# Commonwealth of Pennsylvania - Campaign Finance Report

* * * * * * * * * * * * * * * * * * *	This report must be clear an	d legible. It shou	ıld be typed)	
Filer Identification 84 - 2850392	Report Filed By Candida ( Mark X)	ate	Committee ==================================	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Correttee to 423 Osker	Elect	Eller Schu	werman
Street Address	423 Osker	cont two	_	
City Eru	State	PA	Zip Code 165	505
Type of Report (Place x under report type)				
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Po				nd Friday Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election Pre- Election	Election .	Pre Elect	ion Post-Election
Date Of Election (MM/DD/YYYY) / // 201	3 Year 2023	Amendment Report	Termina Report	ción.
Summary of Receipts and From Date Expenditures	To Date		For Office Use	Only
10-33.				
A, Amount Brought Forward From Last Repo	\$ 58.21			
B. Total Monetary Contributions and Receip (From Schedule I)	its \$			<b>5 8</b>
C. Total Funds Available				707.3 NOV
(Sum of Lines A and B) D. Total Expenditures	\$ 338.21	-		
(From Schedule III)	~ 0 -			<b>29</b>
E, Ending Cash Balance (Subtract Line D from Line C)	\$ 338.21	·	•	일로 <b>및</b> 일로 <b>자</b>
F. Value of in-Kind Contributions Received (From Schedule II)	\$ 8,330,81			<b>PH P: 5</b> 3
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 338.21 \$ -0- \$ 338.21 \$ 8,330.81 \$ 500°4	1	, 	<u>්</u> යු
	Affidavit Se			
Part 1- If this is a <b>Committee</b> report, treasurer sign  I swear (or affirm) that this report, including the at	n here. If this is a Candidate report, c	andidate sign here. best of my knowled	ge and belief true, correct	and complete.
Sworn to and subscribed before me this	mber Com	9,	11.	
I swear (or affirm) that this report, including the at Sworn to and subscribed before me this  and day of November 33	weat gelail	Mulo	10 June	<u>.</u>
auli Water	issio	ជានួកនេះបាច ប	Cark Fehr	<u>t</u>
Signature	h of Pennsylva H of Pennsylva Watson, Not Eric County on expires De sisjon number isylvania Associ		Printed Name	2 / 5
My Commission expires 10/02/000		Area Code	Daytime Telepl	Z/Z
			Dayame relept	TOTAL WARRING
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge.			y provisions of the Act of Ju	ine 3, 1937 (P.L. 1333, NO.320) as
amended.	y Seal C 2026		•	
Sworn to and subscribed before me this		-		
day of NOVERLACE 20 25	My co		sold Schau	mem
Mufil Water	Commonwealth of Pennsy Angela L. Watson, Erie Cou My commission expires Commission num Member, Pennsylvania As	Ellen sign	nature of Candidate  SCHAUERY  Printed Name	MAN
Signature 12 103 6000	alth o a L. V mission	ا ه	Printed Name	N 7 7 /
My Commission expires MO. DAY YR.	of Pen Vatsc Erie C expirition no Vania	Area Code	Daytime Teleph	one Number
	onwealth of Pennsylva nagela L. Watson, No Erie Count mmission expires De Commission numbe er, Pennsylvania Asso			
	014 9 4 2 2 1			
	ary Putation of			

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Company of the first Company of the	
Filer/dentification Number 87-2850 392	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	W. A.	
Total for the reporting period	(1)	\$ <u> </u>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	7.7.2 2.7.3	
Contributions Received from Political Committees (Part A).  Second Lakes Bardeng Trade Id. Less Actem Committees (Part A).	- Eng	\$ 250 ==
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$ 250 =
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ -0-
All Other Contributions (Part D)		\$
Total for the reporting period (	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	100 (B) 25, 96,	
Total for the reporting period (	(4)	\$ 25000
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)		\$

#### 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

Filer Identification Number 84-285-0392		
		Amount
Full Name of Contributing Great Calter Burcome, TRADE	Date (MM/DD/YYYY) \$	700
Full Name of Contributing Great Cather Building That Gommittee Pololips Action From House # Street Address 185 People 1997 Drive The, B	10/27/2023	250.00
House # Street Address /85 Peaulo 1992 DRICE	Date [MM/DD/YYYY] S	***************************************
Eno, Ch		
City Tue State P2 Zip Code 16589	Date [MM/DD/YYYY] \$	
Full Name of Contributing	Date [MM/DD/YYYY] \$	
*Committee	10.73 24.1.1	
House # Street Address	Date [MM/DD/YYYY] - \$	
City State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing		
Committee 311	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] 55.	
City Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Date [MIM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
	15.50   15.5	
City : State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	Date [MM/DD/YYYY] \$	
Committee 2	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] S	
State Zip Code	Date [MM/DD/YYYY] \$	

#### PART C

# **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

84-283 0392		
Full Name of Proceedings Page V Com Comments	4-14 Date [MM/DD/YYYY] 5	
Contributing Committee	11/3/2023 6,5241.5	73
House # Street Address // 2 STATE STREET	Date [MM/DD/YYYY] \$	
City Harrispung State ON Zip Code 17101	Date [MM/DD/YYYY] \$ /, 788.8	- <u>-</u>
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	<del></del>
City State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Date [MM/DD/XXXM] \$	
House # Street Address	Date [MM/DD/YYYY]\$	
City. State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Conmittee	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
City, State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Committee	Date [MM/DD/XYXV] * \$	
House # Street Address	bate [MM/DD/YYYY] \$.	
City State Zip Code	Date [MM/DD/YYYY] \$	:
Full Name of Contributing Committee	Date [MM/DD/YYYY] 5	
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	

# 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 Num	iber:		A William Communication of the	
Full Name of Contrib	Utor:		An against the transfer of the second	Date [MM/DD/YYYY] \$
House ##	Street Address			Date [MM/DD/YYYY] \$.
City Employer Name		State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Mailing Ad	dress /	:		
Principal Place of Bus Full Name of Contribu				
	# 1/ 2-ja			Date (MM/DD/YYYY) 4\$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Add	2 A			Occupation
Principal Place of Bus	iness.			
Full Name of Contribu	· 在			Date [MM/DD/YYYY] \$
House #	Street Address			(Date [MM/DD/YYYY] \$
- Gity: - Employer Name		State	Zip:Gode	Date [MM/DD/YYYY] \$
Employer Mailing Add	iress:/**	·		Occupation
Principal Place of Busi Full Name of Contribu				
	**************************************			Date:[MM/DD/YXXX] \$
House #	Street Address			Date [MM/DD/YYYYY] \$
Citÿ		State	Zlp Code	Date [MM/DD/YYYY]   \$
Employer Name  Employer Mailing Add				Occupation
Principal Place of Busi				

#### **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 ::		i en men	<del></del>	
House# Stre	eet Address			
Gity		State	Zip Code	Date [MM/DD/YYYX] \$
Receipt Description		A A A A A A A A A A A A A A A A A A A	(Community of the Community of the Commu	Programme (Control of the Control of
Full Name			-11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
House# Stre	eet Address			
City :		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description 5				
Full Name				
	eet Address	Management of the state of the		
City	500 He Color	-State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				120h-77
FulliName				
House # Stre	eet Address			
City:		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House # Stre	eet Address	<b>■</b> ************************************	Tarfustanishin Start	Barrier and the state of the st
Edity #5		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		,	1:	I COMPANY
Full Name				
Mouse # Stre	eet Address			
Clby 122		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:	all such		·	
	84-2850	2392		
12. 1. UNITEMIZED IN KIND CONT	RIBUTIONS RECEIVED-V	ALUE OF \$50,00 OR LESS PER C	ONTRIBUTOR "	
TOTAL for the reporting period	(1)	1 6 T		
	\ <u>-</u>	·   Y		
2. ZIN-KIND CONTRIBUTIONS R	EGEN/ED-VALUE(O)ES506	01-TO-\$250.00 (FROM PAREIS)		
	77;			
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$25	50,00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 8	330.81	
TOTAL VALUE OF IN-KIND CONTRIBUT				
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F		also enter	220 Y/	
on rage 1, hepoil Cover rage, item r		8,.	330.81	

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

			VALUE OF \$30.01	110 9230
Filer Identification N	umber:			
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Gity	Interestable to a second Physics	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Con	tribution			
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$
House #	Street Address		-	Date [MM/DD/YYYY] \$
Gity		State	ZipiCode	Date [MM/DD/YYYY] \$
Description of Con	tribution			
Full Name of Contr	ibutor			Date [MM/DD/YYY]] \$
House #	Street Address			Date [MM/DD/YYYY] S
city	字列· "是中军中心公司法治的北京地区北京中国东部"	State	Zip Code	Date [MM/DD/YYYY]
Description of Con				
Full Name of Contr	ibutor.			Date [MM/DD/XXXM]
House#	Street Address			_Date:[MM/DD/YYYY]
City		State	Zip Code	Date [MM//DD/XYYY] S
Full Name of Contr			<i></i>	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] S
City		State	Zip Code	Date [MM/DD/YYYY]
Description of Cont	的复数人名英格兰 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	10 10 10 10 10 10 10 10 10 10 10 10 10 1		

#### SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

	ion Numi		

84-2850392

Full Name of Contributor Republican Ponin OF Ownsylen	Date [MM/DD/YYYY] \$
	11-3-2023
House # Street Address // State Street	Date [MM/DD/YYYY] \$
14 Harrisoure, State DA Zip Code 171	O / Date [MM/DD/YYYY] \$
Employer Name	Occupation Policy
Employer Mailing Address / Principal Place of Business	Description Campaign
	Contribution Literation
Full Name of Contributor Ray I com Party or Daves 400	11-3-2023 1788.89
House # Street Address //2 STATE STREET	Date [MM/DD/YYYY] \$
HARRISBURY State DH Zip. Code 171	O ) Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Address /	Description PostAGE Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House ## Street Address	Date (MM/DD/YYYY) \$
City State Zip Code	Date [MIM/DD/YYYY) \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description: 7 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 500 and	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

# Statement of Expenditures

Elleridentification	Aumaer:			
To Whom Paid				Date [MM/DD/YYYY] \$**
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid			Sin the Committee of th	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		<sub>fi</sub> State	Zip≟ Code <sub>op a</sub>	- Control of the Cont
To Whom Paid				Date [MM/DD/YYYY] \$
.House #	Street Address			Description of Expenditure
City		State 1	Zip —	
To Whom Paid				Date [MM/DD/YYYY]5-
House #	Street Address			Description of Expenditure
To Whom Paid		State	Zip	
AND MINERAL PROPERTY.			,	Date [MM/DD/YYYY) \$
House #	Street Address	State		Description of Expenditure
To Whom Paid		n <sup>227</sup> /48	Zip Code ····	
				Date [MM/DD/YYYY]
House#	Street Address	Statio	Zip :: No	Description of Expenditure
To Whom Paid		energia del	Code	Date [MM/DD/YYYY) \$
House #	Street Address			
City	SincerAduless	State	Zip.	Description of Expenditure
To Whom Paid			Code	Date [MM/DD/YYYY] \$
House#				
City.	Street Address	State	-Zip	Description of Expenditure
· · · · · · · · · · · · · · · · · · ·			Code 41	

#### **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.

		at the charteng period.	
Filer Identification Number:	C// 5.		_
	84-28	75 0392	
E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Name of Creditor	Ellen	Schaue	103 ge			300	outstanding Be	lance of Debt
House # Street	et Address 770	Schone	bre		DEBT INCUI		500	<i>04</i>
City   Description of Debt	Ene		State	PA	Zip Code /	\$101	i.	
	lom to C	mmittee	70 TGLE	er E	- Home	Schau	cerma	<b>√</b>
Name of Creditor						C	utstanding Ba	lance of Debt
House# Stree	et Address				DEBT INCU M/DD/YYY			
City.			*State	138	Zip Code <sub>-tu-</sub>	11/12		
Description of Debt								
Name of Creditor					-		utstanding Ba	lance of Debt
House # Stree	t Address				DEBT INCUI M/DD/YYY			
City Carlot			State		Zip Code	The state of the s	#	
Description of Debt								
Name of Greditor						18.00	utstanding Ba	lance of Debt.
House# Stree	t Address		- 12.44		DEBT INCUR M/DD/YYYY			
City		-	State	1998	Zip Code	3053		
Description of Dept								
Name of Creditor						0	utstanding Ba	lance of Debt
House # Stree	t Address				DEBT INCUR M/DD/YYYY			
City			State		Zip Code	W.A		
Description of Debt						. —		
Name of Creditor		,		······		Θ	utstanding Ba	ance of Debt
House # Stree	t Address				DEBT INCUR M/DD/YYYY			
Clty			State		Zip Code		Ä	
Description of Debt								