## **CAMPAIGN FINANCE STATEMENT**

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

NUMBER		ON BEHALF OF	CANDIDATE	COMMITTEE LOBEVIST
NAME OF FILING COMMITTEE, CA	NDIDATE OR LOBBYIST	64CISA		
STREET ANNOHES	20 CHERRY ST			
) ( (	CO CHERRY >1	STATE A	710	COPE
ERI	<u> </u>	PA		16509 -
TYPE OF REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION  MO DAY YEAR
6TH TUESDAY 1.	milicheel School Pil	<u> </u>	Rep	11 2 21
ZND-FRIDAY 2.	DATES OF MO: DAY YEAR	MO. DAY YEAR		FOR OFFICE USE ONLY
PRE-PRIMARY	PERIOD   1   2   TO	12 31 21		
30 day Post-Primary	CASH BALANCE AT END		57	EF OTE
OTH TUESDAY 4.	OF REPORTING PERIOD:	\$ 251		ERIE
2NO FRIDAY 5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILI AT THE END OF REPORTING PER			COI 27 EGIS
RRE-ELECTION 6.	AT THE END OF REPORTING PER	σσ. ψ		COUNTY 27 ngg EGISTRAT
POST-ELEGTION	AMENDMENT YES	NO Y		ERIE COUNTY
ANNUAL REPORT	TERMINATION YES	NO X	•	·
	AFFI	DAVIT SECTION		
statement is filed or statement is filed or I SWEAR (OR APPIRM) THAT	n behalf of a <u>Political Committee or Commit</u>	ite must sign here. ne Lobbyist must sig HABILITIES INCURRED DURIN	gn hère.	A PERIOD INDICATED AROVE OUR NOT
	FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, T SCRIBED BEFORE ME THIS	D THE BEST OF MY KNOWLER	OGE AND BELIEF,	THUE, CORRECT AND COMPLETE.
DAY OF	20	SIGNAT	URE OF PERSON	SURGETTING REPORT
	SIGNATURE		endo P PRINTED	NAME Y KA
MY COMMISSION EXP		8/Y AREA CODE		O 190 -/ ME TELEPHONE NUMBER
	11-2-1 2-3-1	AMEN GODE	DATE	WE TELEPHONE NUMBER
ART II - statëment is filed on	behalf of a Candidate's Authorized	Committee, Candid	ate must sig	ın here.
I SWEAR (OR AFFIRM) JUNE 3, 1937 (P.L.	THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF 1333, No. 320) AS AMENDED.	THIS POLITICAL COMMITTEE I	HAS NOT VIOLATED	D ANY PROVISIONS OF THE ACT OF
	SCRIBED BEFORE ME THIS	**************************************	m	
DAY OF	20		SIGNATURE OF	GANDIDATE GBYC(A
<u> </u>	SIGNATURE	814	PRINTED	NAME 50 2146
MY COMMISSION EXP	MO. DAY YR.	AREA CODE	DAYTI	ME TELEPHONE NUMBER
·		<del></del>	<del></del>	<u> </u>



## Pennsylvania Department of State

18 27 2002

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) VOTER REGISTRATION
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.

Name of Filing Reporting Cycl	Committee, Can e Name	didate, or Lobby	ist	
□ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	Cycle 3 30 Day Post Primary	☐ <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special		y <b>cle 9</b> ost-Special Election

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist 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.

Signature of Treasurer, Cardidate, or Lobbyist

Date (DD/MM/YYYY)

ERIE

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.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

MIKE KOBICKA

Printed Name

Date (DD/MM/YYYY)

ERIE PA US A

Location (City/State/Country)