANEZINA.	SIGNATURE		walking	- <b>-</b> ,
MY COMMISSION EXPIRI	MC. DAY VO	AREA CODE		I FOUNDE AUTOMO



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov?()?\ | MAY - 7 PM 4: 57

# Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Comn	nittee, Candidate, or	Lobbyist	
Reporting Cycle Nam	ie	7	
☐ Cycle 1	💢 Cycle 2	☐ Cycle 3	☐ Cycle 9
6 <sup>th</sup> Tuesday Pre-Primary	2 <sup>nd</sup> Friday Pre-Primary	30 Day Post Primary	30-Day Post Special Election
this form is submitted we is submitted with a report by signing or typing mapursuant to 18 Pa.C.S. Campaign Finance Report complete.	rt by a contributing lob y name below, I herek § 4904, that the infor	byist, the lobbyist mus by declare under the mation contained in	t sign here.  penalty of perjury  the accompanying
Joy Bisbo	rl		05/07/2021
Signature of Treasurer, Candidate, or Lobbyist			Date
Joy Biebel		·····	

**Printed Name** 



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) <a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • ra-stcampaignfinance@pa.gov

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Candidate	Date
Printed Name	