Reset Form	

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

Filer Identification Report Filed By	Candidate Committee Lobbyist
Number: (Mark X)	<u> </u>
Name of Filing Committee (Candidate) or ELLEN	SCHALLERMONI
	VULFAIR RD
ERIE	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 4-6 th Tuesday 5-2 nd	
Pre-Primary Pre-Primary Primary Pre-Election Pre-E	Election Election Pre-Election Post-Election
X	
Date Of Election Year	Amendment Termination
(MM/DD/YYYY)	Report Report
Summany of Receipts and From Date To Date	For Office Use Only
Expenditures	
A. Amount Brought Forward From Last Report \$	
	五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	
C. Total Funds Available \$	
(Sum of Lines A and B)	and the second s
D. Total Expenditures \$ 330 °. (From Schedule III)	45 15
E. Ending Cash Balance	
	45
F. Value of In-Kind Contributions Received \$ (From Schedule II)	
G. Unpaid Debts and Obligations \$	 -
(From Schedule IV)	
Affi Part 1- if this is a Committee report, treasurer sign here. If this is a Candidate re	idavit Section
I swear (or affirm) that this report, including the attached spedules on paper, i	is to the best of my knowledge and belief true, correct and complete.
Sworn to and subscribed before me this	<u> </u>
day of May 20 19 18 8 8 5 10 19 19 19 19 19 19 19 19 19 19 19 19 19	nemneus As I will
Jone Homander & 12218	ELLEN SCHAUERMAN
Signature Signature	Printed Name
My Commission expires 4 A 3 - 23 Was a way of the large w	392-3672
	Area Code Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Complete, ca ব্লিট্রেইনি	ll sign here.
I swear (or affirm) that to the best of my knowledge and be fights paint amended.	nmittee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	
day of20	
	Signature of Candidate
Signature	Printed Name
My Commission expires	
MO. DAY YR.	Area Code Daytime Telephone Number

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)		\$ 200 - 1 mg (11 mg 12
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Re Cover Page, Item B)	port	\$

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.

riet deduitation vulnge				
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] 5	
City Full Name of Contributing	State	ZIp Códe	Date [MM/DD/YYYY] \$	
Committee			Date [MM/DD/YYYY] S	
	Total 2000 (1990) (1990)		Date (MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Committee			Date [MM/DD/YYYY] S	
	12 million stronger (1995)		Date [MM/DD/YYYY] \$	
City: Full Name of Contributing	State	Zip Code	Date [MM/DD/YYYY] 5	
Committee House # Street Address			Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	·
Full Name of Contributing		100 A	Date [MM/DD/YYYY] \$	
Committee House # Street Address				
City	State	Zip Code		
Full Name of Contributing		A. S. Carrier, S.		
Committee House # Street Address			Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	
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.)

Seller identification Numbers				
nul Name of Contributor			deate (Mily Jaio) (1666 - 155)	
House# Street Address			Date [Mb//00/7777] : \$	
GD:	State	4p.666	Spare (MM/SS ANN)	
Cult Name of Complicator			Date (MM/DD/ASSA)	
House # Street Address			Date (MM/ADD/Y/W)	
		Zip coe	Date (MM/DB/YYYY) 5	
Hame of Centributor			Bate (MW/DIX/E498)\$	
Street Address			LORRE INNIVEDRATANI (CS.	
	State 4	Zip Code	Pate IMM/DB/ARVAS 35	
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House it. Steen Address			Date (MM//DD/M/A) (\$1	
	Skate E	ripicote	Date Miss/(DE)/6249) \$	
State Name of Contributor			Cate MN//OB/(Axing	
House # Street Address			Parelmon/second 3	
	State:		Pare MW/OP/YYYY	
FAR Nature of Contribution			ivote (MW/Db/Anda) (F. 5-8)	
Houses Street Actionss		•	Parelling Display 12	
Gby	Store,	Aprile 16		

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.

Plane and the second	ezacemnyeezawa-jagp-a
Contributing Committee	
House Par Syram Courses	Dete (MM/DD/ATER)
	100 E
State SupCode	Paic (NAV/2B/77761) 5
Contributing Committee	Bate (VIM/DB/CCS)
House # Street Address	Pate [MM/AB/YYYY] 35
State Zin Code	Date:[MM/DE/Y9Y]: [5
FIRE Name of Contributing Committee.	PAGINAMADA COMPLETA
Figure 6: Street Address	Date Minitoro (1914)
State State Significant State Significant	Date MM/CRY CTY 5
Leonard Committee	
Resse # Street Address	Detroit MMV/DE/ASSACTED SS
Siete Zoscoe	RONTEN MINNOUN ARMAI ST
Folk-Name of Committee	Date [MAMBLE/PYTY] S.
House# Street Address	Pate (MIN/DD/ICCU) \$
State Lib Gosle	Date (MM/DD/A) 447
EUDAAME O Commbiling Committee California Committee	
	Date (MM(DD)/RYX)
State Ap Code 1	(Pate MM/20766-74) S

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)

电影成果的国际联系的			
Full Name of Contributor			ROMESTALIST PROPERTY STATES
House 6. Street Address		ENCLUSIONEMENT	Date IMM/IID/WWY) 5
SS		Zip Chile	Eate New/GD/YWEY
Employer Manne Employer Mailine Address /			Groupation :
Principal Place of Business	_;,,,_		
House it Street Address		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PARE INITIAL DESCRIPTION OF THE PROPERTY OF TH
			Date MM/00/CFC/[
Carlos out.	State	ZIQ Cotte	Page (GIM/ARXXXXX)
Employer Name			Coraption 1
Cinpieyer Welting Address / Principal Place of Business			
Full Mane of Contributor			APATTIMETODYANAPATATA
Street Address		** BENEFIT STATE OF THE PROPERTY OF THE PROPER	Date Britis (410/40%) 1 5 5
	State	Zip Cobe	Pate MM/PPAYOUE 5
Employer Name			State street
Principal Block of Business			
Full Name or Correlation			
House # Street Address			E Page (MM/DDVAAAM)
City Empfoyee Name	State Optomes To March	Ap Cods	- Pace (MM/DD/XXXVI) S
Employer Mailing Address / Principal Place of Business			Georgation :

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.

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Füll Name mer Bessleren				
32.4.27	reer Aroress Bullet Salar		<u></u>	
		State	Ap. Code	Date (MANIOD/MOYA) S
Receipt Description				
riil Name				
	Pel Address	Service Control	20	
			Code	Date (MM/AD/XXXX) \$
Receipt Description				
The second second second	eet/Address			
		States	Zip	Date [MRI/DD/YYYY]
Receipt Description		HELPHIC	Code Code Code Code Code Code Code Code	our se
coltinante con casa de la coltina	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
WINDS NAME OF STREET	get Address			:
City 1980 Security College Security		(5:32	Ziji Geog	Date MWA/DD/AYYN) \$
Beceipt Description		2.22.468.03.2		

House's Sr. Language City Live To the City Live Live Live Live Live Live Live Live	eet Actoress Baratana			
		State Contract Table		Date Billy (00) Aggs (11)
HACELOR LIESCHPTION		0.50		Description
Full Name Bouse # State Control of State	20: Audress			
Ghy .		Siate		Data MM/DD/WWY 5
A Receipt Description			Cate	Dake Term//Dis/Party 5.

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

rifer identification Number				
TO THE THE PROPERTY OF THE PRO	35 (6)	Face in the ending areas and	CONTRIBUTOR SERVICES	
TOTAL for the reporting period	(1)	\$		
2. TINKTHIO GENERALISH SINCH	Viso-Viarioe Orixsono			
TOTAL for the reporting period	(2)	\$		
THE KIND CONTROL HON REGION S	PP-VALUE OVER \$250	UDEROMPARE GL		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)				

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File alequite arten Nomber

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Street Address	DIACHEMANDIANA S
City State 7th Code	eae (MMODAYY). S
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insilitame on Contributes.	Exe (MW/D)//XXXIII (S.
FORSE# Sycial Address	Paic (MA/DPANY) 5
State Ap Code:	Date [MM/00/YYY/] 5
Description of continuing	<u> </u>
FulfName of Cortalingor.	SECTION AND COMES
House # Steel Address	EERCERUNIVIANIVANIA RESE
ALERCATION CO.	*Date (MAN/AD2)/16/46 55/5
State Zap Code :	Date (MAY/ED/YYYY) S
Description of Contribution	
Cull Name of Contribution	RESCHOOLS PARKERS
frouse# Speciately State	
States Address	Date Mby/Dby/(()(4)
State Spice	Este MAY/20/Mod S
Description of Contribution	
Aul Name of Contributor 1	Terrativity/pip/2228##\$27
APP Superior Allerian superior	
HOUSEH Street Address	∂Bate (MM/DD/X¥XY)) \$
Greate ZipiCode	Bace (MM/DD/MM) (4.5)
Description of Contribution (2)	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

ruli Name of Contributor	(Date (MM/ObyYA)) (33)
House # Street Address	Date (MAN/DD/MYY)
State Zip Code	Dave (MM/DD/YYYY)
Employer Name Employer Mailing Address / Principal	Occupation : Description :
Place of Business	Contribution
Pull Admic of Contributor	Pake [MM/ED/YYYV]
Hause# Street Address	Date [MACEDO/(TYT] S
City: State Zip Gode =	(Jane (MM/AMAYAY))
Employer Mailing Addiess / Principal	(Occupation)
Place of Pusiness Control of the Con	Description () Shi () Consideration ()
Fulkvanc of Contributor	Day-(WW/DD/WW)
House # Street Address	Date IMW/DD/YYYY 31
State 245 Code 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bate (MAA/DD/YYYY) \$ \$
Employer Name Employer Waining Address / Principal 1	(Acceptation)
Place of Business (1992) (1992	Desagneous : of constant in
Equiname of contributor	APPENDITOR TO SERVICE
House a Street Atoriess	Dane (Mid/And And)
State Zip-Gode	Date Bally Do Meral
	(Scalpation)
Engage manns acures (Pintera)	Pessiption or 23 contribution

Statement of Expenditures

	8
WARRANCE AND ADDRESS OF THE PARTY OF THE PAR	
filer destriction (Aumse-	

DESANTIS SIGNS + GRAPHICS	4 -16-19	685.29
House # 540 Stocket Address W 18th St	Description of Expenditure	erene Ancereaque. Caracteria de la como esta
ERIE PA GOET 16562	signs	
DESANTIS SIGNS + GRAPHI	Date (MM/00/1/XX) 2	415.31
House# 540 Street Address W 18+2 St	Description of Expenditure	
ERIE PA COME 16502	516NS	
Printing Concerts	PACIMIMIODAMAN S	2199.85
4982 Superaudiess PACIFIC AUE	Destription of Expenditure	
State Zip	MAILERS/PE	STCARDS
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Flouse # Street Address	Best/pitor of expenditure	
City Space Zip		
P. State Raid		
Floris Sveet Augusts	Description of Expenditure	
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is West Phis	Date (MW/DD/20) (\$1	
House's Street Address	Description of Expenditure	ne alberte del
Sinte Zy.	<u> </u>	Jan 19, in Alebora (Profesion)
	edecal characters and the same	
House # Street Address	Description of Expenditure	an a masansa
City Fig. 1997		建创作信息的要 素
Chae	#26.75551077491974 3 8646868583	
House # Street Address	Pesulational Appriliance	
City. State Zip		e filosocial po di conco
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.

Name of Creditor House # Stri	Poussanding Balance of Debt Participants of Debt Pa
hame of Cacopor tiouse # Sire City	Outstanding Balance of Behi et Address DATE DEBT INCURRED State State Gode
Name of Crecisor House # Stre City Descriptions or Debt	Et Address DATE DEST INCHERED FINITED S FINITED STATE State Code
Nemeric Centers	Ontstanding Balance of Debt et Address DARE DEBT INCURRED [MMADD/YYY] State Code
Noncial Creditor House # Street City Description of Debt	Dotstanding Bhance of Debt Date Debt MEURRED S MRN/COS/YYYE Sign Code
Kan Epi Greing	DATE DEST INCURRED DATE DEST INCURRED