

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number <b>84-2850392</b>	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 <b>Committee to Elect Ellen Schauerma</b>	
Street Address <b>423 Oakmont Ave</b>	
City <b>Erle</b>	State <b>PA</b> Zip Code <b>16505</b>

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Date Of Election (MM/DD/YYYY)	<b>11/7/2023</b>	Year	<b>2023</b>	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date <b>10-23-23</b>	To Date <b>11-27-23</b>	For Office Use Only
A. Amount Brought Forward From Last Report	\$	<b>58.21</b>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                 2023 NOV 29 PM 12:53                  ERLE COUNTY                  VOTER REGISTRATION             </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<b>250.00</b>	
C. Total Funds Available (Sum of Lines A and B)	\$	<b>338.21</b>	
D. Total Expenditures (From Schedule III)	\$	<b>-0-</b>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<b>338.21</b>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	<b>8,330.81</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<b>500.00</b>	

## Affidavit Section

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 schedules and annexes, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

**29<sup>th</sup>** day of **November** **2023**

**Angela L. Watson**  
Signature

My Commission expires **12/02/2026**  
MO. DAY YR.

**Charles K. Folt**  
Signature of Person Submitting report  
**CHARLES K. FOLT**  
Printed Name

**814** **882-5212**  
Area Code Daytime Telephone Number

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

**29<sup>th</sup>** day of **November** **2023**

**Angela L. Watson**  
Signature

My Commission expires **12/02/2026**  
MO. DAY YR.

**Ellen Schauerma**  
Signature of Candidate  
**ELLEN SCHAUERMAN**  
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

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	<u>84-2850392</u>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ <u>-0-</u>
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$ <u>250<sup>00</sup></u>
<u>Great Lakes Building Trade Pol. Lead Action Fund</u>			
All Other Contributions (Part B)			\$
Total for the reporting period		(2)	\$ <u>250<sup>00</sup></u>
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$ <u>-0-</u>
All Other Contributions (Part D)			\$
Total for the reporting period		(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ <u>250<sup>00</sup></u>
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	84-285-0392
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							Amount	
Full Name of Contributing Committee		Great Lakes Building Trade Political Action Fund			Date [MM/DD/YYYY]	10/27/2023	\$	250.00
House #		Street Address		185 Dewey Brian Drive	Date [MM/DD/YYYY]		\$	
City	Eno	State	Pz	Zip Code	16509	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]	\$	
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 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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IN  
KIND

Full Name of Contributing Committee				REPUBLICAN PARTY OF PENNSYLVANIA		Date [MM/DD/YYYY]	11/3/2023	\$	6,541.92
House #	Street Address			112 STATE STREET		Date [MM/DD/YYYY]		\$	
City	HARRISBURG		State	PA		Zip Code	17101		11/3/2023
								\$	1,788.89
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:

84-2850392

**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)

\$

8,330.81

**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)

\$

8,330.81



**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

**VALUE OF \$50.01 TO \$250**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

<b>Description of Contribution</b>	
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SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	<i>84-2850392</i>
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Full Name of Contributor: <i>REPUBLICAN PARTY OF PENNSYLVANIA</i>				Date [MM/DD/YYYY]: <i>11-3-2023</i>		\$ <i>11/31 6541.93</i>	
House #	Street Address: <i>118 State Street</i>			Date [MM/DD/YYYY]		\$	
City: <i>HARRISBURG</i>	State: <i>PA</i>	Zip Code: <i>17101</i>		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution: <i>Campaign LITERATURE</i>			
Full Name of Contributor: <i>Republican Party of Pennsylvania</i>				Date [MM/DD/YYYY]: <i>11-3-2023</i>		\$ <i>1788.89</i>	
House #	Street Address: <i>112 STATE STREET</i>			Date [MM/DD/YYYY]		\$	
City: <i>HARRISBURG</i>	State: <i>PA</i>	Zip Code: <i>17101</i>		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution: <i>POSTAGE</i>			
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				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]		\$	
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				

**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 Schauerman</i>					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$	500 <sup>00</sup>		
<i>1870</i>	<i>Millkain Ave</i>	<i>10/16/2023</i>				
City	State	Zip Code				
<i>Enc</i>	<i>PA</i>	<i>16505</i>				
Description of Debt: <i>Loan to Committee to Elect Ellen Schauerman</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:						