

COMMONWEALTH OF PENNSYLVANIA
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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MIKE KUBYCKA						
STREET ADDRESS 5120 CHERRY ST						
CITY ERIE			STATE PA	ZIP CODE 16509		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	millcreek SB			Rep	MO.	DAY YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR	TO	2019 FEB - 1 PM 3:10 PAX		
30 DAY POST-PRIMARY	3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ -1500		ERIE COUNTY VOTER REGISTRATION		
6TH TUESDAY PRE-ELECTION	4.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0				
2ND FRIDAY PRE-ELECTION	5.	AMENDMENT REPORT?				
30 DAY POST-ELECTION	6.	YES				
ANNUAL REPORT	7. <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>				
		TERMINATION REPORT?				
		YES				
		NO <input checked="" 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
28 DAY OF **January** 20**19**

 Amy E. VanTassel
 SIGNATURE
 MY COMMISSION EXPIRES **March 29 2020**
 MO. DAY YR.

 SIGNATURE OF PERSON SUBMITTING REPORT
MIKE KUBYCKA
 PRINTED NAME
814 **450-2146**
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate 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
28 DAY OF **January** 20**19**

 Amy E. VanTassel
 SIGNATURE
 MY COMMISSION EXPIRES **March 29 2020**
 MO. DAY YR.

 SIGNATURE OF CANDIDATE
MIKE KUBYCKA
 PRINTED NAME
814 **450-2146**
 AREA CODE DAYTIME TELEPHONE NUMBER

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