

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 ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MIKE KOBILKA							
STREET ADDRESS 5128 CHERRY ST							
CITY ERIE		STATE PA	ZIP CODE 16509				
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 MICROECONOMIC SCHOOL BOARD		DISTRICT NO.	PARTY REP	DATE OF ELECTION		
					MO.	DAY	YEAR
					11	2	21
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY		
			MO.	DAY	YEAR		
			1	1	2022	TO	
			MO.	DAY	YEAR		
		12	31	2022			
CASH BALANCE AT END OF REPORTING PERIOD:				\$ 0			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ -1500.00			
		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>		

2023 JAN 31 PM 3:58
 ERIE COUNTY
 VOTER REGISTRATION

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

31 DAY OF **January** 20**22**

Carol A. Watson
SIGNATURE

MY COMMISSION EXPIRES **12** MO. **02** DAY **2022** YR.

[Signature]
SIGNATURE OF PERSON SUBMITTING REPORT

MIKE KOBILKA
PRINTED NAME

814 AREA CODE

450-2146 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