Commonwealth of Pennsylvania - Campaign Finance Report

(Note: II	nis report must	be clear and	d legible. It sho	uld be typed	<u> }</u>	
Filer Identification 84-285039Z	Report Filed By (Mark X)	/ Candida	ate .	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	EME	N SCH	AUERMAN,	<u> </u>		[-1, - 1, - 1, - 1, - 1]
Street Address	187	n Min	LIFAIR R	Λ		· · · · · · · · · · · · · · · · · · ·
City ERIE	7.0.=	State	PA	Zip Code	16505	
Type of Report (Place x under report type)					76365	<u> </u>
1-6 th Tuesday 2- 2 nd Friday 3- 30 Day Post	4- 6th Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
		Pre- Election	上 当合い 2 、 数値をは続めてき。		Pré-Election	Post-Election
Date Of Election (MM/DD/YYYY) 5-/6-23	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date	- 23		For	Office Use Only	
A. Amount Brought Forward From Last Report	. 6	58.21	<u>liku bali ji pialaun</u>	<u> </u>		
B: Total Monetary Contributions and Receipts (From Schedule I)	\$	70.21			es S Const	Book of the second of the seco
C. Total Funds Available (Sum of Lines A and B)	\$ 3	1821				77 TU ZU
D. Total Expenditures	\$ 5	58.21	-			F-J
(From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C)		P.Z1				
F. Value of In-Kind Contributions Received	\$ 5	· · · · /			25. The second s	enantie Hannes La de
(From Schedule II) G. Unpaid Debts and Obligations					57.0	CN 2
(From Schedule IV)	\$ 5	97.				~-
Day 1 Mellinia Committee	Ø	Affigavit Se	ction			
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac	re. If this is a cand	igate report, ca	best of my knowled	lge and beli g f tr	ue, correct and comple	te.
1 swear (or affirm) that this report, including the attact Sworn to and subscribed before me this 25 day of April 20, 23	y Pur	1424 Ifigur	\mathcal{L}		. /	
25 day of April 20,23	Sylva Graft	Social —	Jane	Home	d	
Sue Sheppield		Commission num	Signature	of Person Subm	CIVIA	
Signature UU	Fig. E.	ylvan	12.	Printed Nam	e ! (,
My Commission expires $17 - 02 - 2024$	monwealth of Penn Sue Sheffield Erie Co		8/4		114-2166	•
MO. DAY YR.	1 5	-12	rea Code	Day	time Telephone Numbe	er ·
Part II- If this is a report of a Candidate's Authorized C I swear (or affirm) that to the best of my knowledge a	ommittee, candid	ate Shall sign he	ere.			
amended.	e a	. 1	has not violated any	/ provisions of t	he Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this QUAD 20 33	· Notary Public	ommission number 1288912 Fennsylvania Association of Notaries		S Cynature of Candid	date_	nan
Signature Signature	of Pennsylva handez, Not Erie County	number ia Assoc	FILEN	Printed Name	NERMAN)	<u></u>
My Commission expires 4.3 - 2.3 MO. DAY YR.	Commonwealth of Pennsylvania - No Tonia Fernandez, Notary Pu Erie County	ennsylvani	rea Code	<u>گاد</u> Dayt	1 - 392 - 3 ime Telephone Number	<u> </u>
	Tonii On	-21				
	Comm	Membe				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

The section of the se		
Filer Identification Number		
	し リリー つめ ー へっしー	
	X442 / V(/\247 -	
Annual Company of the		

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	- 10 mg	
		<u> </u>
Total for the reporting period (1) \$	20.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	30,000,000,000,000,000
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	20.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identificatio	n Number	=	·		
				· · ·	Amount
TEMP NEWS - 12 CO	-1434.4E-91.4.				Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
k.# 1221 823 1					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	•		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				[1,6] [1,6]	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	· .				
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address	_		Date [MM/DD/YYYY] \$	
City	8	State	Zip Code	Date [MM/DD/YYYY] \$	
7 (274); 4 (4)					
Full Name of Co Committee	ntributing	- - 1	14.1	Date [MM/DD/YYYY] \$	
House #	Street Address		,	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
	NA STATES			State Daim Soli 1991	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	:			Factor Limit Shi 1 co. 11 3	
Full Name of Co	ntributing		1	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address	. "		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer (dentificatio					
	·-··			<u> </u>	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MIM/DD/YYYY] \$	
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	(1,555,500,51)	公担益之 <u>的</u> 经验	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYYY] \$	
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	20 S	State	Zip Code	.pate [MM/DD/YYYY] \$	
Full Name of Co	Mark Control				
				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Co	ntributor.			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	1 grave in an a Xi di Abbaya (1 Abb	State	Zip Code	Date [MM/DD/YYYY] \$2	
Full Name of Co	ntribûtor	·		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	J. 知识的最近的,但是不是是不是是一个。	State	Zip Code	Date [MM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	<u>, </u>
House # Street Add	20/28abi		Date [MM/DD/YYYY] \$	
Gity 7	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Eggener was gone		Date [MM/DD/YYYY] \$	
House # Street Add			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	···
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add			Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee House # Street Add	iones e		Date [MM/DD/YYYY] S	
Gity.	State	Zip Code	Date [MM/DD/YYYY] \$	
Füll Name of	是一种的。 一种的人们, 是一种的人们, 是一种的人们,		Date [MM/DD/YYYY] \$	
Contributing Committee House # Street Addi	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	*Date [MM/DD/YYYY] \$	-
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	_
House# Street Addr			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
				Ī

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Ad	ldress		Date [MM/DD/YYYY] \$	
<u>City</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		[135][45][45][45]	Occupation	
Employer Malling Address / Principal Place of Business				
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	
House # Street Ad	ldress		Date [MM/DD/YYYY] \$	
Gitý .	State	Zip Code	Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	Carte direct			
House # Street Ad	ldress		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
	Francisco		OSEANCE THE PROPERTY OF	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
	G0560144.		To a second seco	
Employer Name	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)		Occupation	
Employer Mailing Address / Principal Place of Business				

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Numb	er:			
Full Name				· ·
House #	Street Address			
City State of the City of the		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				<u> </u>
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[M498.9888] 1-25		[AS.27]
Full Name				
House #	Street Address	Directory	The research Carl	
Citÿ		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt (Description			連続 (登別等語句)	
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		教権を受けた状況には	 	
Full Name				
House#	Street Address	forster a source of	Tongs, and	F and the second
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	2000 P. C.	Bayesagan I	推進性性機能を付	<u> </u>
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	¥ NY (1)			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
UNITEMIZED IN KIND CONT	RIRUTIONS RECEIVED VA	UE OF \$50.00 OR LESS PER CONTRIB	DPFT AD
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RE		TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3: IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	OO (FROM PART G)	
TOTAL for the reporting period	(3)	\$	AND PARTIES OF Makes the resource of the control of the companies of the control of the Education are pre-con-
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; als	· ·	

SCHEDULE II PART F

In-Kind Contributions Received

		<u> </u>	VALUE OF \$50.01 TO \$250		
Filer Identification Num	iber:				
Full Name of Contribi	utor Joseph			Date [MM/DD/YYYY]	•
House #	Street Address	,,		Date [MM/DD/YYYY]	\$
Gity (State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	bution				
Full Name of Contribu	**************************************	11		Date [MM/DD/YYYY]	* 5
	Street Address			Date [MM/DD/YYYY]	
City (State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib					<u> </u>
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
	Street Address			Date [MM/DD/YYYY]	5
City	[在表现的一种。]	State	Zip Code	Date [MM/DD/YYYY]	<u>\$</u>
Description of Contrib	ution				**************************************
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
	Street Address			Date [MM/DD/YYYY]	\$
Gity		State	Zip Code	_Date [MM/DD/YYYY]	\$
Description of Contrib	ution			<u> </u>	And Case
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	771 784 853
Description of Contrib	ution			d d	<u> </u>

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY]
Höüse# Street /	2000年報刊的[06]	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] S
Employer Name		Occupation
Employer Mailing Address / Pr Place of Business	incipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House:# Street A		Date [MM/DD/YYYY] \$
City.	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Pr Place of Business	incipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Ad	ddress	Date [MM/DD/YYYY] \$
City	.State Zip Code	Date [MM/DD/YYYY] S
Employer Name		Occupation
Employer Mailing Address / Pri Place of Business	incipal	Description of Contribution
Full Name of Contributor	Management Englished	Date [MM/DD/YYYY] 5
House# Street Ac	ldress	Date [MM/DD/YYYY] S
Chy	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Pri Place of Business	ncipal	Description of

Statement of Expenditures

Filer Identification Number:	 	 	 	

To Whom Paid			Date [MM/DD/YYYY] \$
House # Street	t Address		Description of Expenditure
		P	OF SOUTH OF
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
	t Address		Description of Expenditure
Gity	State	Zip.	
To Whom Paid		Code	Date [MM/DD/YYYY] S
	Address		Description of Expenditure
/Gity	State	Zip Code	ASSESSED AND AND SERVICE CONTRACTOR AND
To Whom Paid	Planty we	[do::domin.co.keep.co.eq	Date [MM/DD/YYYY] \$
an all and a second	Address		Description of Expenditure
City	State	Zip Gode	(1) 2. 香港 (2) 不必需要基本的等于完全的基本的基本的基本的基本的。如果是不是一个企业的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的
To Whom Paid			Date [MM/DD/YYYY] \$
	Address	·	Description of Expenditure
Gity	State	Zip Code	N. S. Steffenson in the content of t
To Whom Paid			Date [MM/DD/YYYY]
	Address		Description of Expenditure
City	State	Zip Code	Field Annual Control of the Company of the Street Control of the C
To Whom Paid		1 30 10 10 10	Date [MM/DD/YYYY] \$
	Address		Description of Expenditure
GRY	State	Zip Code	THE CHAIR PROBABILITY OF THE CHAIR STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE CHAIR STREET,
To Whom Paid		Tabliffor har new (2003)	Date [MM/DD/YYYY] \$
	Address	Description of Expenditure	
City	State	Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification	能能是心理者力能必能能够引	
Name of Credit	itor Street Address	Outstanding Balance of Debt DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City Description of I		State Zip Code
Name of Credit		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City S Description of L	74. 345.5	State Zip Code
Name of Credit		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of D		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
City		State Zip Code
Description of D		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of D	Debt	J. C.
House #	Street Address	Outstanding Balance of Debt DATE DEBT INCURRED [MM/DD/YYYY]
City		State Zip
Description of D	Æbt	Code