Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By Can	lidate	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Kathleen (Kathy)	Schao	3 -	
Street Address	2437 Fag	+ 42 rd	Stree	+	
City Er	ie stat	PA	Zip Code	16510	
Type of Report (Place x under report type)	-			105,10	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary Primary	4- 6 th Tuesday 5- 2 nd Frid Pre- Election Pre- Elect	경기에는 사람이 되어야 소프트 이 것이다.	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 5 16 303	Year 2023	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date		For	Office Use Only	
05 ဝ ပြ A. Amount Brought Forward From Last Repor	23 Ob 05 202	3			
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B)	\$			VOTER R	. 79
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) G. Unpaid Debts and Obligations (From Schedule IV)	\$ 277.99 \$			PM 12: 00	
The state of the s	Affidavit	Section			
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attached	ere. If this is a Candidate reg or ched sched re s on paper, s	, candidate sign here. he best of my knowled	lge and belief tri	ie, correct and comple	te
Sworn to and subscribed before me this	bia_Notar tary Public April 3, 20 1288912 iatlon of No	Signature Kathy 814 Area Cotle	of Person Submi Scha Printed Name	tting report G-F ime Telephone Number	- - 5362
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge a	Committee, andidage mail sig	n here.			
amended.	S S S	ee nas not violated any	provisions of tr	ne Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this					
day of20	- '1				_
Signature	-		ature of Candid	ate	_
•	. 1		Printed Name	e e	
MO. DAY YR.	<u>-</u>	Area Code	Daytir	me Telephone Number	
<u> </u>					

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	TO COL	
	CHÂN MANY	
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part 8)		
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 (Add and		\$

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 identification Number				
				Amount
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	(1987) (2013)	The second secon		2 X2
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
				* T
City	State	Zip Code	Date [MM/DD/YYYY]	\$::
		1		la)
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee				
House # Street Address			Date [MM/DD/YYYY]	\$ \$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
			AND CONTRACT TO SECURITY OF	
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee				
House # Street Address			Date [MM/DD/YYYY]	* \$:
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing		- · · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
Committee				High
House # Street Address			Date [MM/DD/YYYY]	\$
				(1) (1) (2) (3) (3) (4)
- 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		
Full Name of Contributing	<u> </u>		Date [MM/DD/YYYY]	\$
Committee				· · · · · · · · · · · · · · · · · · ·
House # Street Address			Date [MM/DD/YYYY]	\$
				24-} ∮€at
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 Identificati	on Number:	-			
Full Name of C				PROTECTION INCHES NAME OF THE OWNER	
				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Postus 5.2000 (1985) (2) (2) (2) (2)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of C					
rull Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address	<u> </u>		Date:[MM/DD/YYYY] \$	
City	(25,000 mbb/93.03 mb (25.5 mb (25.5 mb)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of C					
FULNAME OF C	Ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of C	ontributor	12.41		Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
House #	Street Address	-		Date [MM/DD/YYYY] \$	
		Pat Service and a management of the service of the	To 2 Se ovalness balance en al		
Gity		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of C				Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY]	
City	To the day of the second second	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of C	ontributor	Dischering.	April 200 Mars & Rev 1984 Tus	Date [MM/DD/YYYY] \$	
				The Technology of Control of Cont	
House #	Street Address			Date [MM/DD/YYYY] \$	
		for the second	No Control Control Control		
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:				
and the second s	· · · · · · · · · · · · · · · · · · ·				
Full Name of Contributing Com	nmittee			Date [MM/DD/YYYY] \$	
Table 381					
House #	Street Address			Date [MM/DD/YYYY] \$	
			The Control State Association are the last option of the property of the control		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	00 (2002 2003 E CO)			(20gg)	
Contributing Com				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	all and it will state the consequence and	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		94627783976 996374	Title - Pil (Rick 4) S Pillader (2) (2001)	Date [MM/DD/YYYY] \$	
Contributing Com	NY 1987年			The second secon	
House #	Street Address			Date [MM/DD/YYYY] \$	
Citÿ	秦次軍李沙孝里,李 安之之前	State	Zip Code	Date [MM/DD/yyyy] \$	
				(本) できる する 性がり なかかから はんがけ かず (2) はんか へっという はんできる (2) はんできる (2	
Full Name of Contributing Com	[6] 中国 [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]			Date [MM/DD/YYYY] \$	<u>, </u>
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	14 San Harris California (1999)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY] \$	
House#	Street Address	-		Date [MM/DD/YYYY] \$	
City	- 議場で見渡す。1985年1989年1994年1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Comi	mittee		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY] \$5	
House:#	Street Address			Date [MM/DD/YYYY] \$	
City	1986 dis distribution con con-	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 Addres	S		Date [MM/DD/YYYY] \$
City	State	Zip Code	*Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	S		Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor	<u> </u>		and the organization of the control
			Date [MM/DD/YYYY] \$
House# Street Address	5.		Date [MM/DD/YYYY] \$
City . Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			2938 # # \$20
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	8		Date [MM/DD/YYYY]
Citý	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /		45 - 17 and processor (1748) (65)	Occupation
Principal Place of Business	G P		

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 Nun	iber:			
Full Name				
House#	Street Address	····		
City 1.5		State	Zip	Date [MM/DD/YYYY] 5
			Code	Date [MM/DD/YYYY] 5
Receipt Description			-	
Full Name		···		
House #	Street Address	[7889P200]	er⊆errane.cen	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Loss Procedurals	Proceedings of the control of the co	五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五
(Full Name				
(House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Füll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Coue	
Fúll Name				
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	300		Code	
Receipt Description				
Full Name House #			<u> </u>	
City	Street Address	State	** フ:	ENERGY INDUCTION OF THE PROPERTY AND THE
		Jace	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

FlerIdentification Number:			
1 "UNITEMIZED IN-KIND CON	TRIBUTIONS RECEIVED V	/ALUE OF \$50.00 OR LESS PER (CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2 IN-KIND CONTRIBUTIONS R		01 TO \$250.00 (FROM PARTIE)	
	(2)	\$	
3 IN-KIND CONTRIBUTION RE TOTAL for the reporting period	ECEIVED VALUE OVER \$25	(\$0,00 (FROM PART G)) \$	
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F	ls from boxes 1, 2, and 3;		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Notice 最大な場合を指するできる。 Notice はないない。	" , , , , , , , , , , , , , , , , , , ,	 	
Filer Identification Number:			
· 图象 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			

Full Name of Contril	Same resident				Coppers
rui Name of Contri	#			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$2.0 \$5.0 \$.0
4. (1.0)					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contr	ibution		Total Foll glass, Press ground		[661783]
Full Name of Contrib	Management (September 1972)			Data Industria (VVVVIII	\$2000
				Date [MM/DD/YYYY]	.
House #	Street Address			Date [MM/DD/YYYY]	S
City	A STATE OF THE STA	State	Zip Code		
			ZID code	Date [MM/DD/YYYY]	
Description of Contri	bution				State State Consistent
Full Name of Contrib	utor	·		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$\$\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution		東語為監查等等的	· · ·	28/6
Full Name of Contrib	u tor			Date [MM/DD/YYYY]	\$
				30.0ml (2016.20) 自己的 2015年2月15日 (2016.20) 2 . 人名意 的网络拉尔科·西德斯瓦	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ //
Description of Contril	nition				
			<u> </u>		
Full Name of Contribu	itor		"	Date [MM/DD/YYYY]	(\$)
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
ATTENDED TO THE STATE OF THE ST		200	217.00	SARATAIN SALIMITE	
Description of Contrib	oution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	 <u></u>		

Full Name of Contributor			Date [MM/DD/YYYY] \$
Melv Melv	in With	erspoon 36th Street	05 16 2023 277,99
House # 332 Street Address	Fast	21th Gton +	Date [MM/DD/YYYY] \$
City —	State	Zip.Code	Date [MM/DD/YYYY] \$
Erie	L PA	Zip Code 16504	The contract of the contract o
Employer Name			Occupation Catived
Employer Mailing Address / Principal Place of Business			Description 25 Signs given to Contribution me to place in yards
	전 대		Contribution 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] \$
	9 5 2 2 2		
Employer Name	100 CT 100		Occupation
Employer Mailing Address / Principal Place of Business	en a come well to the come of		Description of Contribution
Full Name of Contributor	·		Date [MM/DD/YYYY] \$
			The control of the co
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
			Committee the Control of Control
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of
Full Name of Contributor			Contribution Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation.
Employer Mailing Address / Principal Place of Business			Description of
			Contribution

Statement of Expenditures

Filer Identification Number:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
· 學傳統 (中国) 表情所以 (2016年 1976年) 是否是代表的 (2016年 1976年 19			·
(2.2.36) 建基金的设置,例题的直接加强的。特别是"特别的"。			•
· 公本社会会社Ex基金的企业是是是1941年1961年1961年1			

To Whom Paid			Date [MM/DD/YYYY] / \$
House # Street	Address		
	Address		Description of Expenditure
City	State	Zip* Code	1 may
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	The control of the co
To:Whom Paid			Date [MM/DD/YYYY] \$
House # Street A			Description of Expenditure
(Gity	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street A	No.		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street A	Address		Description of Expenditure
	60408 P.0.02		1959年基本企業權工的企業計畫和數學的成功方式中心的企業人
Gity.	State	Zip Code	
To Whom Paid	State		Date [MM/DD/YYYY] \$
To:Whom Paid House # Street A			Date [MM/DD/YYYY] \$ Description of Expenditure

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 Identificatio	n Number:	
Name of Credit		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City E		State Zip Code
Description of D	Debt:	
Name of Credito		Outstanding Balance of Debt
House #	Street Address	DATE DEBT:INGURRED S [IMM/DD/YYYYY]
City	James	State Zip Code
Description of D		The contraction of the contracti
Name of Credito		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED S
City		State Zip Code
Description of D		
Name of Credito		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
Gity		State Zip Code
Description of D	arte	
Name of Credito		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$
A Company		State Zip Code
Description of De	ebt	
Name of Credito	1 X 7 SEC (1975) SEC (1975)	Outstanding Balance of Debt
House #	Street Address	DATE DEST INCURRED \$ [IMW/DD/YYYY]
City	Piggic, For a verical	State Zip Code
Description of De	ebt	