

# 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 A WELKA					
Street Address		10160 TIGER LILY LANE					
City	WATERFORD	State	PA	Zip Code	16441		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)		05/18/2021	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	<p>For Office Use Only</p> <p>2021 JUN 17 PM 12:00</p> <p>ERIE COUNTY VOTER REGISTRATION</p>
	5-4-21	6-7-21	
A. Amount Brought Forward From Last Report	\$	233 31/100	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2056 38	
C. Total Funds Available (Sum of Lines A and B)	\$	2289 69/100	
D. Total Expenditures (From Schedule III)	\$	2056 38/100	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	233.31	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

## 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

17 day of June 2021	<p>Commonwealth of Pennsylvania - Notary Seal</p> <p>Lisa M. Fiorenza, Notary Public</p> <p>Erie County</p> <p>My commission expires February 26, 2023</p> <p>Commission number 1260681</p> <p>Member, Pennsylvania Association of Notaries</p>	<p>Signature of Person Submitting report</p> <p>MARK A WELKA</p>
Signature		Printed Name
My Commission expires 2/26/2023		Daytime Telephone Number
MO. DAY YR.		Area Code

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 of Candidate
Signature	Printed Name
My Commission expires	Daytime Telephone Number
MO. DAY YR.	Area Code

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	2200 <sup>00</sup>
Total for the reporting period	(3)	\$	2200 <sup>00</sup>
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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>		\$	2200 <sup>00</sup>

## 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]	\$			

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

**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 WELKA					5/11/21		\$	500
House #	Street Address		Date [MM/DD/YYYY]		\$			
10160	TIGER LILY LANE				\$			
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]		\$	
CABAN MARSH					5/11/21		\$	500 <sup>00</sup>
House #	Street Address		Date [MM/DD/YYYY]		\$			
2231	DORN ROAD				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
ERIE	PA	16509			\$			
Employer Name					Occupation			
MARSH REALTY					REALTOR			
Employer Mailing Address / Principal Place of Business					8840 PEACH ST ERIE, PA 16509			

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
JOHN DAVIS					5/11/21		\$	200 <sup>00</sup>
House #	Street Address		Date [MM/DD/YYYY]		\$			
980	IN TOWNHALL RD				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
ERIE	PA	16509			\$			
Employer Name					Occupation			
RETIRED					N/A			
Employer Mailing Address / Principal Place of Business					N/A			

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
JOE ASKINS					5/11/21		\$	1000 <sup>00</sup>
House #	Street Address		Date [MM/DD/YYYY]		\$			
2531	NEW ROAD				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
WATERFORD	PA	16441			\$			
Employer Name					Occupation			
ASKINS ENTERPRISES LLC					CAR SALESMAN			
Employer Mailing Address / Principal Place of Business					9070 PEACH ST WATERFORD PA 16441			

## 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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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>
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TOTAL for the reporting period	(1)	\$	
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<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>
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TOTAL for the reporting period	(2)	\$	
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<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>
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TOTAL for the reporting period	(3)	\$	
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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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**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	Date of Contribution	Contributor	Status	Comments

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	Date of Contribution	Value of Contribution	Type of Contribution	Other Information

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	Date of Contribution	Date of Review	Date of Publication	Date of Acceptance	Date of Completion
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

[illegible]

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	Year	Country	Institution	Project	Role	Impact
...	...	...	...	...	...	...

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		<i>PRINTIN CONCEPTS</i>			Date [MM/DD/YYYY]	\$	
					<i>05/10/2021</i>		<i>576 <sup>63</sup>/<sub>00</sub></i>
House #	Street Address		Description of Expenditure				
<i>4182</i>	<i>PACIFIC AVE</i>						
City	State	Zip Code					
<i>ERIE</i>	<i>PA</i>	<i>16506</i>	<i>PRINTING</i>				
To Whom Paid		<i>VERIFY COMMUNICATIONS LLC</i>			Date [MM/DD/YYYY]	\$	
					<i>05/10/2021</i>		<i>1311 <sup>75</sup>/<sub>00</sub></i>
House #	Street Address		Description of Expenditure				
<i>2233</i>	<i>EBCO DR</i>						
City	State	Zip Code					
<i>ERIE</i>	<i>PA</i>	<i>16506</i>	<i>POST CARD MAILING</i>				
To Whom Paid		<i>NORTHERN TOWN APPAREL</i>			Date [MM/DD/YYYY]	\$	
					<i>05/17/2021</i>		<i>168 <sup>00</sup>/<sub>00</sub></i>
House #	Street Address		Description of Expenditure				
<i>3585</i>	<i>STONE QUARRY</i>						
City	State	Zip Code					
<i>WATERFORD</i>	<i>PA</i>	<i>16441</i>	<i>CLOTHING</i>				
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							