

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 81-484027	Report Filed	By Candida	ite 💮 😾	Committee		Löbbyist	
Name of Filling Committee, Candidate	(Mark X) Joseph Schemb	er		The second			
Street Address	504 Frontier Dr						
City	504 Manuel Di	State	PA	Zip Code	46505		
Type of Report (Place x under report t	vno)		PA	2011	16505		
1. 6 th Tuesday 2. 2 nd Friday 3. 30.		5- 2 nd Friday	6-30 Day Post	7 Annual	Special 2 nd Friday	Special 30 Day	
Pre-Primary Pre-Primary Prima		Pre- Election	Election		Pre-Election	Post-Election	
Date Of Election 5/18 (MM/DD/YYYY) 5/18	/2021 Year	2021	Amendment Report		Termination Report		
Summary of Receipts and From Expenditures	Date 1 Po Dat	e je		For	Office Use Only		
5/	· I I	5/7/2021					
A. Amount Brought Forward From Las	t Report \$	0		(wynd V ann y	A Cide way	ANG	
B. Total Monetary Contributions and (From Schedule I)	Receipts \$	0			ي. م	7-ray. 7	
C. Total Funds Available (Sum of Lines A and B)	\$	0			energi Perani	Marketing.	
D. Total Expenditures (From Schedule III)	\$	0			Section 1	Compagna Com	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0			Constitution of the second of	<u>u</u>	
F, Value of In-Kind Contributions Rece (From Schedule II)	ived \$	0			The second secon	<u> </u>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$. 0			market and the second s	ত্	
		Affidavit Sec	tion		Edware	- 	
Part 1- If this is a Committee report, treasur	er sign here. If this is a an	didate repert, car	ndidate sign here				
I swear (or affirm) that this report, including Sworn to and subscribed before me this day of	31 . IS	April 3 12889 atton of	perpho	Sher of Person Submi	nbuf	e. 	
Signature	mos di	County xpires, xpires, umber Associe	eph Schember	Printed Name		_	
My Commission expires 4-3-2	3	Ssion explored and single of the control of the con	ļ	392-0			
MO. DAY	YR.	EELE	ea Code	Dayt	ime Telephone Numbe	-	
Part II- If this is a report of a Candidate's Aut	thorized Committee Ecandi	dage Shall sign he	e.			-	
I swear (or affirm) that to the best of my kno amended.	Wiede and belief this poli	M Committee II	as not violated any	provisions of th	e Act of June 3, 1937 (F	P.L. 1333, NO.320) as	
Sworn to and subscribed before me this							
day of20	<u> </u>						
			Sign	ature of Candida	te		
Signature	. 1			Printed Name			
My Commission expires MO. DAY	YR.	Are	ea Code	Davtin	ne Telephone Number	_	
AMIR. Sec. 1	·						

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number		 	 	
i Filer (dentincation Number : I				
32 32 31 31 31 31 31	-4840274 no report			1
OT	-40402/4 NO report			
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1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From			
Part A and Part B)	- 14	, 7	N. Maria and Carlos an
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)			
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)			
The other contributions (Fare D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	.41		
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, Rep Cover Page, Item B)	oort	\$	

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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 81-48402	274 no report			
Total Control of the				Amount
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] \$	
Editor of Consultation	State	∠ip Code.	Date [MM/OD/YYYY] \$	
Full Name of Contributing Committee House # Street Address			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
City	State	ZIp Gode		
Full Name of Contributing		41p.csod.	Date [MM/DD/YYYY] \$	
Committee			Date [MM/DD/YYY] \$	
House # Street Address Gity -		Property and the second and the seco	Date (MM/DD/YYYY)	
City:	State	Zip Code	Date [MM/DD/YYYY] \$	·
Committee Street Address			Date [MM/DD/YYYY] \$	
city	State	Zip Code		
	State=	21) Coge	Date [MM/DD/YYYY] \$	

American Company			
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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.)

	81-4840274 no report			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Str	eet Address		Date [MM/DD/XXXY]	\$
	(4) Tippe - 1			
City	State	Zjp Code	Date [MM/DD/YYYY]	\$
Fight.				
Full Name of Contributor	H CONTRACTOR OF THE CONTRACTOR		Date [MM/DD/MM]	\$
Trible of Karley Control				
House # Stre	eet Address	9 th 1	Date [MM/DD/YYYY]	\$.
A CONTRACTOR OF THE PARTY OF TH				r ^{it}
City	State	Zip code	Date [MM/DD/AYAY]	\$
				Î.L.
Full Name of Contributor			Date [MM/DD/YYYY]	\$
story				
House # Stre	eet Address		Date [MM/DD/YWY]	\$
				T
City	State	Z pi€ode	Date [MM/DD/XYYY]	\$
		or and a second		
Full Name of Contributor	t 1947		Date [MM/DD/M/YY]	
House # Stre	eet Address		Date [MIM/DD/XYYY]	43
Gity.	State	Zip Code	*Date [MM/DD/YYYY]	A.V.
		rih ona	△Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY]	■
House # Stre	et Address		Date [MM/DD/YYY]	
7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	at Victoria		- Date (Inter) Open College	fire S
Gity	State	Zip Code		
	-1,418 	Alp Gude	Date MM/DD/YYYY	
Full Name of Contributor		,其 其 。	Date [MM/DD/Y/Y/] \$	
100 mg			70	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
40 W	- P		Date [MM/DD/YYYY] \$	
city	Cénto	2lp Code		
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	ZIP Code	Date [MM/DD/YYYY] \$	

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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.

Filer dentification Number: 81-4840274 no	report			
Full Name of Contributing Committee			Date (MM/DD/AAAA)	4
House # Street Address			Date [MIV/DD/AYYY]	\$
	Landerstein William vol. 12			The Control of the Co
City	#State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		A constant of the second of th	Date MM/DD/YYYY	\$
House # Street Address		•		
Chief Amilian			Date [MM/DD/AYYA]	
Gity	State	Zip Code	Date [MM/DD/YYYY]	5.
Full Name of			Date [MM/DD/XYXX]	
Contributing Committee			A second of the	
House # Street Address		1	Date [MM/DD/YYYY]	3
City	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of	A		Date [MM/Db/YYY]	\$
Contributing Committee House # Street Address				
House # Street Address			Date MM/DD/YYYY	*
City 34	State	Zip Code	Date [MM/DD/YYYY]	=
Full Name of	[2]		Date (MM/DD/AAYA)	**
Contributing Committee				
House # Street Address		n n	Date [MM/DD/YYYY]	\$
Gity	State	Zip Code		\$
Full Name of	The Royal		Date [MM//DD/YYYY]	\$
Contributing Committee		<u> </u>		\$
House #. Street Address		40 A	Date [MM/DD/XYYY]	**
City	State	Zip Code	Date MM/DD/YYYY	\$.

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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:	port		
Full Name of Contributor		Date [MM/DD/YY	
House:# Street Address		Date MM/DD/XX/	
City ::	State Zip Code	Date [MM/DD/YY/	A
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor		Date (MM/DD/YYY	
House # Street Address	District State of the State of	Date (MM/DD/XXX	
City Employer Name	State Zip Code	Date (MM/Db/YYY	
Employer Mailing Address / Principal Place of Business		AL DE	
Full Name of Contributor		Date (MM//DD/24/4	Y
House # Street Address	Land of the land o	Date MM/DD/YYY	YI) \$
City Employer Name	State Zip Code	Date [MM/DD/YYY	1 5
Employer Mailing Address / Principal Place of Business		With parties	
Full Name of Contributor		Date MM/DD/AAAA	Y **
House # Street Address		Date (MIM/DID/AYAYA	Mar S
City Employer Name	State Zip Code		YI.
Employer Name Employer Mailing Address / Principal Place of Business		Occupation	

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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.

\$ 5 mm 5 -	(10 2 1)			
Full Name				
1 4 G 7 -				
House #	Street Address		-5.	
(Clty)		State	Z/p	Date [MM/DD/YYYY] \$
		3 <u></u>	Code	
Receipt Description	**		78.05	
Full Name				
	e e			
House #	Street Address			
City		State	Zip	Date [MM/DD/AYAY] \$
			Code	
Receipt Description		Jun	n 255	
Full Name	#4.5 ************************************		···	
House #	Street Address			
City #	1	State	Zlp "	Date [MM/DD/YYYY] \$
City # #	<u> </u>	10.7	Code	
Receipt Description			学 通	
rescipt Description				
Full Name		,	· .	
House #	Street Address		<u></u>	
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City F		State	Zip - Code	Date [MM/DD/YYYY] \$
Receipt Description	·	127		127 1
Receipt Description				
Full Name		· · · · · · · · · · · · · · · · · · ·		
House #	Street Address			
#. #	1. I i i i i i i i i i i i i i i i i i i			
City The state of		State	Zip Code	Date [MM/DD/AYAY] S
	::10: 		eu 1721 -	
Receipt Description				
full Name				
House #				
*	Street Address			·
city		State	Zip	Date [MM/DD/XYVV] \$
y year at	73314		Code	F- 14
Receipt Description				

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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:	74 no report			
1. UNITEMIZED IN-KIND/GONTRI	BUHIGNSEREGEIVEDEVA	LUE OF \$50.00 OR LESS PER CO	N FRIBITIOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	a	1 TO \$250.00 (FROM PART-F)		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	VED-VALUE OVER \$250	DOD (FROM PART G)	305 V. (410)	
TOTAL for the reporting period	(3)	\$	M	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)				

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SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer (dentification Number: 81-4840274 no report	···· /	****	
1000 年度 10 12 12 12 12 12 12 12 12 12 12 12 12 12			

Full Name of Contributor			Date [MM/DD/AAAA]	\$ 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House # Street Address			SO CONTRACTOR WANTE	
			Date [MM/DD/YYYY]	
(CIN)	State	Zip Code	Date (VIM/DD/YYYY)	-
Description of Contribution		Grant Control of the		SERVICE STATE OF THE SERVICE S
Full Name of Contributor			Date [MIM/DD/YYYY]	
House'# Street Address			Date [MM/DD/YYYY]	5
City	State	Zip Code	Date MM/DD/AAY)	\$
Description of Contribution			<u> </u>	
Full Name of Contributor			Date [MM/DD/YYYY]	
50 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
House # Street Address			Date [MM/DD/YYYY]	\$
CITY	State	Zip Code	Date [MM/DD/YYYY]	.
Description of Contribution	The second secon		10	Management of the Control of the Con
Full Name of Contributor			Date [MM/DD/WYY]	
House # Street Address			Date [MM/DD/YYYY]	.
City	State	⊋Ip Code ⊕	Date [MM/DD/YYYY]	5
Description of Contribution 3		<u> </u>		
Full Name of Contributor	2)	To the second	Date [MM/DD/WWW]	\$
House # Street Address			Date [MM/DD/YYYY]	.
GLY	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of Contribution				Parameter Control of the Control of

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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 81-4	840274 no report	

					<u> </u>
Full Name of Contribu	itor			Date [MM/DD/AYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
Elty:		State	Zip Code	Date [MM/DD/YYYY]	E\$
Employer Name			**************************************	Occupation 6	
Employer Mailing Add	dress / Principal			Description	
Place of Business				of Contribution	
Full Name of Contribu	itor			Date [MM/DD/YYYY]	(4 .5)
House #	Street Address	,,,,,		Date [MM/DD/YYYY]	\$
City		State	Zip@ode	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Mailing Add Place of Business	ress/Principal	MAT PARTIE DE SERVICION DE LA COMPANSION		Description of 2 Contribution	
Full Name of Contribu				Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY)	\$
City		State	ZIp Codě	Date [MM//DD/YYYY]	
Employer Name				Occupation	
Employer Malling Add Place of Business		To the second se		Description of Contribution	
Full Name of Contribut	cor (***)		D.	7000 4 70012 (44.200)	\$ 77
	Street Address				\$.
City		State ***	· Zip Code	[2] [2]	\$
Employer Name			Philip	Occupation	
Employer Mailing Addr Place of Business	ess / Principal		Will have been seen as a seen a seen as a seen	Description of Contribution	

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Statement of Expenditures

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To Whom Paid				Date (MM/DD/MAY)	
House #	Street Address			Description of Expendi	ture HV-N-PE
Citý	NO June 1	State	Zip :: Code T		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendit	iure :
City:		State	Code		
To Whom Paid				Date (MM/DD/YYY)	\$
House #	Street Address			Description of Expendit	ure A
City		State	Zip Cade		
To Whom Paid				Date (MM/D)/AAAA)	.\$
House#	Street Address			Description of Expendit	ure 7
City (), ()		State	Zip Code		
To Whom Paid				Date (MM/DD)4444	5
House #	Street Address			Description of Expendit	ure
dty		*State	Zip Code	The Control of the Co	- 1151 <u>- 1151 - 1166 11</u>
To Whom Paid		*****		Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure .
(City		State	Zip Code		the Mary Control of the Control of t
To Whom Paid				Date (MM/DD/YYYY)	\$
House #	Street Address			Description of Expenditu	ure di la
City		State	Zip *		1 1 1
To Whom Raid				Date (MM/DD/YYXY)	\$
House #	Street Address			ا Description of Expenditu پانلو	Ire
G G		State	Zip 24. ACode		<u> </u>

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 a second a second and
Filer identification Number: 81-4840274 n	o report	

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	ate / Z(p Code	
Description of Debt		ATTACON AND AND AND AND AND AND AND AND AND AN	Territoria.
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEST INCURRED [MM/DD/YYYY]	\$
City / / / / / / / / / / / / / / / / / / /	Stat	Zip Zip Code	
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEST INCURRED [MM/DD/YYYY]	\$
City A State of Back State	State 54	te ; Zip:	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City / / / / / / / / / / / / / / / / / / /	State	Zip Code	
$\mathcal{J}_{\mathcal{H}} = \mathcal{J}_{\mathcal{H}_{\mathcal{H}}} = \mathcal{J}_{\mathcal{H}_{\mathcal{H}}}$			
Name of Creditor		Andre	Outstanding Balance of Debt
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street Address	DATE DEBT INCURRED	
City Description of Debt	State	Zip Code	
Name of Creditor	in .		Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED	•
City Description of Debt	State	e Zip Zio	
Description of Dear			

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