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

Fileraldentification	Report Filed By Candid	ate Committee Lobbyist
Number	(MarkX)	X
Name of Filing Committee Candidate or Lobbyist	EIIEN SC	HAUERMAN
Street Address	1820 MILL	FAIR RD
City ERIE	State	PA Zip.Code 16565
Type of Report (Place x under report type)		
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Po		
Pre-Primary Pre-Primary Primary	Pre-Election Pre-Election	Election Pre-Election Post-Election
Date Of Election (MM/DD/YYYY) 11-8-2	year 2023	Amendment Termination Report Report
Summary of Receipts and From Date Expenditures	To Date	For Office Use Only
5.2.		
A. Amount Brought Forward From Last Repo	# \$ - 3249. 25	E C: PR
B. Total Monetary Contributions and Receip (From Schedule I)	\$	
C. Total Funds Available	\$	
(Sum of Lines A and B) D. Total Expenditures	-3249. <u>25</u>	∽ =
(From Schedule III)	<u></u>	
E. Ending Cash Balance (Subtract Line D from Line C)	-3249, 25	
F. Value of In-Kind Contributions Received	48 \$	Ž J
(From Schedule II) G. Unpaid Debts and Obligations	\$	
(From Schedule IV)		
Part 1- If this is a Committee report, treasurer sign	here. If this is a candidate report, c	andidate sign here
I swear (or affirm) that this report, including the at	ached schedule on people is to the	best of my knowledge and belief true, correct and complete.
Sworn to and subscribed before me this	weal geta miss omn	۶
day of 101 / 2003	In Ellipsion e	best of my knowledge and belief true, correct and complete. Signature of Person Submitting report
Signature Signature	Pennsylva atson, No rie County Appires De yn number	ELLEN SCHAUERMAN Printed Name
My Commission expires 12/02/203	Pennsylvania tson, Notari ie County kpires Decei in number 14 ania Associati	814 392-3672
MO. DAY Y	도 웨그를 프리 ―	Area Code Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorize	d Committee Gardida Sall sign I	
I swear (or affirm) that to the best of my knowledg amended.	and belies this political committee	has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this		
day of20	_	Simple of Care Wiles
	_ , _	Signature of Candidate
Signature	. 1	Printed Name
My Commission expires MO. DAY YR.		Area Code Daytime Telephone Number
, , , , , , , , , , , , , , , , , , ,	•	and the property of the second

SCHEDULE I

Contributions and Receipts Detailed Summary Page

affer identification number					
		Markette TTE			
1.Unitemized Contributions and Receipts	\$50.00 or Less per Contributor		<u>.</u>		
	Total for the reporting period	(1)	\$		
2. Contributions of \$50.01 to \$250.00 (Fr Part A and Part B)	om				. 1 5
Contributions Received from Political Comm	nittees (Part A)), 3;	\$		
All Other Contributions (Part B)			\$	2	
	Total for the reporting period	(2)	\$		
3. Contributions Over \$250.00 (From Part	Gand Part D)	±//*			
Contributions Received from Political Comm	nittees (Part C)		\$	Part 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 2
All Other Contributions (Part D)			\$		 ····
	Total for the reporting period	(3)	\$		
4. Other Receipts-Refunds, Interest Earner	d, Returned Checks, ETC. (From Part E)			
	Total for the reporting period	(4)	\$		
Total Monetary Contributions and Receipts enter amount totals from Boxes 1, 2, 3 and Cover Page, Item B)	during this reporting period (Add and 4; also enter this amount on Page 1, Re	port	\$	***	

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.

erler identification Number			
			Amount
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
		* Wallette	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
		200 (200 (200 (200 (200 (200 (200 (200	
Full Name of Contributing ::- Committee		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
Gity/	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			
Committee		Date [MM/DD/YYYY] \$	
		10.12 cm 2007 2 cm 2007 cm 200	
House # Street Address		Date [MM/DD/YYYY] \$	
			I
City.	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing		The state of the s	
Committee 3 3		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] \$	
		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
House # Street Address		Date [MM/DD/YYYY] \$	
	- Application of the state of t	The state of the s	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing		Date (MM/DD/YYYY)	
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:				
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]	5
House # Street Address			Date [MM/DD/YYYY]	\$.
City:	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				\$
House # Street Address			Date [MM/DD/YYYY]	\$
(City)	State	Zip Code	Date [MM/DD/YYYY]	\$
Eull Name of Contributor		. ,	Date [MM/DD/YYYY]	5
House # Street Address			Date [MM/DD/YYYY]	\$ 1
City.	State	Zip Codë		\$
Full Name of Contributor				\$
House # Street Address			Date [MM/DD/YYYY/]	
City Full Name of Contributor	State	Zip Code		\$
	MANA MANA MANA MANA MANA MANA MANA MANA			
House # Street Address				\$
Gity	State	Zip Code		\$ 2

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.

Arte clue truication avumper/				
<u> </u>	1 W 7 + + P			
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]	\$.
Gity	State	Zip Code : x =	Date [MM/DD/YYYY]	*\$!
Full Name of Committee		een gereeren en de gewone en de g	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State 2	ip Gode	Date [MM/DD/YYYY]	\$
Full Name of Econtributing Committee			Date [MM/DD/YYYY]	\$.
House #. Street Address			Date [MM/DD/YYYY]	5.
Gity.	State Z	ip Code	Date [MM/DD/YYYY]	Š
Full Name of Contributing Committee			Date[MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	
City	State	ip Gode		
Full Name of Contributing Committee				\$ \$
House #* Street Address			Date [MM/DD/YYYY]	\$
City	State Z	ip Code	Date [MM/DD/YYYY]	5

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/XYYY] \$
Gity Employer Name:	State Zip Gode	Date [MM/DD/YYYY] \$
Employer Mailing/Address / Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] -\$
House # Street Address		Date [MM/DD/YXYY], - \$
City Employer Name	State Zip Code	Date [MM/DD/YYYY] \$ Occupation
Employer Mailing Address / Principal Place of Business		- Occupatore
Full Name of Contributor		Date [MIVI/DD/YYYY) \$
House # Street Address		Date [MM/DD/YYYY] .\$
City Employer Name	State Zip Code	Occupation \$
Employer Mailing Address / Principal Place of Business		Occupation
Full Name of Contributor		Date [MM/DD/YYYY] 3 \$
House # Street Address		Date [MM/DD/YYYY] \$
City.	State Zip Gode	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /		Occupation (
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 Nun	nber;			
N 6.				
Full Name	Street Address			
	4 7 1			
City: 1 #		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City #	1-1 V 1777 XX	State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description				
Full Name			2	
House #	Street Address			
City:		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description	200	13-92//-		
Full Name				
House #	Street Address			
City 1		State.	-ZIP	Date [MM/DD/YYYY] \$
	- W- 1784	114	Code	Date MM/DD/YYYY \$
Receipt Description				
Full Name				
#House #	Street Address			
City is the second of the seco		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	7. 1		5 22 52	2
Full Name	<u>-</u>			
House #	Street Address			
City / R	T 7	State	Zip	Date [MM/DD/YYYY] \$
City			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 dentification Number:				
1. UNITEMIZED IN KIND CONT	RIBUTIONS RECEIVED-V	ALUE OF \$50,00 OR LESS PE	ER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2, IN-KIND CONTRIBUTIONS R	ECEIVED-VALUE OF \$50.0	01,TO \$250.00 (FROM PAR	LF)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 3.1	The second secon	
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3;	1 - 1		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor.			- Date [MM/DD/YWY] \$
House # Street Address		***************************************	Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		No. Spira action and the	
Full Name of Contributor			Date [MIM/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 Description of Contribution	State	AZip Code	Date [MM/DD/YYW] \$
建筑证 			
Full Name of Contributor			Date [MM/DD/YYYY] \$.
House # Street Address			Date [MM/DD/YYYY] \$
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State.	Zlp Code	Date [MM/DD/YYYY] \$
Description of Contribution			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Numbers

		<u>.</u>			
		:			
Full Name of Contributor			The second secon	Date [MM/DD/YYYY]	\$
		!			
House # Stre	eet Address	:		Date [MM/DD/YYYY]	\$
	* ************************************				
City		State	Zip Code	Date [MM/DD/YYYY]	
	- *	1.245.b		Single-Sank	\$7.0% \$7.1% \$1.0%
Employer Name			10.000	Occupation	
Employer Mailing Address Place of Business	/ Principal			Description of	
	- 1			Contribution	
Full Name of Contributor			The second secon	Date [MM/DD/YYYY]	\$
海 龙 发 。					
House # Stre	et Address		,	Date [MM/DD/YYYY]	\$
City #		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	47			Occupation	··············
Employer Mailing Address Place of Business	/ Principal.			Description 4.2	
The second secon	Jestin de la companya del companya del companya de la companya de			Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House # Stree	et Address			Date [MM/DD/YYYY]	\$
City	,	State	Zip Gode	Date [MM/DD/YYYY]	\$
Employer Name				Occupation.	
Employer Mailing Address Place of Business	/Principal		, , , , , , , , , , , , , , , , , , , ,	Description of	
riace of business				of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
				- Control of the Cont	
House # Stree	et.Address			Date [MM/DD/YYYY]	\$
City :		State	Zip Code	Date [MM/DD/YYYY]	\$
		30/0 12-10: 1			
Employer Name				Occupation	
Employer Mailing Address Place of Business	/ Principal			Descriptions e	
The state of pastices	10.0	ie		Contribution -	
		· · · · · · · · · · · · · · · · · · ·	transport to the control of the cont		

Statement of Expenditures

To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	6 S 6
City		State	Zip. Code.		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid			. 1991 - 1991	Date [MM/DD/YYYY] 5	
#House #	Street Address			Description of Expenditure	
City .		State	Zip Code		
To Whom Paid			The special section of the section o	Date [MM/DD/YYYY]* \$	
House #	Street Address	:		Description of Expenditure	_1
Gity #		State	Zip Code (17)	The state of the s	
To Whom Paid -				Date [MM/DD/YYYY] \$	
House #	Street Address	Edward appearance	- Popularia de la companya del companya de la companya del companya de la company	Description of Expenditure	- 1
City :		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	1-6		Description of Expenditure	7 A
		State	Zip. "Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address		- Company of the Comp	Description of Expenditure	
Cfty		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	1	(表)	Description of Expenditure	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gity:		State	Zip	х	

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:		, , , , ,		
Name of Creditor				Outstanding Balance of Debt
House # Stre	let Address		TE DEBT INCURRED [MM/DD/YYYY]	*
City :		State	Zip	
Description of Debt			Gode	
Name of Greditor			·	Outstanding Balance of Debt
House # Stre	et Address		TE DEBT INCURRED [MM/DD/YYYY]	
City 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		State	Zip Code	
Description of Debt				
Name of Greditor				Outstanding Balance of Debt
Stre	et Address		TE DEBT INCURRED [MM/DD/YYYY]	.\$
City, 4		State	Zip "Code	
Description of Debt. Name of Creditor				
· · · · · · · · · · · · · · · · · · ·	et Address	DA	TE DEBT INGURRED	Outstanding Balance of Debt
	-2 = 1 -2 = 1 -3 = 3,0		MM/DD/YYYY)	
City Description of Debt		State	Zip Code	
Name of Creditor				OWER THE DISTRICT
	et Address		TE DEBT INCURRED	Outstanding Balance of Debt \$ \$
			[MM/DD/YYYY]	
City Description of Debt		State	Zip Code	
Name of Creditor				Outstanding Balance of Debt
- * * · · · · · · · · · · · · · · · · ·	et Address		E DEBTINGURRED	\$
City		State_	[MM/DD/YYYY]	
Description of Debt			Zip Code	