

Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Report Filed By (Mark X)		Candidate		<input checked="" type="checkbox"/> Committee		<input type="checkbox"/> Lobbyist	
Committee, Candidate or		MARK A WELKA					
Address		10160 TIGER LILY LN					
City		WATERFORD		State		PA	
				Zip Code		16441	
Type of Report (Place x under report type)							
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report	
5/18/2021				<input type="checkbox"/>		<input type="checkbox"/>	
Summary of Receipts and Expenditures		From Date		To Date		For Office Use Only	
		03/12/2021		05/03/2021			
A. Amount Brought Forward From Last Report		\$		0			
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		2400 ⁰⁰			
C. Total Funds Available (Sum of Lines A and B)		\$		2400 ⁰⁰			
D. Total Expenditures (From Schedule III)		\$		2166 ⁶⁹			
E. Ending Cash Balance (Subtract Line D from Line C)		\$		233 ^{31/00}			
F. Value of In-Kind Contributions Received (From Schedule II)		\$					
G. Unpaid Debts and Obligations (From Schedule IV)		\$					

2021 MAY -6 PM 3:09
ERIE COUNTY
VOTER REGISTRATION

Affidavit Section

Part I- 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

6 day of May 2021
Lisa M. Fiorenza
signature

Commonwealth of Pennsylvania - Notary Public
Lisa M. Fiorenza, Notary Public
Erie County
My commission expires February 20, 2023
Commission number 1260681

Signature of Person Submitting report
MARK A WELKA
Printed Name

My Commission expires 2/26/2023
MO DAY YR.

Area Code

450-3200
Daytime 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

day of 20
Signature

My Commission expires
MO DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime 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)			\$
Total for the reporting period		(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$
All Other Contributions (Part D)			\$
Total for the reporting period		(3)	\$
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, Report Cover Page, Item B)			\$

2400⁰⁰

2400⁰⁰

2400⁰⁰

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										
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$	Amount
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]	\$		

N/A

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									
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #						Street Address		Date [MM/DD/YYYY]	
City						State		Zip Code	

N/A

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									
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]	\$	

N/A

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)

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
MARK A WELKA				03/12/2021		500
House #	Street Address		Date [MM/DD/YYYY]		\$	
10160	TIGER LILY LN		04/01/2021		600	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
WATERFORD	PA	16441	04/12/2021		800 ⁰⁰	
Employer Name			Occupation			
SUMMIT TOWNSHIP			SUPERVISOR			
Employer Mailing Address / Principal Place of Business						
1230 TOWNHALL RD ERIE PA 16509						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
MARK A WELKA				04/29/2021		500
House #	Street Address		Date [MM/DD/YYYY]		\$	
10160	TIGER LILY LN					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
WATERFORD	PA	16441				
Employer Name			Occupation			
SUMMIT TOWNSHIP			SUPERVISOR			
Employer Mailing Address / Principal Place of Business						
1230 TOWNHALL RD ERIE PA 16509						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

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	
-----------------------------	--

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							

N/A

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

File Identification Number:

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)

\$

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)

\$

N/A

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number											
-----------------------------	--	--	--	--	--	--	--	--	--	--	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution							

N/A

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number							
-----------------------------	--	--	--	--	--	--	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

N/A

SCHEDULE III
Statement of Expenditures

Filer Identification Number:

To Whom Paid		DESANTIS SIGNS			Date [MM/DD/YYYY]	\$	1195 ⁶⁸
House #	540	Street Address	W 18TH ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	YARD SIGNS & FRAMES	
To Whom Paid		DESANTIS SIGNS			Date [MM/DD/YYYY]	\$	401 ⁷⁴
House #	540	Street Address	W 18TH ST		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16502	YARD SIGNS & FRAMES	
To Whom Paid		NORTH WESTERN APPAREL			Date [MM/DD/YYYY]	\$	550 ⁰⁰
House #	3585	Street Address	STONE QUARRY ROAD		Description of Expenditure		
City	WATERFORD	State	PA	Zip Code	16441	FACE MASKS	
To Whom Paid		NORTH WEST SAVINGS			Date [MM/DD/YYYY]	\$	19 ²⁷ / ₁₀₀
House #	1945	Street Address	DOUGLAS DRIVE		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	CAMPAIGN CHECKS	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

N/A