CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period

	es incurred each <u>did not exce</u>	<u>ca ψεσσίου</u> daring the	reporting period.				
FILER IDENTIFICATION NUMBER		ON BEHALF OF CANDIDATE	COMMITTEE LOBBYIST				
name of filing committee, c	ANDIDATE OR LOBBYIST EDDS OF MIKE KOR	54.14F					
STREET ADDRESS							
	120 CHEFFY St	TRATE .	ZIP CODE				
ER10		PA	16509 -				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE MILICIPACY SCHOOL BOX	DISTRICT NO. PARTY REP	DATE OF ELECTION				
6th Tuesday Pre-Primary	TIL MOX : DAY: YEAR	MO, BAY YEAR	FOR OFFICE USE ONLY				
2ND FRIDAY 2. PRE-PRIMARY 30 DAY 3.	DATES OF REPORTING PERIOD / / 21	5 2 25					
POST-PRIMARY OTH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD;	\$ 23151					
2NO FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILIT AT THE END OF REPORTING PERIO						
30 DAY POST-ELECTION 7. ANNUAL 7. REPORT	AMENDMENT YES REPORT? YES	NO X					
<u> </u>		AVITSECTION					
PART I - If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here. If statement is filed on behalf of a Candidate, the Candidate must sign here. If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.							
I SWEAR (OR AFFIRM) THA EXCEED TWO HUNDRED AN	t the aggregate receipts or disbursements or li id fifty dollars (\$ 250.00) and this report is, to	ABILITIES INCURRED DURING THE REPO THE BEST OF MY KNOWLEDGE AND BEI	RTING PERIOD INDICATED ABOVE DID NOT LIEF, TRUE, CORRECT AND COMPLETE.				
SWORN TO AND SU	BSCRIBED BEFORE ME THIS	Orene	Chenda Koley Na				
DAY OF_	20		SIGNATURE OF PERSON SUBMITTING REPORT BRENDA KOBYLIA				
. 	SIGNATURE	PRIN	NTED NAME				
MY ÇOMMISSION EX	PIRES MO. DAY VR.	AREA CODE	Y60 1904 DAYTIME TELEPHONE NUMBER				
PART II - If statement is filed of	on behalf of a <u>Candidate's Authorized (</u>	Committee, Candidate must	t sign here.				
i swear (or affirm June 3, 1937 (P.L) that to the best of my knowledge and belief to 1333, No. 320) as amended.	HIS POLITICAL COMMITTEÉ HAS NOT VIO	LATED ANY PROVISIONS OF THE ACT OF				
SWORN TO AND SU	BSCRIBED BEFORE ME THIS						
DAY OF	20	M	RE OF CANDIDATE				
	SIGNATURE	PRIN	ITEO NAME				
Ka noissimmod ym		AREA GODE D	450 2/46 DAYTIME TELEPHONE NUMBER				
SUBMÎT TO:							
Depp. 503 (12.00)							



Pennsylvania Department of State

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Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

						CELECTORICA DA LA COMPANION DE
Ekceptanangedevele	Name Land					
☐ Cycle 1	Cycle 2	☐ Cycle 3		☐ Cycle 4		☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th Tuesday Pre-Election			2 nd Friday Pre-Election
Pre-Primary	Pre-Primary	Post Primary				
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8	<u> </u>	☐ Cycle 9		
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	al Election 30 Day Post		Post-So	ecial Election
<u>-</u>	• •	under the law of ti				'ennsylvani
Branda A		•				.2075
Signature of Treasurer, Candidate, or Lobbyist		Date (MM/DD/YYYY)				
BRENAA	(COBYLIGA	· · · · · · · · · · · · · · · · · · ·	·	LIE	PA	USA
Printed Name			Location (City/State/Country)			



Pennsylvania Department of State

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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

m	MAY 8, 2025			
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)			
MIKE KOBYLYA	ERIE PA USA			
Printed Name	Location (City/State/Country)			