Re		

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification		eport Filed By	Candidat		Committee			Lobbyist	
Number 8:	1. <i>AQA</i> M77 <i>A</i> 1:::::::	Mark X)			Scottinities.		X	CODBYIS	
Name of Filling Committee, Ca Lobbyist	ondidate or Co	mmittee to Elect J	oseph Schemb	er	Promise National		<u> </u>	N. X.	
Street Address	S PC) Box 927							
City 2 2 2			State .		Zip Code				
Erie				PA	**************************************	16512			
Type of Report (Place x under									
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary			2 nd Friday e- Election	6-30 Day Post Election	7- Annual	Special 2 nd Pre-Electio		Special 3 Post-Eie	
The contrary		THE PROPERTY OF THE PARTY OF TH	e-relection		" - NKW	rie-Liectio	"	POSTUEIE	SHOII
	X								
Date Of Election (MM/DD/YYYYY)	5/18/2021		2021	Amendment Report		Terminatio Report	n j		
Summary of Receipts and	From Date	To Date	AND F		For (Office Use O	nly j	1 51 - 11/2 1	
Expenditures	5/4/2021	6/7/20	021			///			
A. Amount Brought Forward F	rom Last Report	\$ 92,058	3.88) (
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$ 7,200	.00	·					
C. Total Funds Available (Sum of Lines A and B)		\$ 99,258	3.88						
D. Total Expenditures (From Schedule III)		\$ 36,198	3.01				end Con		
E, Ending Cash Balance (Subtract Line D from Line C)		\$ 63,060	0.87						
F. Value of In-Kind Contributio (From Schedule II)	Web Automatic	\$ 0					MS	<u>C</u> II	
G. Unpaid Debts and Obligatio (From Schedule IV)	ns .	\$ 800	ଚା						
		링동	Affid ≅vi t Secti	on	-			N.	
Part 1- If this is a Committee report	t, treasurer sign here.	If this is डे ट्रिन्स्ट्रिव	te⊈e g ort, can	lidate sign here.		C	3	O	
I swear (or affirm) that this report, Sworn to and subscribed before me		scriedures an gapo	erous and the be	st of my knowled	lge and belief tru	ie, correct año	icomplet	eC)	
Koth dayor Tune	20 A I	Sion Er	20	lillecca	HALL	u)			
10000	MOMOOD	Erie Count nission expires nission number msylvania Assoc	n of Pennsylva rnandez, No	Signature o	of Person Submi	tting report		_	
Signature	rian (1992)	e County expires, number	Z≱ —	cca Hover	Printed Name		1100		
My Commission expires 4-3	ス-J 名				450-0				Ì
MO.	DAY YR.	April 3, 20; 1288912 jation of Not	_ ' '	a Code		ime Telephon	e Number		
Danie II Ičalita to oceania di accessor		27 12	Are			pm		·	<u> </u>
Part II- If this is a report of a Candid I swear (or affirm) that to the best of	late's Authorized Com of my knowledge and l	mittel candidate	shool sign here	not violated any	provisions of th	e Art of lune	2 1027/0	1 1222 N/	330) 26
amended.	, mannaage and	rener ti <u>ns pontaeur</u>	- Incree in	TIOL VIOIBLES GITY	PIONSIGNS OF LI	e Act of June :	3, 133/ (F	'.L. 1333, IV	J,32U) as
Sworn to and subscribed before me	this:	3		1	0	1			İ
15th June	20 2	wind _ s) M	Coseple	W-Sal	kun ke	S)	
Jamin I Vana	10 md 0 n	2 S S	Commonwealth of Pennsyllonia Fernando		ature of Candida	ite	/// /	_	
Signature	Manual	imis imis inns	a e loser	h Schember	Printed Name				
My Commission expires	3-22	Sion Sion	9 814	'	392-09	96			
MO.	DAY YR.	T Se Co	Are	Code		ne Telephone	Number	_	
		My commission expires A Commission number 1 Member, Pennsylvania Association of the commission of the	evive		, ••••	F14			
		128	A A A A A A A A A A A A A A A A A A A			w.·			
			<u> </u>						

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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer dentification Number 81-4840274		
		_

1:Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	part y		
Total for the reporting period (2) (3 1	100.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		6.4	
Contributions Received from Political Committees (Part A)	Ş	0	0.00
All Other Contributions (Part B)	\$	1	1,600.00
Total for the reporting period (2) \$	1	,,600.00
3. Contributions Over \$250,00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	\$	0.	0.00
All Other Contributions (Part D)	\$	5,	,500.00
Total for the reporting period (3) \$	5,	,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4) \$		
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)	\$,200.00

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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	81-4840274 no report			
		······································	Amou	ınt
Full Name of Contributing		·	Date [MM/DD/YYYY] \$	
Committee			W. 7	
House # Street /	Address		Date [MM/DD/YYYY] \$	
	7 1			
CITY	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] = \$	
	***		For any State of the State of t	<u></u>
House # Street A	Address		Date [MM/DD/YYYY] 5	
city	State	Zip Code	Date [MM/DD/YYYY] = \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House #= Street A	ddress		Date [MM/DD/YYYY] \$	
			grift former and grift	
Glty	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			The state of the s	
Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
	1.4			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	Section 1 and the section 1 an		Particular of Control	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	2000 AS LO CARROLLO			
House # Street A			Date [MM/DD/YYYY] _\$	
City	State	Zip Code	PAGE IN A SANDER CA	
		Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYY] \$	
			September 19 Septe	
House # Street Ac	ddress		Date [MM/DD/YYYY] \$	
City				
	State	ZIp Code	Date [MM/DD/YYYY] \$	

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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:			
THE INCHIBITED FOR INTEREST			
2 V. 1	A4 45 45 45 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
5 100	81-4840274 Please see attached report		
	or so sort a ricuse see accached report		
- 40%			

Full Name of Contributor	WAS TO THE STATE OF THE STATE O		Date [MM/DD/YYYY]	
House # Str	eet Address		Date [MM/DD/YYYY]	\$ 10 minutes 10
City F	State	ZIp Code	Date [MM/DD/YYY)	\$
Full Name of Contributor	Phatemany		Date (MM/DD/YYY)	W. Bush
House # Stri	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Programme white	To Carolina and Ca	Date [MM/DD/MYYY]	\$.
House # Str	eet Address		Date [MM/DD/YYYY]	\$
City (State	Zip Code	Date [MM/DD/YYY]	.
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Stre	eet Address		Date [MM/DD/WYY])#1
City.	State	Zip Code	Date [MM/DD/YYYY]\$	
Full Name of Contributor				
House # Stre	eet Address		Date [MM/DD/YYYY] \$	(Control of the Control of the Contr
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		And the state of t	0.64	
	et Address			<u>.</u>
			Date [MM/DD/YYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	

-			

Deposit Date	Amount	Contributor	Street Address	City	State	Zip code
5/5/2021	\$250.00	R PERRIN BAKER	251 WEST 39TH STREET	ERIE	PA	16508
5/6/2021	\$100.00	ROBERT GRIFFITH	2158 EAST 40TH STREET	ERIE	PA	16510
5/7/2021	\$250.00	EVAN ADAIR	537 COLLEEN DRIVE	ERIE	PA	16505
5/12/2021	\$100.00	GLORIA GLENN	634 DOWNING CT	ERIE	PA	16502
5/12/2021	\$250.00	TRICIA MAHONEY	191 HIDDEN LANE	NORTH EAST	PA	16428
5/11/2021	\$100.00	MARK KWIROWSKI	3928 TRASK AVE	ERIE	PA	16508
5/17/2021	\$250.00	CHARLIE SHAFFER	6340 MEADOWLAND CIRCLE	ERIE	PA	16509
5/20/2021	\$100.00	GARY HANLIN	PO BOX 124	ERIE	PA	16512
5/21/2021	\$200.00	PATTI WILLIAMS	3930 MYRTLE STREET	ERIE	PA	16508

TOTAL

\$1,600.00

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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.

	81-4840274 No report			
Full Name of			to see fine hanns	
Contributing Committee			Date MM/DD/YYYY	
House # Stre	reet Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				
Contributing Committee	and the second		Date [MM/DD/YYYY] \$	
House # Stre	eet Address		Date [MM//DD//YYY] \$	
· · · · · · · · · · · · · · · · · · ·			144 dri	<u>-</u> -
City -	State.	Zip Code	Date:[MM//DD/YYYY] \$	
Full Name of Contributing Committee		Fa	Date [MM/DD/YYYY] 5	
House # Stre	eet Address		Date [MM/DD/YY/M] \$	
A T				
City Day	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] = 2\$	
House # Stre	eet Address		Date [MM/DD/YYY] \$	
City	State:	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Sold to this production of the sold to the		Date [MM/DD/YYYY] \$	
House # Stree	eet Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Banan (12, 17, 2, 2)		Date [MM/DD/YYYY] \$	
	- 10 miles			
	et Address		Date [MM/DD/YYYY] 5.	
Citý	State	Zip Code	Date (MM/DD/MYY) \$	

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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: 81-484027	74 Please see attached repor	rt	
Full Name of Contributor			*Date [MM//DD/YYYY]
House # Street Address			Date [MM//DD/XYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] =\$
Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor	=	······································	Date [MM/DD/AXXX) 5
House # Street Address			Date [MM/DD/AYYY]
City	State	ZIP Code	Date [MM/DD/XY4M] \$
Employer Name Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor	3.		Date [MM/DD/AAAA)
House# Street Address			Date [MM/DD/YYYY] 5.
City Employer Name	State	Zip Code	Date [MM/DD/YYYY4] S
Employer Mailing Address /			Occupation :

Zip Code

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

Principal Place of Business Full Name of Contributor

Street Address

State

House #

Employer Name

Employer Mailing Address / Principal Place of Business

City

			,
			·

Occupation SENIOR VP CEO ATTORNEY RETIRED OWNER RETIRED OWNER
Employer Mailing Address 1250 TOWER LANE, FRIE, PA 16505 18 WEST 9TH STREET, FRIE, PA 16501 120 W 10TH STREET, FRIE, PA 16501 1001 STATE STREET, FRIE, PA 16501 1341 LIBERTY STREET, FRIE, PA 16502 4644 WEST 12TH STREET, FRIE, PA 16502
2
State PA PA P
CAY EDINBORO ERIE ERIE GIRARD WILTON ERIE ERIE
Street Address 10218 ROUTE 98 527 WEST 7TH STREET 4681 HARBORVIER 5910 ROUTE 98 550 RIOGEFIELD RD 5950 GRUBB ROAD PO BOX 1205 PO BOX 2205
Amount Contributor \$/6/2021 \$500.00 NATHAN BURIT \$/6/2021 \$500.00 DANNY JONES \$/7/2021 \$1,000.00 NATHAN RIGHT 12/2021 \$1,000.00 MARK WRIGHT 12/2021 \$500.00 PATRICHEL HECHT 20/2021 \$500.00 PATRICHEL HECHT 20/2021 \$500.00 MICHAEL MCCHT 25/2021 \$500.00 GARY RENAUD
Date Arr \$/6/2021 \$/6/2021 \$/1/2021 \$/12/2021 \$/12/2021 \$/20/2021 \$/25/2021 \$/25/2021

\$5,500.00

TOTAL

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:				
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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer Identification Number:

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

	被	81-4840274 no report
Full Name	vi .	
House #	Stro	et Address
200	Suc	
City	1 10	State Zip Date [MM/DD/YYY] \$
Receipt Description	i T	
Full Name		
House #	Stre	et Address
City Andrews		State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	ii Ti	• 153.521
Full Name 🚟	J.	
House #	Stre	t Address
City 1	4	State Zip Date [MM/DD/YYYY] \$ Code *
Receipt Description	17	The state of the s
Full Name	į.	
House #	Stree	t Addréss.
City	121	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	l i	
Full Name * 1		
House #	Stree	Address
City.		State Zip Date [MM/DD/YYYY] S.
Receipt Description	¥	Technical Control of the Control of
Full Name		
House #	Stree	Address
City Annual Control		State Zip Date MM/DD/AAYY \$
Receipt Description	\ <u></u> ()	

SCHEDULE II

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:	0274 no report			
1. UNITEIVIZED IN-KIND CONTR	DENISTANCE DE CENTES VA		CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	CONTRIBUTOR	
2, FIN-KIND CONTRIBUTIONS RE	7-14-15 Total Control	1 TO \$250.00 (FROM PART)	Vary C	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REC		DOD (FROM PART 6)	W. 100	The state of the s
TOTAL for the reporting period	(3)	\$	Obligation of the state of the	(John II
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

E Piler Identification Number:		
recenius numeauon number:		
Filer Identification Number: 81-4840274 no report		

Full Name of Contrib				Date MM/DD/AYY	
House:#	Street Address			Date (MM/DD/YYYY)	
City:		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contri	一点私,类 。 。				
Full Name of Contribu	1 <u>1</u> 2 1				
House #	Street Address			Date [MM/DD/YYYY]	*
City		State	ZIP Gode	Pate [MM/DD/YYYY]	
Description of Contrib	5				<u> </u>
Full Name of Contribu				100	5
House#	Street Address				\$
City :		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ka #				
Full Name of Contribu					
House #	Street Address				\$
City Description of Contrib		State	Zip Code		
直表 集 4	1				
Füll Name of Contribu			200	Date [MM/DD/YYYY]	
	Street Address				
City		State	Zip Code		\$
Description of Contrib	ation				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number:		
FIRST LUCITUM CONTON MUNICIPE		
Filer/Identification Number: 81-4840274 no report		
81-4840274 no report		
the state of the s		
(3) → (2) → (2) → (3) →		
H - 18		

Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	-Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Malling Address / Principal	Description.
Place of Business	of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
	7.00 7.00 1.00 1.00 1.00 1.00 1.00 1.00
House # Street Address	Date [MM/DD/XYAY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation of the state of the
Employer Mailing Address / Principal > Place of Business	Description of
The second secon	Contribution:
Full Name of Contributor	Date (MM/DD/YYYY) \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip code:	
State Zip Code:	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal 1	
Place of Business	Description :-
Full Name of Contributor	Contribution
EUI Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Ozaveta.
	Occupation
Place of Business	Description: of Contribution:

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-			
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SCHEDULE III

Statement of Expenditures

Filer Identification Number: 481-48	840274 Please see attached report		

To Whom Paid				Date [MM/DD/YYYY] \$	•
West of the second				1	
House #	Street Address			Description of Expenditur	
City	- Additional Control of the Control	State	Zip Code		A CONTRACTOR OF THE CONTRACTOR
To Whom Pald	an dysas agg			Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City 71.		State	Zip Code		
To Whom Paid	SAMPLE TO LEAST			Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City.	Parastallinia - Transport Control of Control	State 1	Zip Code	A Control of the Cont	
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
Glty 21/2	The state of the s	State	Zip ************************************		
To Whom Pald				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
CITY A		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] _\$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		- 144
To Whom Paid				Date [MM/DD/MM] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid	"		5	Date [MM/DD/YYY]# \$	
House #	Street Address		M. A.	Description of Expenditure	
City		State	Zip Code		A CONTRACTOR OF THE CONTRACTOR

<u>:</u>			
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:			

City State Zip Code Description of Expenditure	ERIE PA		Erie PA Erie PA		ERIE PA 16502	FICH ERIE PA 16502 RENT FOR CAMPAIGN HEADQUARTERS	Mailing report, Erie Club dues, Election night food, pens for ERIE PA 16505 campaign	
Amount Street Address	\$2,256.48 504 Frontier Drive \$24.434.62.2124.646546 STREET	\$20.05 956 WEST 36TH STREET	\$3,000.00 4115 SASSFRAS STREET \$207.85 4213 STATE STREET	\$114.96 PO BOX 2690	\$4,194.08 2124 SASSAFRAS STREET \$77 97	\$350.00 1626 SASSAFRAS STREET	\$1,470.72 504 Frontier Drive	\$71.28
Date A	5/4/2021	5/18/2021	5/19/2021 5/20/2021	5/21/2021	5/21/2021 5/28/2021	6/1/2021	6/4/2021	ı
Check# To Whom	1197 JOSEPH SCHEMBER 1198 ENGEL O'NEILL ADVERTISING	1199 SAUNDRA CARLSON	1200 KATHERINE BLAIR 1201 KEVIN SEEKER	1202 TOSKR INC.DBA GETTHRU	1203 ENGEL O'NEILL ADVERTISING SPECTRUM	1204 LAWRENCE ADIUTORI	1205 JOSEPH SCHEMBER	ACT BLUE

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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.

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Filer Identification Number:			***************************************	
THE MENTINGEN TO STATE OF THE PARTY OF THE P				
Filer Identification Number:	01 4040374			
THE REPORT OF TH	81-4840274 no report			
2.43				

Name of Creditor			Outstanding Balance of Debt
	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
CIV / IIV	Stat	te Zip Code V	
Description of Debt		Management of agencies	Editoria I
Name of Creditor			Outstanding Balance of Dept
House # St	reet Address	DATE DEBT INCURRED [MM/DD/YYYY)	\$
City Description of Debt	Stat	e Zip Code	
Name of Creditor			Outstanding Balance of Debt
House # St	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City a	Stat	e Zip Code	
Name of Creditor		·	
	reet Address	DATE DEBT INCURRED	Outstanding Balance of Debt
		[MM/DD/YYYY] -	\$
City	Statu	e Zip. Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	eet Address	DATE(DEBT INCURRED	*
City 200	State	Zip Code	
Description of Debt		Property (Stone artistation) (Stone artistation)	James Carl
Name of Creditor			Outstanding Balance of Debt
House #i Str	eet Address	DATE DEBT INCURRED	\$
City	State	Zip Code	
Description of Debt			