

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report F (Mark X	(1), vaje, va.:.	y Ca	ndida	te .		Comm	ittee		X	Lobby	İşt
Name of Filing Committee, Ca Lobbyist	ndidate or	Committee	to Ele	ect Janis Fil	beck								
Street-Address 4879 Thoroughbred Loop													
City		,		St	ate	PA		Zip Cor	le .	16506			
Type of Report (Place x under					••••								
1-6 th Tuesday 2-2 nd Friday Pre-Primary Pre-Primary	province of the contract of th	1-6 th Tue: Pre-Elect	" Marrie	5- 2 nd Fr Pre- Ele		6-30 Da Election	ALL DESCRIPTION OF THE PARTY OF	7- Ann	ual	Special Pre-Elec	2 nd Friday Itlon	. PARKETS COMMENT	il 30 Day Election
	\boxtimes]								
Date Of Election (MM/DD/YYYY)		Year				Amendi Report	ment			Termina Report	ition	Appearance of the second	
Summary of Receipts and	From Date	Тс	Date	S in 200 200 200		s senilo m seni	april ser e		For	Office Usi	Only		
Expenditures	5/3/2021		6,	/7/2021	************						i ing pagangangangangangangangangangangangangan		ere ereken Geria
A. Amount Brought Forward F	rom Last Report	\$		341.12							()	2003 74.3	
B. Total Monetary Contribution (From Schedule I)	ins and Receipts	\$	2	2,071.51									
C. Total Funds Available (Sum of Lines A and B)		\$	2	2,414.63							m @3	$^{ m b}$	
D. Total Expenditures (From Schedule III)		\$		138.08									
E. Ending Cash Balance (Subtract Line D from Line C)		\$	7	2,276.55		To co							
F. Value of In-Kind Contribution (From Schedule II)	ns Received	\$									ell des	ထိ	
G. Unpaid Debts and Obligation (From Schedule IV)	nsa da	\$		2,000								-	
Part 1- If this is a Committee repo	t treasurer sign he	re. If this is	a Car		avit Sec		en here.				,		
I swear (or affirm) that this report,	including the attac	hed schedu	ales or	n paper, is	to the	best of my	knowled	lge and be	elief tr	ue, correct	and comple	ete.	
Sworn to and subscribed before m	2021	wealth of P	ennsvi	Ivania - Not		<u> </u>	ignature,	of Person		Jul utting repo	beek	<u></u>	
Signature	71 1	wealth of Po DA S. McC Ene	e Coun	ntv .		rick	19e1	CVC Printed		e ·			
My Commission expires	24 00	mmission t	Xpires Numbe	s April 24, 2 er 1275541		814	_	_	6		1640		
MO.	DAY YR.					rea Code			Day	rime reier	hone Numb	ei	
Part II- If this is a report of a Candi I swear (or affirm) that to the best amended.	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 Gardon M. Fullyck Signature of Candidate A. (Commonwealth of Tennsylvania - Notary Seed) Signature of Candidate													
Signature My Commission evalues	yeare M	JINDA S. M	cCABI ne Co n Expi	E, Notary P ounty ires April 24	ublic 1, 2025		nis	Printed N	1 Iame 3	97-	·333	6	
My Commission expires/MO.	DAY YR.		***************************************		بوستنج	rea Code		-	Dayt	ime Teleph	one Numbe	r	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

FRICEICE MINISTER CONTROL OF THE CON	•	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	1,971.51
2. Contributions of \$50.01 to: \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	100
Total for the reporting period (2)	\$	100
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
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)	\$	2,071.51

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PART A **Contributions Received From Political Committees**

 $$50.01\,\text{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				
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Full Name of Contributing Committee			Date [MM/DD/YYYY) \$	
e Charles and Artificial Service of Course	Story (Control of		(
House# Street A	ddress	_	Date [MM/DD/YYYY] \$	
	Printed States (States States	N. F. Land St. Company		1
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY) \$	
House # Street A			Date [MM/DD/YYYY] \$	
Gity 1	State	Zip Gode	Date [MM/DD/YYYY] \$	720 (
Full Name of Contributing Committee			Date [MIM/DD/YYYY] \$	
House# Street A	ddress		Date [MM/DD/YYYY] \$	100 (100 (100 (100 (100 (100 (100 (100
				200 200 300 300 300
City	State	Zip Code	Date [MM/DD/YYYY] \$	100 Miles 100 Mi
Full Name of Contributing Committee			Date [MM/DD/XYYY] \$	27 97 47
House # Street A	daress		Date [MIM/DD/YYYY] \$	THE STATE OF THE S
City :	State	Z/p €ode	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee	MESSENSER	PADA: COMMENSATION AND	Date [MM/DD/YYYY] . \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	1.3 1.7 1.7 1.7 1.7 1.7
nouse #			7 () () () () () () () () () (
	State	Źip Code	Date [MM/DD/YYYY] \$	HE CONTROLLED
Full Name of Contributing Committee	Progressing and Children		Date [MM/DD/YYYY] \$	
House # Street A	d dress		Date [MM/DD/YYYY] \$	
City	State.	Zip Code	Date [MM/DD/YYYY] \$	

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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 David	l Miller		Date [MM/DD/YYYY] \$	100
House # Street Ac			05/05/2021 Date [MM/DD/YYYY] \$	
4852 Street Ac	Appaloosa		Sare family and martin 3	
City/	State	Zip Code	Date [MM/DD/YYYY] \$	····
Erie	PA	16506		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Ac	ldress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Ac	láress		Date [MM/DD/YYYY] \$	
Albertage (1956)	an de			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Editable 14 Ordentario		9 6 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
				<u> </u>
House # Street Ad	ldress		Date [MM/DD/YYYY] \$	
	-		5.22 1335/105/05000	
City	State	-Zip Code ius	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Ad	dress		Date [MM/DD/YYYY] \$	
			连城 结城	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
1 1 2 2 2 2				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Ad			Date [MM/DD/YYYY] \$	
			The state of the s	
Asity 1	State	Zip Code	Date [MM/DD/YYYY] \$	
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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:	
法思定的证据,并是国际国际国际	
Full Name of Contributing Committee	Date [MM/DD/YYYY] 25
净证 影響 还是影影 影響	100 mm m m m m m m m m m m m m m m m m m
	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MIM/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	证据 证据
	Date [MIV/DD/YYYY] \$
Full Name of Contributing Committee	Date MM/DD/YYM 5
House# Street Address	
	Date (MM/DD/XXYY) \$
City Zip Code	Date (MM/DD/YYYY) \$
Full Name of	
Contributing Committee	Date (MM/DD/YYYY) \$
House # Street Address	Date [MM/DD/YYYY] 5
City State Zip Code	
	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Pate [MM/DD/XYYY] - \$
House # Street Address	和 和 新 新 新 新 新 新 新 新 新 新 新 新 新
Street Address	Date (MM/DD/YYYY) \$
City State Zip Code	Date [MM/DD/YYYY] \$

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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:

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity	State	zie cote	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business	J.W		100 550 1000 500 m cm 2 1 2 2 3 3 1
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$17
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] \$
Gity.	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) \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			

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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.

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Central control of the control of th				
Full Name				
	et Address		F-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House# Stre	et Address		-	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			PERCHANTER	Estivated
Full Name				
	et Address			
City,	TATION THOUSAND	State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description		The same of the sa	1 COLUMN ASSESSMENT AND ASSESSMENT ASSESSMEN	
Full Name				
	et Address			
City		State	Zip Code	Date (MM/DD/YYYW) \$
Receipt Description				
Full Name				
House# Stre	et Address			DIPS was employed and the Control of Control
Clty		State	Zip Code	Date [MM/DD/XYYY) \$
Receipt Description		Personal designation of the second se		
Full Name				
House# Stre	et Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description		Experience Security S	The Principle of the State of t	

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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:			
1. UNITEMIZED IN-KIND CON	TRIBUTIONS RECEIVED-VALL	JE OF \$50.00 O	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS	RECEIVED-VALUE OF \$50.01	TO \$250.00 (FF	ROM PART F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION R	ECEIVED-VALUE OVER \$250 (00 (FROM PAR	
TOTAL for the reporting period	(3)	\$	1,500
TOTAL VALUE OF IN-KIND CONTRIBUTED (Add and enter amount total			
on Page 1, Report Cover Page, Item		S cites	1,500
			<u> </u>

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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

		· <u></u>		
Full Name of Contributor			Date (VIM/DD/AYYM: St	
House# Street	Address		Date [MM/DD/YYYY] \$	
			E de	
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 and the second			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
			200 C C C C C C C C C C C C C C C C C C	
House# Street	Address		Date [MIM/DD/YYYY] \$	
有机物				
Chi	Siate	Zip Code	Date [MM/DD/YYYY] \$	
City	State		Pare Innah pol 11.11 3	
Description of Contribution			100 mg	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street	Address		Date [MM/DD/YYYY] \$	
Site of	Address			
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date (MIM/DD/YYYY)	
			[7] [8]	
House # Street	Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
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Description of Contribution	AND STATES			
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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 C	ode Listin	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MW/DD/YYYY]
House # Street Address			Date [MM/DD/YYYY] #### \$
Eny	State Zip C	ode	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.Co	de	Date [MM/DD/YYYY].
Empløyer 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/bb/yyyy(]
City	State Zip C	ode.	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of: Contribution

Statement of Expenditures

Filer (dentification Number:		

To Whom Paid	116 D			•	Date [MM/DD/\	YYY] \$	110
	US Postal Service				05/03/2021	17137973	
House # 2711	Street Address	Legion Road			Description of E	xpenditure	
City Erie		State PA	Zij Go	ode 16506	Postage		
	Sue's Notary				Date [MM/DD/\ 05/04/2021		28.08
		l			Description of E	100000	
House # 1353	Street Address	West 38th Street	F			kpenditare	
City Erie		State PA	Zi) Go	ode 16508	Finance Report Note		
To Whom Paid				10.8	Date [MM/DD/	ě.	
House#	Street Address				Description of E	kpenditure	
Gity	The same of the sa	State	Zij Co	o ide			
To Whom Paid		produced and services are services and services are services are services and services are services are services are services and services are servi	Facilitation	And	Date [MM/Dip/\	YYY] \$	
House #	Street Address				Description of E	kpenditure	
City		State	Zij Co	ode "			
To Whom Paid					Date MM/DD/		
House#	Street Address				Description of E	kpenditure -	
City		State	Zij Co	ide			
To Whom Paid	,				Date (MM/DD/A	<u>(YYY)</u> \$	
House#	Street Address			-	Description of E	ependiture.	
City		State	Zij Co	ode			
To Whom Pald					Date (MM/DD/)		
House #	Street Address				Description of E	(penditure	
City		State	Zi _i C6	o de			
To Whom Paid					Date MM/DD/A		
House #	Street Address				Description of E	(penditure	
City		State	Ziç Co				

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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:

Name of Creditor	At-bank and bank Fith at-			Outstanding Balance of Debt.
	Michael and Janis Filbeck eet Address	1/4/25 524 (6) 25 634000000000000000000000000000000000000	DEBT INGURRED	
4879	Thoroughbred Loop		VI/DD/YYYY] 3/11/2021	
City	Erie		Zip Code ¹⁶⁵⁰⁶	500
Description of Debt	Loan to open bank account for Committee to Ele			
Name of Creditor	Michael and Janis Filbeck			Outstanding Balance of Debt
4879	eet Address Thoroughbred Loop		DEBT INCURRED W/DD/YYYY]	\$
		State 0	3/18/2021 Zip	1 500
City Page 1	Erie		16506 Code	1,500 (1)
Description of Debt	Loan to purchase campaign materials			
Name of Creditor				Outstanding Balance of Debt
House # Str	get Address		DEBT INCURRED VI/DD/YYYY]	(\$
City		State	2 (5)	
Description of Debt			ode	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Creditor			· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt.
	eet Address		DEBT INCURRED.	ala di
		English (IM)	W/DD/YYYY]	10.05 10.05
City			Zip Code	
Description of Debt			marinerous III	HALDERS.
Name of Creditor				Outstanding Balance of Debt
House # Str	eet Address	DATE D	DEBT INCURRED VI/DD/YYYY]	\$
City of the transfer of			Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House # Str	eet Address		DEBT INCURRED M/DD/YYYY]	\$
All Tables	The state of the s	***************************************	4p 45 5	
City			ip Jode	
Description of Debt				

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