All participations and the second second	
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EMHACAT LAYA SEES	是是"1000mg Transaction"。
CONTROL OF THE SECOND	REPORTED FOR A SECOND
Called a first of the Called Annual Control of the Called	· · · · · · · · · · · · · · · · · · ·
	Print Form

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

186	report must be trear	and legible. It sho	uld be typed)	
umittee, Candidate or	eport Filed By Cand Mark X)	lidate X	Committee	Löbbýist
udress	MARK P	A WEIKE	7	
auress AtV	10160 TIGE	Pluli	A	
WATERFORD	State	PA	Zin Code	
Type of Report (Place x under report type)			16	441
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post 4-6 Pre-Primary Pre-Primary Primary	th Tuesday 5-2 <sup>nd</sup> Frida	y 6-30 Day Post	The State of the S	
Pre-Primary Premary Premary Pre-	Election Pre Electio	n Election	7- Alinual Special Pre-Elec	2 <sup>nd</sup> Friday   Special 30 Day tion   Post-Election
×				A PART OF THE PROPERTY OF THE
Date Of Election Year (MM/DD/YYYY)	ir	Amendment	31- 2000- 1000	
3/18/2021		Report	Termina Report	tion
Summary of Receipts and From Date Expenditures	To Date		For Office Use	Only
A Amount Brought 12	05/03/2021			
A. Amount Brought Forward From Last Report	0			
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	5	1	· · · · · · · · · · · · · · · · · · ·	
C. Total Funds Available	240000			
D. Total Expenditures	240000			
(From Schedule III)	2166-69			We o
E. Ending Cash Balance \$ (Subtract Line D from Line C)				
F. Value of In-Kind Contributions Recound	233 31/20		•	in the second
G. Unpaid Dehts and Oku				
(From Schedule IV)				
Part 1-If this is a Committee	Affidavit Sec	tion	<u> </u>	
Part 1- If this is a Committee report, treasurer sign here. If the I swear (or affirm) that this report, including the attached sch Sworn to and subscribed before me this	is is a Candidate report, car	ndidate sign here.		
day of MW 20 2 Commonwes Lisa M Lisa M Signature Comm	eith of Pennsylvania - Noti I. Fidrenzo, Notary Publ Erie County Sion expires February 26 hission number 126068 nsylvania Association of A	sgnature of Pe	JILLA erson Submitting report WELKA inted Name 450-320	
Part II- If this is a report of a Candidate's Authorized Committee I swear (or affirm) that to the best of my knowledge and the		ea Code	Daytime Telephon	
I swear (or affirm) that to the best of my knowledge and belief amended.	ee, candidate shall sign here this political committee ha	e.		
a.v.enaeu	i more commutee Ha	s not violated any prov	visions of the Act of June :	3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this				
day of20	1			
		Signature	of Candidate	
Signature			ed Name	·
My Commission expires	,		- rasilie	
MO. DAY YR.	Area	Code	Daytime Telephone N	lumber
			, resopriorie i	inting
			·	

## SCHEDULE I

# Contributions and Receipts Detailed Summary Page

	٠			
Less per Contributor				
tal for the reporting period	(1)	\$		
ırt A)	101 101/1/2010/11	\$		
I for the reporting period	(2)	\$		·
D)	(2)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
tC)		Ś.		
		\$	- 4 00	
	(3)	\$	2400=	
Checks, ETC: (From Part E)			2400	
or the reporting period	(4)	\$		
eporting period (Add and this amount on Page 1, Rep	ort	\$	2400 000	
	tal for the reporting period  art A)  If for the reporting period  (D)  for the reporting period  Checks, ETC. (From Part E)  or the reporting period	tal for the reporting period (1)  art A)  If for the reporting period (2)  (D)  for the reporting period (3)  Checks, ETC. (From Part E)	tal for the reporting period (1) \$  art A) \$  shift for the reporting period (2) \$  cp)  rt C) \$  for the reporting period (3) \$  Checks, ETC. (From Part E)  or the reporting period (4) \$	tal for the reporting period (1) \$  art A) \$  art A) \$  art A \$  art A   \$  a

#### 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.

a service of the serv		W. F.		
TANK I SATURATE THE PROPERTY OF THE PROPERTY O				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] #\$	
House # Street Address			Date [MM/DD/YYYY] \$	
City :	22 - Table 1 (1)			
	State	Zíp Códê	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Control of the Contro	Date [MM/DD/YYYY] (\$	
House # Street Address				· · · · · · · · · · · · · · · · · · ·
			Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] * \$	
Full Name of Contributing			*Date [MM/DD/YYYY] \$	
Committée			Commenced was the regard date of the	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/yyyy] 3 S	
Full Name of Contributing				
Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/yyyy] 55	.,
City .	State	Zip Code	Date [MM/DD/YYYY] 353	
Full Name of Contributing				1
Committee			Date [MM/DD/YYYY] -5	
House # Street Address	<del></del>		Date [MM/DD/YYYY] \$5	
Gity	Teres	The second desired and the second sec		
	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee	<u>an kandara ang kantan dan padaman ang s</u>		Date [MM/DD/YYYY] \$	
House # Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] S	
City	Five ≥ ph/more zon + 4			
	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.)

Full Name of Con	itributor		•	Date [MM/DD/YYYY]
			·	
House#	Street Address			Date [MM/DD/YYYY] \$
Gity		State	Zip Code	Date   MIM/DD/XYXYX
Full Name of Gon	Tribittata)			
				*Date [MM/DD/XYYY] * 251
House#	Street Address			ADate [MM/DD/YYYY] \$
<u>Gity</u>		*C*****	(DESTANCE CONTRACTOR	
		State	Zip Code	Date [MM/DD/\\\\\]
Full Name of Cont	fibutor			Date [MM/DD/XYYY]
House#	Street Address			Date IMM/DD/YYYYI #\$
				Agre Ministrant 12 1
Cfty	produce and control of the control o	State	Zip Gode	:Date [MM/DD/XYXY] S
Full Name of Contr	ilbutor:			
				Date [MM/DD/AYXY] \$5.
House#	Street Address			Date MM/DD/YYYYJ \$
Gity T		State	Zip Code	Date [MM/DD/YYYY]
	40 CARA MINISTER CHINA			
Full Name of Contr	lbutor			Date [MM/DD/YYYY] \$
House #	Street-Address			Date [MM/DD/YYYY]
City	÷	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contri	ibutor (	\$24000 K2574244		Date [MM/DD/YYYY/] \$5
House#	Street Address			
	Street Address			Date [MM/DD/YYYY]
City		State	Zip Cöde	Date [MM/DD/YYYY] 2 53

#### DARTO

# **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:				****	
A NAME OF THE PROPERTY OF THE					
Full Name of Contributing Committee				Date [MM/DD//YYY]	
House # Sti	eet Address			Date [MM/DD/YYYY]	27 \$ 1
faity.		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	Tricker and the state of the st		(44) 44(1) (14) (14) (14) (14) (14) (14)	Date MM/DD/M/M	
House # Sir	eet Address		* *************************************	Date [MM/DD/AYYX)	\$ (\$ 0)
Gity 2		State	Zip Gode	Date [MM/DD/XXXX)	<b>3</b>
Full Name of Contributing Committee			to the second se	;Date([MIM/DB/YYYY/])	<b>S</b>
(House:# Str	et Address		· · · · · · · · · · · · · · · · · · ·	-Date [MIM/DD/Y/YYY]	<u>                                     </u>
IGty.		State 2	Zip Code	Date [MM/DD//////i]	<b>5</b>
Full Name of Contributing Committee		_ec on analysis cost		Date [MM/DD/XXXX]	
House #. Stre	et/Address			Date [MM/DD/AYYY]	\$ 3 2 2
lGity?		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				Date [MM/DD/)YYYY]	\$
House#	et Address			Date (MM/DD//YYYX)	\$
City.		State	Zip Gode	"Date (MM/DD/XYYY)]	
Full Name of Contributing Committee		and the second s	and the second s	*Date (MM/DD/YYYY)	(\$) (\$)
	et Address			Date [MM/DD/YYYY]	<b>5</b>
Gity	S	tate	Zip:Code	Date [MM/DD/YYYY]	<u>\$</u>

NA

#### 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 3

- August - A			
Full Name of Contributor  MA	ORK A WELKA	Date (MM/DD/XYYY) S 03/12/2021	500
House# Street Address 7	TIGER LILY LN	Date [MM/DD/YYYY] \$	600
WATERFORD	State / PA Zip Gode 164	の記念の	800°°
Employer Name	SUMMIT TOWNSHIT	Occupation Suffer	15012
Employer:Malling/Address//  Principal:Place:ofBusinesss	1230 TOWNHALL Rd	_	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	ARK A WELKA	04/29/2021	500
House#F Street Address	TIGER LILY LN	4Date [MM/DD/XYYY] \$3	
Gity WATERFORD	State PA Zip Code 164	Date [MM/DD/YYYY] 55	
Employer Name	SUMMIT TOWNSHIP	#060103tion	ISOR
Employer/Vailing/Address// Pringpel/Place of Business	1230 TOWNHALL R		09
Full-Name of Contributor		Date [MM/DD/XXXXI] \$51	
House#2 Street Address		*Date [MM/DD/YYYY] \$7	
CITY	State Zip Code	Date [MM/DD/YYYY]	
Employer Name	[SWIESEWAY] STANDARD	Occupation :	
Employer:Mailing/Address:// Principal/Place of Business			
Full Name of Contributor (	r Mariani. Turkinda a perde fallen i serke ser <sup>1000</sup> degigega er egite en den er sede siden er e	*Date [MM/DD/YYYY] \$	
House#. Street Address		.Date [MM/DD/YYYY] ST	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		(Occupation	
lemployer Mailing Address / Principal Place of Business #			

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

JEIIer Identification Numbe		rest carried, ret	inea checks and phor	expenditures that were returned to the mer.
22441721652217325247354862635323	GREEN!			
Füll Name				
	Street Address	1.770-7-7-1-1-1	The same of the sa	ANI TAT W
City,		State	Zip ( Code	Date (MM/DD/XYYV) \$
Receipt Description				
Full Name		<u></u>	<u> Santana da Januaria</u> de la companya da	
		1.17 18 .		
	Street Address	· · · · · · · · · · · · · · · · · · ·		«Date IMM/DD/YYYY) \$
City		State :	Zip. Gode	Dates (MIN/DD/) 111137 3/
Receipt Description		10.24 LS 1		PATE
IRUII Name .		E. C. Pika, yang selapan sebagai	a sandistration of the same of the same of	
House#	it eet Address			
icity .		State	Zip	Date  MM/DD/YYYY   \$
			Code	
Receipt Description				1.微控码
Full-Name		A SECTION AND A SECTION ASSESSMENT	en e	
JHouse #	atreet Address			
Gity - 1		State	ŹĮĆ.	Date [MM/DD/YYYY] \$
			Code	
Receipt Description:		[[Constitution of the constitution of the cons	P	
Full Name	ensem	es es en	and the second s	
(House #	treet Address			
Gity 25		State	Zip Gode	Date [MM/DD//YYYY] \$
			/ Code	
Receipt Description				
Full Name		and the second s	and the second of the second o	
/House#	Street Address			
Gitý		State.	Zip Code	Date (MM/DD/YYYY) \$.
(Receipt Description)			2006	

#### 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

Taler (deptification (Number:				-	
4 AUNITEMIZEDIN-KIND CONTRIBUTIO	S.VESTACOTIVATANIAN IESOCIO	1704 ADMESSIDED	YGONITE PULLUTOPS		
TOTAL for the reporting period	(1)	\$			
2 AN-KIND CONTRIBUTIONS RECEIVED	54WHUEVOE-955001E10-9570				
TOTAL for the reporting period	(2)	\$			
3 SW INKIND CONTRIBUTION RECEIVED	WALUF OVER\$250.00/IFROM	/(PART(G))			
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIBUTIONS D		\$		and the second s	8.5 <u> </u>
PERIOD (Add and enter amount totals from both on Page 1, Report Cover Page, Item F)	poxes 1, 2, and 3; also enter				

NA

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Talexidentifications/un	iber.				
Full Name of Contrib	utor			*Date (MM/DD/YYYY)]	\$ ? }
House#	Street Address			Date [MM/DD/YYYY]	\$ 1
Gity.	Latticization described the series property and appearing a	State #	Zip Gode	Date [MM/DD/YYYY]	\$ (
Description of Contri	bution		1 to 1 medical among a management and a		984
FullNameoroomab				Date [MM/DD/YYYY]	
House #	Street/Address			Date [MM/DD/XYYX1]	
(City)		State	ZipiCode	Date [MM/DD/YYYY]]	5
Description of Contri	bution				· · · · · · · · · · · · · · · · · · ·
Full/Name of Contrib				*Date (MM/DD/\Y\Y\	
House#.	Street Address	E about the many and		Date [MIM/DD/XXXX]	
City  Description of Contril	Nution (	State	Zip Code	Date [MM/DD/XYYY]	
			95-76-10 - 1-10-10 - 10-10-10 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1	and the second s	the second secon
Full Name of Contrib				*Date [MM/DD/W/Y]	
House#	Street-Address			Date [MM/DD/\\\\]	
Gity Description of Gontril	oution with the second	State	Zip Code	Date [MM/DD/XYYY] S	
		Mark of the second	n Makantan kala saturnaka di menerahan kanggalah Menerikan di Menerikan dan kelalah satur	and the second of the second o	The grown and the growth of the decision which the second of
Full Name of Contribu				Date [MM/DD/YYYY] S	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	uuon, ka				

## SCHEDULE II

## Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Fleridentification Number:	VALUE OVER \$250	
Full Name of Contributor		
		Date [MM/DD/YYYY] Sy
House:# Street:Address		Date [MM/DD/YYYY]
(City)	State Zip Cöde	Date [MM/DD/yyyy] 45,
EmployerMama EmployerMailing/Address/Principal		Occupation
Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/XXXX] \$,
House# Street/Address		Date [MM/DD/YYYY] 5
City EmployerName	State Zip Code	[Date:[MM/Db//yyyy]] \$
Employer Mailing Address / Principal		Occupation
iPlace of Business		Description () of () Contribution ()
Full Name of Contributor		Date [MM/DD/YYYY] \$5
House# Street Address		Date [MM/DD/YYYY] 353
City.	"State"   Zip Gode	Date [MM/DB/XYYX]
Employer:Name Employer:Mailing:Address://Principal::		Occupation
Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/Y/Y/Y]
Höuse# Street Address		Date [MM/DD/YYYYY] \$
Gity :	State Zip Code	Date [MM/DD/AYYYY] 33
employer Name Employer Malling Address //Principal		Qecupation
Place of Business		Description ( of Contribution

## SCHEDULE III

# **Statement of Expenditures**

	and the second of the contract
rowhom Paid	
DESANTIS SIGNS	Date (MM/DD/YYYY) 8 1195 68
House # 540 Street Address W 1879 ST	Description of Expenditure
Grid ERIE State PA Code 16502	YARD SIGNS & FRAMES
To:Whom Paid	SIDE VERTICAL VIOLENCE STATE
House # 540 Street Address W 1879 ST	04/27/2021 40174  Description of Expenditure
GIVE DESCRIPTION DE LA CONTRACTOR DE LA	
ERIE PA Code 16502	Date [MM/DD/WYY] SS
NORTH WESTERN APPAREL House# Street Address	04/06/2021 5500
House # 3585 Street Address STONE QUARRY ROAD  Gity State 7/10	Description of Expenditure
WATERFORD PA code 16441	FACE MASKS
To Whom Paid NORTH WEST SAVINGS	Date MM/DD/YYYY] 67
House# 1945 Street Address DOUGLAS DRIVE	Description of Expenditure
City State Oc Zip	-2
To Whom Paid Code 16509	CAMPAIGN CHECKS
House# Street Address	
	Description of Expenditure
Gode	
To Whom Paid	Date MM/DD/YYYY1 (\$
House #: Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date (MM/DD/YYYY)
House# Street Address	Description of Expenditure
<u>Citγ</u> // State // Zip	
Code (Code (	
	Date [MM/DD/YYYY] 5
House¥ Street Address	Description of Expenditure
City State Zip Ccode	
	TO STATE OF THE PROPERTY OF TH

### 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.

Fleridentification Numb	De re	the end of the reporting period.
Name of Greditor		Outstanding Balance of Dabe
House#	Street Address	DATE DEBT INCURRED \$5. [MM/DD/YYYY].
Pescription or Debt	St	Zip Codex
Name of Greditor:	Street Address	DATE DEBT INGURRED SS [MM/DD/YYYY]
Gity Description of Debt	Sft.	ate Zip Code
Name of Greditor House #1		¿Quistanding Balance of Debt
Single Si	treet Address	DATE DEBT (NEURRED: SY [MM/DD/YYYY]
Description of Debt :  Name-oxcreditor	Sta	€ode # 3
House#1 St	reet Address	Outstanding Balance of Debt DATE DEBT INCURRED \$ ! [MIM/OD/XYYX]
Gity Description of Debt	Stat	e Zip Gode
Name of Creditor	eet Address	Outstanding Balance of Debt
digitalism	State	[MM/DD/YYYY]
Description of Debt.	Learning St.	Outstanding Balance of Debt
ji	eet Address	DATE DEBT INCURRED S
ity escription of Debt	State	
THE PARTY OF THE P	and the second of the second o	

NA