

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 MARK A WELKA				
STREET ADDRESS 10160 TIGER LILY LN				
CITY WATERFORD		STATE PA	ZIP CODE 16841	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
	DATE OF ELECTION		MO.	DAY
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"/>			

DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
	1	1	22		12	31	22

CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>117 59/100</u>	FOR OFFICE USE ONLY 2023 JAN 24 PM 1:37 ERIE COUNTY VOTER REGISTRATION
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>	

AMENDMENT REPORT?	YES	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 24 DAY OF January 2023

Sue Sheffield SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

Mark A Welka SIGNATURE OF PERSON SUBMITTING REPORT

MARK A WELKA PRINTED NAME

814 AREA CODE 450-3200 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 _____ 2023

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE _____ DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.