

VARIATION 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.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		2021 MAY 7 PM 7:57		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST <input type="checkbox"/>																					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST WASD VOICES																															
STREET ADDRESS 10500 DONATION Rd.																															
CITY WATERFORD				STATE PA		ZIP CODE 16441 -7442																									
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE SCHOOL DIRECTOR				DISTRICT NO.		PARTY		DATE OF ELECTION																					
6TH TUESDAY PRE-PRIMARY 1.		2ND FRIDAY PRE-PRIMARY 2.		30 DAY POST-PRIMARY 3.		6TH TUESDAY PRE-ELECTION 4.		2ND FRIDAY PRE-ELECTION 5.		30 DAY POST-ELECTION 6.																					
ANNUAL REPORT 7. <input checked="" type="checkbox"/>		<table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>1</td><td>1</td><td>20</td></tr> </table> TO <table border="1" style="width:100%; text-align:center;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>20</td></tr> </table>		MO.	DAY	YEAR	1	1	20	MO.	DAY	YEAR	12	31	20	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0.00</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0.00</u>		<table border="1" style="width:100%; text-align:center;"> <tr><td>AMENDMENT REPORT?</td><td>YES</td><td><input checked="" type="checkbox"/></td><td>NO</td><td><input type="checkbox"/></td></tr> <tr><td>TERMINATION REPORT?</td><td>YES</td><td><input checked="" type="checkbox"/></td><td>NO</td><td><input type="checkbox"/></td></tr> </table>		AMENDMENT REPORT?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	TERMINATION REPORT?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	FOR OFFICE USE ONLY 2021 JAN 15 PM 4:03 ERIE COUNTY VOTER REGISTRATION	
MO.	DAY	YEAR																													
1	1	20																													
MO.	DAY	YEAR																													
12	31	20																													
AMENDMENT REPORT?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>																											
TERMINATION REPORT?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>																											

AFFIDAVIT SECTION

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) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

AREA CODE _____ DAYTIME TELEPHONE NUMBER

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE _____ DAYTIME TELEPHONE NUMBER

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.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST WASD VOICES							
STREET ADDRESS 10500 DONATION RD.							
CITY NORTH EAST			STATE PA	ZIP CODE 16442			
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE SCHOOL DIRECTOR		DISTRICT NO.	PARTY	DATE OF ELECTION		
					MO.	DAY	YEAR
					11	3	2020
	DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
	MO. DAY YEAR		MO. DAY YEAR		2021 JAN 15 PM 2:48 ERIE COUNTY VOTER REGISTRATION		
	CASH BALANCE AT END OF REPORTING PERIOD:				\$ 0.00		
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ 0.00		
AMENDMENT REPORT?		YES	<input checked="" type="checkbox"/>	NO			
TERMINATION REPORT?		YES		NO			

AFFIDAVIT SECTION

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) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
13 DAY OF **JANUARY** 20**21**

Joy M. Biebel
SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

Joy M. Biebel
SIGNATURE OF PERSON SUBMITTING REPORT

Joy M. Biebel
PRINTED NAME

814 **969-0634**
AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER



Pennsylvania Department of State

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

2021 MAY -7 PM 4:57
ERIE COUNTY
VOTER REGISTRATION

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). 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 and only so long as the waiver referenced above is in effect.** This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Committee, Candidate, or Lobbyist			
Reporting Cycle Name			
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 9 30-Day Post 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.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Joy Biebel
Signature of Treasurer, Candidate, or Lobbyist

05/07/2021
Date

Joy Biebel
Printed Name



Pennsylvania Department of State

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www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Candidate

Date

Printed Name