



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee (Candidate or Lobbyist)	ELLEN SCHAUERMAN							
Street Address	1820 MILLFAIR RD							
City	ERIE	State	PA	Zip Code	16505			

Type of Report (Place x under report type)

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	1-1-19	5-6-19		
A. Amount Brought Forward From Last Report	\$	-	<div>ERIE COUNTY VOTER REGISTRATION 2019 MAY - 7 PM 2:49 JS</div>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-		
C. Total Funds Available (Sum of Lines A and B)	\$	-		
D. Total Expenditures (From Schedule II)	\$	3300.45		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 3300.45		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-		

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 on page 2, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 7 th day of May 20 19 Tonia Fernandez Signature My Commission expires 4-23-23 MO. DAY YR.	<div>Ellen Schauerman Signature of Person Submitting report ELLEN SCHAUERMAN Printed Name 814 Area Code 392-3670 Daytime Telephone Number</div>

Part II- If this is a report of a Candidate's Authorized Committee, 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 ____ day of _____ 20____ _____ Signature My Commission expires _____ MO. DAY YR.	<div>_____ Signature of Candidate _____ Printed Name _____ Area Code _____ Daytime Telephone Number</div>

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
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)			
Contributions Received from Political Committees (Part A)		\$	
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)		\$	
Total for the reporting period	(3)	\$	
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

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																			
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										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]		\$	
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 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																									
Full Name of Contributor																				Date (MM/DD/YYYY)		\$			
House #																				Date (MM/DD/YYYY)		\$			
Street Address																				Date (MM/DD/YYYY)		\$			
City																				State		Zip Code			
Full Name of Contributor																				Date (MM/DD/YYYY)		\$			
House #																				Date (MM/DD/YYYY)		\$			
Street Address																				Date (MM/DD/YYYY)		\$			
City																				State		Zip Code			
Full Name of Contributor																				Date (MM/DD/YYYY)		\$			
House #																				Date (MM/DD/YYYY)		\$			
Street Address																				Date (MM/DD/YYYY)		\$			
City																				State		Zip Code			
Full Name of Contributor																				Date (MM/DD/YYYY)		\$			
House #																				Date (MM/DD/YYYY)		\$			
Street Address																				Date (MM/DD/YYYY)		\$			
City																				State		Zip Code			
Full Name of Contributor																				Date (MM/DD/YYYY)		\$			
House #																				Date (MM/DD/YYYY)		\$			
Street Address																				Date (MM/DD/YYYY)		\$			
City																				State		Zip Code			
Full Name of Contributor																				Date (MM/DD/YYYY)		\$			
House #																				Date (MM/DD/YYYY)		\$			
Street Address																				Date (MM/DD/YYYY)		\$			
City																				State		Zip Code			

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									
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, 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.

Filer Identification Number									
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**

Enter Identification Number	
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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 E)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED: VALUE OVER \$250.00 (FROM PART E)		
TOTAL for the reporting period	(3)	\$

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)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #		Street Address				Date [MM/DD/YYYY]	S	
City			State		Zip Code		Date [MM/DD/YYYY]	S
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #		Street Address				Date [MM/DD/YYYY]	S	
City			State		Zip Code		Date [MM/DD/YYYY]	S
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #		Street Address				Date [MM/DD/YYYY]	S	
City			State		Zip Code		Date [MM/DD/YYYY]	S
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #		Street Address				Date [MM/DD/YYYY]	S	
City			State		Zip Code		Date [MM/DD/YYYY]	S
Description of Contribution								

Full Name of Contributor				Date [MM/DD/YYYY]		S		
House #		Street Address				Date [MM/DD/YYYY]	S	
City			State		Zip Code		Date [MM/DD/YYYY]	S
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

File 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		\$	
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		\$	
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		\$	
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		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number <div></div>
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To Whom Paid		DESANTIS SIGNS + GRAPHICS		Date (MM/DD/YYYY)	4-16-19	\$	685.29
House #	540	Street Address	W 18th St	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502	SIGNS	

To Whom Paid		DESANTIS SIGNS + GRAPHICS		Date (MM/DD/YYYY)	4-17-19	\$	415.31
House #	540	Street Address	W 18th St	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502	SIGNS	

To Whom Paid		PRINTING CONCEPTS		Date (MM/DD/YYYY)	4-17-19	\$	2199.85
House #	4982	Street Address	PACIFIC AVE	Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506	MAILERS / POSTCARDS	

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.

File Identification Number	
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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						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$			
City		State	Zip Code			
Description of Debt						