

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	EILEEN SCHAUERMAN			
Street Address	1820 MILLFAIR RD			
City	ERIE	State	PA	Zip Code 16505

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11-8-23	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5-2-23	6-5-23	
A. Amount Brought Forward From Last Report	\$	-3249.25	2023 JUN -8 PM 2:17 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-	
C. Total Funds Available (Sum of Lines A and B)	\$	-3249.25	
D. Total Expenditures (From Schedule III)	\$	-	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-3249.25	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-	

Part I- If this is a Committee report, treasurer sign here. If this is a candidate report, candidate sign here.	
I swear (or affirm) that this report, including the attached schedule on page 2, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 8 th day of June 2023 Angela L. Watson Signature My Commission expires 12/02/2026 MO. DAY YR.	Affidavit Section Eileen Schaurman Signature of Person Submitting report EILEEN SCHAUERMAN Printed Name 814 Area Code 392-3672 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, Candidate shall 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

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

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