

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number 84-2850392	Report Filed By (Mark X) <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist Committee to Elect Ellen Schaefferman	
Street Address 423 Oakmont Ave	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY) 11/7/23		Year 2023	Amendment Report <input type="checkbox"/>		Termination Report <input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date 6-6-23	To Date 10-23-23	For Office Use Only 2023 OCT 26 PM 2:29 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report	\$	58.21	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,500-	
C. Total Funds Available (Sum of Lines A and B)	\$	3,558.21	
D. Total Expenditures (From Schedule III)	\$	3,500-	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	58.21	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	500-	

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 Commission number 1425503 , is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 26th day of October 2023 Angela L. Watson Signature My Commission expires 12/02/2026 MO. DAY YR.	Signature of Person Submitting report Charles J. J... Printed Name 814 814-825212 Area Code 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 26th day of October 2023 Angela L. Watson Signature My Commission expires 12/02/2026 MO. DAY YR.	Signature of Candidate Ellen Schaefferman Printed Name 814 392-3672 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Angela L. Watson, Notary Public
 Erie County
 My commission expires December 2, 2026
 Commission number 1425503
 Member, Pennsylvania Association of Notaries

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:		84-2850392					
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Full Name of Contributing Committee		COMMITTEES ELECT Don Loughlin			Date [MM/DD/YYYY]	\$	1,000
House #	Street Address				Date [MM/DD/YYYY]	\$	
0	PO Box 9610						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Que	PA	16505					
Full Name of Contributing Committee		PA Republican Committee CAUCUS OF COUNTY COMMISSIONERS			Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
123	Chelsea Loop				10/2/23		2,000
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
LANCASTER	PA	17602					
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	84-2850392
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Full Name of Contributor		Committee to Elect Daniel Laughlin		Date [MM/DD/YYYY]	\$	1,000
House #	1314	Street Address	Grisswold Ave (Po. 9610)	Date [MM/DD/YYYY]	\$	
City	Que	State	PA	Zip Code	16502	
Employer Name				Occupation	STATE SENATOR	
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor		PA Republican Caucus of County Commissioners		Date [MM/DD/YYYY]	\$	2,000
House #	123	Street Address	Chelsea Loop	Date [MM/DD/YYYY]	\$	
City	LANCASTER	State	PA	Zip Code	17602	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor		Ellen Schaeferman		Date [MM/DD/YYYY]	\$	500
House #	1820	Street Address	Millfair Ave	Date [MM/DD/YYYY]	\$	
City	Que	State	PA	Zip Code	16505	
Employer Name				Occupation	RETIRED RN	
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						

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	84-2850392
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$	- 0 -
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	- 0 -
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$

3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	2,000
All Other Contributions (Part D)	\$	1,000
Total for the reporting period	(3)	\$

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$	3,000
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)		\$	

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:	84- 2850392
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ - 0 -

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ - 0 -

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ - 0 -

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)		\$ - 0 -
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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		
House #		Street Address		Description of Expenditure
City	State	Zip Code		
House #		Street Address		Description of Expenditure
City	State	Zip Code		
House #		Street Address		Description of Expenditure
City	State	Zip Code		
House #		Street Address		Description of Expenditure
City	State	Zip Code		
House #		Street Address		Description of Expenditure
City	State	Zip Code		
House #		Street Address		Description of Expenditure
City	State	Zip Code		
House #		Street Address		Description of Expenditure
City	State	Zip Code		
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:	84-2850392
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Name of Creditor <i>Ellen Schauerma</i>					Outstanding Balance of Debt	
House #	1820	Street Address	<i>20112 Ave Ave</i>	DATE DEBT INCURRED [MM/DD/YYYY]	\$	500-
City				10/14/2023		
State		PA	Zip Code	16505		
Description of Debt <i>ST LOAN TO COMMITTEE TO ELECT E Schauerma</i>						

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						