

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Kathleen (Kathy) Schaaf			
Street Address	2437 East 43rd Street			
City	Erie	State	PA	Zip Code 16510

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Of Election (MM/DD/YYYY)	5/16/2023	Year	2023	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	<p>For Office Use Only</p> <p>2023 JUN -5 PM 12:00</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
A. Amount Brought Forward From Last Report	05/06/2023	06/05/2023	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		
C. Total Funds Available (Sum of Lines A and B)	\$		
D. Total Expenditures (From Schedule III)	\$		
E. Ending Cash Balance (Subtract Line D from Line C)	\$		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	277.99	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

Affidavit Section

<p>Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.</p> <p>I swear (or affirm) that this report, including the attached schedules on page, to the best of my knowledge and belief true, correct and complete.</p> <p>Sworn to and subscribed before me this</p> <p>5 day of June 20 23</p> <p><i>Doniel Fernandez</i></p> <p>Signature</p> <p>My Commission expires 4-3-27</p> <p>MO. DAY YR.</p>	<p><i>Kathleen Schaaf</i></p> <p>Signature of Person Submitting report</p> <p><i>Kathy Schaaf</i></p> <p>Printed Name</p> <p>814</p> <p>Area Code</p> <p>814 881-5362</p> <p>Daytime Telephone Number</p>
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<p>Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.</p> <p>I swear (or affirm) that to the best of my knowledge and belief the political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.</p> <p>Sworn to and subscribed before me this</p> <p>day of 20</p> <p>Signature</p> <p>My Commission expires</p> <p>MO. DAY YR.</p>	<p>Signature of Candidate</p> <p>Printed Name</p> <p>Area Code</p> <p>Daytime Telephone Number</p>
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SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
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)		\$	
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)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

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 Identification Number																								
															Amount									
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$				
House #										Street Address										Date [MM/DD/YYYY]	\$			
City										State										Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$				
House #										Street Address										Date [MM/DD/YYYY]	\$			
City										State										Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$				
House #										Street Address										Date [MM/DD/YYYY]	\$			
City										State										Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$				
House #										Street Address										Date [MM/DD/YYYY]	\$			
City										State										Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$				
House #										Street Address										Date [MM/DD/YYYY]	\$			
City										State										Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$				
House #										Street Address										Date [MM/DD/YYYY]	\$			
City										State										Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$				
House #										Street Address										Date [MM/DD/YYYY]	\$			
City										State										Zip Code	Date [MM/DD/YYYY]	\$		

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 Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		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									
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Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State		Zip Code	Date [MM/DD/YYYY]		\$		

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 Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				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 Number:									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									

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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]		\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution									

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Melvin Witherspoon				05/16/2023		277.99
House #	Street Address	Date [MM/DD/YYYY]		\$		
832 850M	East 36 th Street					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Erie	PA	16504				
Employer Name			Occupation			
			Retired			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
			25 signs given to me to place in yards			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address	Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address	Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address	Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street 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 Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code			
Description of Debt							