

Keset Form	l Print Form

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

Filer Identification 81-4840274	Report Filed B (Mark X)	Sy Candida	ite 🔀	Committee		Lobbyis:
Name of Filing Committee, Candidate or Lobbyist	Joseph Schembe	er	Administrative Control of the Contro		W. Deck (1995), such deckers 2, 400 April 1995	N
Street Address	504 Frontier Driv	ve				
Glty Erle		State	PA	Zip Code	16505	
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary			F - 434.2	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	* Post-clection
Date Of Election (MM/DD/YYYY) 5/18/2021	Year	2021	Amendment Report	1.00 to 1.00 t	Termination.	
Summary of Receipts and # From Date	To Date		1.04.40.15 34.216	For C	Office Use Only	
1/1/2021	1 1	/3/2021	- 10 m			
A. Amount Brought Forward From Last Report	25 08.	0				
B. Total Monetary Contributions and Receipts (From Schedule I)		0				
C. Total Funds Available (Sum of Lines A and B)	\$	0				
D. Total Expenditures (From Schedule III)	\$	0				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0			Š	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0				
G. Unpaid Debts and Obligations (From Schedule IV)		0			<u> </u>	6
Part 1- If this is a Committee report, treasurer sign he	oro If this Sa Can	Affidavit Sec			Total of Control	
I swear (or affirm) that this report, including the attac	ched schedules on	paper, sto the b	ndidate sign nere. best of my knowled	ge and belief tru	ıe, correct and comple	te v
I swear (or affirm) that this report, including the attack Sworn to and subscribed before me this day of 20 20 20 20 20 20 20 20 20 20 20 20 20	_ '~ 1	2886 Ton o	Signature of	Sen of Person Submir	month	mante
Signature	sylvania ; Nolary unity	nber 1288	seph Schember	Printed Name		_
My Commission expires 4-3-23	Pennis ndez ie Co)	4	392-0		1
MO. DAY YR.	ith of ema	nsy nsy	rea Code	Dayt	ime Telephone Numbe	:r
Part II- If this is a report of a Candidate's Authorized (Committee candic	date shapsign he	re.			
I swear (or affirm) that to the best of my knowledge a amended.	nd belief (B)	tiල් හිmmittee h	ias not violated any	/ provisions or tr	e Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	Comm	Memb				
day of20	- '1	<u></u>				
	<u> </u>		Sign	ature of Candida	ite	
Signature	1.			Printed Name		_
My Commission expires MO. DAY YR.	-	Ar	rea Code	Daytir	ne Telephone Number	_

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer identification Number	4		 	
	404 4040074			
	81-4840274 no report			
	4			

1. Uniternized Contributions and Receipts-\$50,00 or Less per Contributor			
Total for the reporting period	(1)	\$	
	(-,	*	
2. Contributions of \$50.01 to \$250.00 (From	98		
Part A and Part 8)		C	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part 8)	• • •	\$	
		٦	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	100	Ž.	
	7		
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)	j.		
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and	_	Ś	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep	oort	۲	
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.

	81-4840274	no report			
					Amount
Full Name of Contribu	ting			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	5
oly E	i S a lmi	State	Zip code	Date [MM/DD/YYYY]	5
Full Name of Contribut Committee	Ling Commercial Con-			Dete (VIXI/DD/AAAA)	
House #	Street Address			Date [MM/DD/YYYY]	\$
# 18 P			**************************************		
Gity ?		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contribut	ting	William Control of Con		Date [MM/DD/AYYY]	\$
Committee					
House #	Street Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contribut	Hng-	12.000		Date (MM/DD/YYAY)	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		17			
Full Name of Contribut	ing		had also a second and a second	Date [MM/DD/YYYY]	A contract of the contract of
				100 mm	
House#	Street Address			Date [MM/DD/YYYY]	
	<u> </u>	To-18			
City	!	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut	ling#		The state of the s	Date [MM/DD/YYYY]	
Committee	er e				
House #	Street Address			Date [MM/DD/YYYY)	
GITY					
		State	Zip Code	Date [MM/DD/YYYY]	Scale Control of the

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: 81-4840274 no report	 		
81-4840274 no report		_	

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/M/M]	
in the second se				
City:	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address				#124
Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/Y4Y4]	\$
Full Name of Contributor		(A. 29)	Date (MIM/DD/YYYY)	
			NA CERTAIN PROPERTY.	
House # Street Address			Date (MM/DD/YYYY)	\$ ii
	State	Zip Code	Date [MM/DD/YYYY]	
				S C C C C C C C C C C C C C C C C C C C
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
City,	State.	Zip Code		
		Zip code	Date (MM/DD/MM)	!\$=
Full Name of Contributor			Date MIN/DD/WWW	\$
House # Street Address				
Street Address			Date (MM/DD/YYYY)	.\$ *
City	State	Zip Code	Date [MM/DD/YYYY]	,5°
Full Name of Contributor	****		Date [MM/DD/YYYY]	\$
House# Street Address			Date [MM//DD/YYYY]	5.
.Gity	State	Zin Endo		
		Zip Code	Date [MM/DD/YYYY]	\$. .di

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:	31-4840274 no report	<u> </u>		, , , , , , , , , , , , , , , , , , ,
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$**	
	et Address		Date [MM/DD/MYM] \$	
City !	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	t Address		Date [MM/DD/YYYY] \$	
City I	State	Zip Gode	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		2	Date [MM/DD/YYYY] \$	<u> </u>
#House:# Street	t Address		Date [MM/DD/YYYY] \$	
Sty	State	Zip Code	Date MM/DD/YYY	
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 a Contributing Committee			Date [MM//DD/YYYY] \$	
	Address		Date (MIM)/DD/YYYY	
Gity.	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date (MM/DD/YYYY) S\$	
	Address		Date [MM/DD/YYYY] \$	
City, #	State	Zip 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: 81-4840274 no report		

Full Name of Contributor			Date [MM/DD/YYYY]	
House # Střeet Address			Date [MM/DD/YYYY] \$.	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation:	
Employer Mailing Address / Principal Place of Business			The state of the s	
Full Name of Contributor			/Date [MM/DD/YYYY] \$	
House'# Street Address			Date [MM/DD/YYYY] # \$	
City :	State	ZIp (Gode	Date [MM/DD/YYYY] #\$	
Employer Name		98	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 Employer Mailing Address /			Occupation	
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address		a de la companya de l	Date [MM/DD/YYYY] \$	
City *	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address / Principal Place of Business			Occupation	:

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

	7.			<u> </u>
Section 1				
Full Name				
House #	Street Address	·····	· · · · · · · · · · · · · · · · · · ·	
City	4 Am No. 1	State	Zip 🦸	Date [MM/OD/AYAY] -5
	**************************************	<u> 144.</u>	Code	
Receipt Description	i i	discourse of the state of the s	American American	- Intercond
Full Name			· · · · · · · · · · · · · · · · · · ·	
House #	Street Address	····		
建设定 道	rus -			
City y		State	Zip ; Code	Date (MM/DD/YYYY) \$
Receipt Description		(a. 4 a. b	and the second	
Full Name				
House #	Street Address			
City T	The state of the s	State	Zip #	Date [MM/DD/YYYY] \$
新工作 第二人称 100 100 100 100 100 100 100 100 100 10	**************************************	CONTRACTOR Page 10 To 10	Gode	
Receipt Description			The state of the s	particus.
Full Name	711 156			
House #	Street Address			
City 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		State	Zip #	Date [MM/DD/YYYY] \$
	H		code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip 🖈	Date [MM/DD/YYYY] \$
City "		1	Code	
Receipt Description	T.	总 ····································	10 11 11 11 11 11 11 11 11 11 11 11 11 1	7
Full Name:	表			
House #	Street Address			· · · · · · · · · · · · · · · · · · ·
City 1. A Figure	1	State	Zip- : Code :	Date [MM/DD/YYYY] \$
Receipt Description			Code	Date [MM/DD/YYYY] \$
Receipt Description	d) al.,			

SCHEDULE I

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number 81-48402	74 no report			
	BUTIONS REGEIVED-V	ALUE OF \$50.00 OR LESS PER GO	NTRIBUTOR 2007	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS: REC	EIVED-VALUE OF \$50.	01-TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$	and the second s	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$2.	50.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	The state of the s	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	4		
91 4840274			
· · · · · · · · · · · · · · · · · · ·			
		·	

Full Name of Contribu	tor ,			Date MM/DD/MM/	5
	Street Address			Pate [MM/DD/YYYY]	*
City		State	Zip Code		\$; \$;
Description of Contrib	oution			<u> </u>	
Full Name of Contribu	* **** * * * * * * * * * * * * * * * *			Date MM/DD/Y44/	\$ 1
	Street Address			Date [MM/DB/YYYY]	5.
City #	2.0	State	74jp:Code		\$
Description of Contrib	ution	And the state of t			And the state of t
Full Name of Contribu			_	The Innhalas	
	玩. (£	
	Street Address			Date [MM/DD/YYYY]	5
City #		State	Zip Code		\$
Description of Contribution	i in				panalogy.
Full Name of Contribut	or.		Ting	Date [MM/DD/YYYY]	5 **
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	*
City /		State	Zip Code	#	\$
Description of Contribu	ition 🛴	wat ^{ro}			
14 F Sai 2 7	是 · · · · · · · · · · · · · · · · · · ·				
Full Name of Contribut	o i≘	·	Zenoz	Date MM/DD/Y4/7/	\$2
	Street: Address		(70) (70)	Date [MM/DD/YYYY]	\$
City 1		State	Zip Code	Date (MM/DD/YYY)	\$
Description of Contribu					Process Constitution

SCHEDULE ii Part G

In-Kind Contributions Received

	VALUE OVER \$250	
Filer identification Number: 81-4840274 no report		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date:[MM/DD/YYYY] 32 1\$
	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description
Full Name of Contributor		Contribution Date [MM/DD/AYYY] \$

		" "	The second secon
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description
			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
The state of the s			
House # Street Address			Date [MM/DD/YYYY] :\$
City#	State	Zip Code :	Date [MM/OD/YYYY] \$
	1007	i par	Date (WIN/DD/1711)
Employer Name		The state of the s	Occupation
Employer Mailing Address / Principal Place of Business			Description of
	18/18/18		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	12-74,	1 727 J	
			Occupation
Employer Mailing Address / Principal Place of Business			Description *** of
· · · · · · · · · · · · · · · · · · ·			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
*House # Street Address			
*House # Street Address			Date [MM/DD/YYYY] \$
Gity.	State	Zip Code	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	est of the second	i 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: 81-4840274 no report		

To Whom Paid					
				Date [MM/DD/YYYY] \$100	
House #	Street Address			Description of Expenditure	
Gity	Au Au	State	Zip		i. Ji
To Whom Pald:		There is a first price of processing.		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip	The state of the s	ing the
To Whom Paid			(Code	Date [MM/DD/YYYY]	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure:	į.
City.	HEADER STATE	State	Zip		j
To Whom Paid			Code	Date (MM//DD/YYYY) 5	
House #					
City	Street Address		in with a second	Description of Expenditure	
		State 1	Zip *** Code		
To Whom Paid				Date [MM/6D/YYYY]* \$	
House #	Street Address			Description of Expenditure	440. - 345a. P.
City		State	Zip Code		
City To Whom Paid		State		Date [MM/DD/\\\\] = \$	
新	Street Address	State		Date [MM/DD/YY/07] # \$ Description of Expenditure	
To Whom Paid	Street Address	State		57 (c.)	
To Whom Paid House #	Street Address		Code	57 (c.)	
To Whom Paid House #	Street Address Street Address		Code	Description of Expenditure	
To Whom Paid House # City To Whom Paid			Zip Code	Date [MM/DD/YYYY]	
To Whom Paid House # City To Whom Paid House #		State	Code	Date [MM/DD/YYYY]	
To Whom Paid House # City House # City		State	Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure	
To Whom Paid House # City To Whom Paid City To Whom Paid	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$	

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.

	and of the reporting period.
Filer identification Number: 81-4840274 no report	

Name of Creditor			Outstanding Balance of Debt
House #	treet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City A	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	treet Address	DATE DEBT.INCURRED [MM/DD/YYYY]	
City Description of Debt	State	Zip Code	
F 144			Outstanding Balance of Debt
	treet Address	DATE DEBT INCURRED [MIM/DD/YYYY]	\$
City Description of Debt	State 4	Zip Code	
Name of Creditor			
生素 "我们"		il in the second	Outstanding Balance of Debt
	reet Address	DATE DEBT INCURRED	
City Description of Debt	.State	Code	
Name of Creditor			
THE THEFT IS			Outstanding Balance of Debt
	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State:	Zip Code	
T ALC THE S			
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED	*
City Description of Debt	State	Zlp Code	
	Military and the state of the s		