



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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Janis Filbeck							
Street Address	4879 Thoroughbred Loop							
City	Erie	State	PA	Zip Code	16506			

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)		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/3/2021	6/7/2021	
A. Amount Brought Forward From Last Report	\$	341.12	ERIE COUNTY NOTARY REGISTRATION 2021 JUN -9 PM 3:39
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,071.51	
C. Total Funds Available (Sum of Lines A and B)	\$	2,414.63	
D. Total Expenditures (From Schedule III)	\$	138.08	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,276.55	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,000	

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

9 day of June 2021

Signature: Linda S. McCabe, Notary Public, Erie County

Signature of Person Submitting report: Michael Gregory Filbeck

Printed Name: Michael Gregory Filbeck

My Commission expires 4 24 2025 (MO. DAY YR.)

My Commission Expires April 24, 2025 Commission Number 1275541

Area Code: 814

Daytime Telephone Number: 602-1640

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

9 day of June 2021

Signature: Linda S. McCabe, Notary Public, Erie County

Signature of Candidate: Janis M. Filbeck

Printed Name: Janis M. Filbeck

My Commission expires 4 24 2025 (MO. DAY YR.)

My Commission Expires April 24, 2025 Commission Number 1275541

Area Code: 814

Daytime Telephone Number: 397-3336

1. The first part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

2. The second part of the document is a list of the names of the persons who have been appointed to the various offices of the Board of Directors of the Corporation. The names are as follows:

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)	\$ 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 2,071.51

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						Amount	
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]	\$		
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:	
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Full Name of Contributor	David Miller				Date [MM/DD/YYYY]	05/05/2021	\$	100
House #	4852	Street Address	Appaloosa		Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16506	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]	\$	
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: 					
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]	\$
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 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]		\$			
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											

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:	
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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										
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:	
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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)	\$ 1,500

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)		\$ 1,500
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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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							

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:	
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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		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid: US Postal Service					Date [MM/DD/YYYY]: 05/03/2021		\$ 110	
House #: 2711		Street Address: Legion Road			Description of Expenditure:			
City: Erie		State: PA		Zip Code: 16506		Postage		
To Whom Paid: Sue's Notary					Date [MM/DD/YYYY]: 05/04/2021		\$ 28.08	
House #: 1353		Street Address: West 38th Street			Description of Expenditure:			
City: Erie		State: PA		Zip Code: 16508		Finance Report Notorization		
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						Michael and Janis Filbeck		Outstanding Balance of Debt	
House #	4879	Street Address	Thoroughbred Loop		DATE DEBT INCURRED [MM/DD/YYYY]		\$	500	
					03/11/2021				
City		Erie	State		PA	Zip Code	16506		
Description of Debt		Loan to open bank account for Committee to Elect Janis Filbeck							

Name of Creditor						Michael and Janis Filbeck		Outstanding Balance of Debt	
House #	4879	Street Address	Thoroughbred Loop		DATE DEBT INCURRED [MM/DD/YYYY]		\$	1,500	
					03/18/2021				
City		Erie	State		PA	Zip Code	16506		
Description of Debt		Loan to purchase campaign materials							

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									

