



Reset Form

Print Form

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Mark W Biletskoff					
Street Address		9060 Lake Pleasant Rd					
City	Erie	State	PA	Zip Code	16509		

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	Special 30 Day Post-Election	
<input type="checkbox"/>	<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)		11/03/2021		Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05-07-21	06-17-21	
A. Amount Brought Forward From Last Report	\$	887.34	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	887.34	
C. Total Funds Available (Sum of Lines A and B)	\$	0.0	
D. Total Expenditures (From Schedule III)	\$	887.34	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.0	

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 schedule on page 3, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

17th day of June 20 21Signature of Notary Public
Maria FernandezMy Commission expires 4-3-23
MO. DAY YR.

Signature of Person Submitting report

Printed Name

814
Area Code881-6624
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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)	\$	0.0
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)		\$	V

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										Amount			
										Date [MM/DD/YYYY]		\$	-0.0
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]	\$		

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]	\$	0.0	
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State				Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State				Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State				Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State				Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State				Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$		
City	State				Zip Code	Date [MM/DD/YYYY]	\$		

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	
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Full Name of Contributing Committee	Date [MM/DD/YYYY]	\$	0.0	
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]
Full Name of Contributing Committee	Date [MM/DD/YYYY]	\$		
House #	Street Address	Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]

Over \$250.00

(Exclude contributions from political committees reported in Part C)

Full Name of Contributor				Date [MM/DD/YYYY]		\$	0.0
House #				Date [MM/DD/YYYY]		\$	
Street Address							
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 #				Date [MM/DD/YYYY]		\$	
Street Address							
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 #				Date [MM/DD/YYYY]		\$	
Street Address							
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 #				Date [MM/DD/YYYY]		\$	
Street Address							
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	
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Full Name	Nothing New						
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							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

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

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

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0.00

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)		\$
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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]: _____		0.0	
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 _____									
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 _____									

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number

Full Name of Contributor

Date [MM/DD/YYYY]

\$

0.0

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

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid				Date [MM/DD/YYYY]	\$	8.2
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		
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]	\$	0.0		
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]	\$	J		
City	State	Zip Code				
Description of Debt						