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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	<input checked="" type="checkbox"/>	Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input checked="" type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT CLAYTON SCHULZE								
Street Address	4509 WAYNE ST								
City	ERIE		State	PA		Zip Code	16504-2244		

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 checked="" type="checkbox"/>	<input 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)	05/21/00		Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures

From Date

To Date

For Office Use Only

A. Amount Brought Forward From Last Report

\$

0

B. Total Monetary Contributions and Receipts (From Schedule I)

\$

100.00

C. Total Funds Available (Sum of Lines A and B)

\$

100.00

D. Total Expenditures (From Schedule III)

\$

1,954.35

E. Ending Cash Balance (Subtract Line D from Line C)

\$

-1,854.35

F. Value of In-Kind Contributions Received (From Schedule II)

\$

0

G. Unpaid Debts and Obligations (From Schedule IV)

\$

0

2019 MAY 13 AM 11:16
 ERIE COUNTY
 VOTER REGISTRATION

F

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 schedule on page 2, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

12th day of May 2019

Signature

My Commission expires

4-3-23
MO. DAY YR.

Signature of Person Submitting report

Printed Name

16401

Area Code

814 490 6760

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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

Signature of Candidate

Printed Name

My Commission expires

MO. DAY YR.

Area Code

Daytime Telephone Number

Notary Seal
 Notary Public
 Commonwealth of Pennsylvania - Erie County
 Maria Fernandez, Notary Public
 My Commission expires April 3, 2023
 Commission number 12889

DATE

signature

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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	✓
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	100.00
Total for the reporting period (2)	\$	100.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
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)		
	\$	0

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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		✓				
					Amount	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
						0
House #		Street Address		Date [MM/DD/YYYY]	\$	
						0
City		State		Zip Code	Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
						0
House #		Street Address		Date [MM/DD/YYYY]	\$	
						0
City		State		Zip Code	Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
						0
House #		Street Address		Date [MM/DD/YYYY]	\$	
						0
City		State		Zip Code	Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
						0
House #		Street Address		Date [MM/DD/YYYY]	\$	
						0
City		State		Zip Code	Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
						0
House #		Street Address		Date [MM/DD/YYYY]	\$	
						0
City		State		Zip Code	Date [MM/DD/YYYY]	\$
						0
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
						0
House #		Street Address		Date [MM/DD/YYYY]	\$	
						0
City		State		Zip Code	Date [MM/DD/YYYY]	\$
						0

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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	✓
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	100.00
MR & MRS JAMES THOMPSON					04/15/2010		
House #	11670	Street Address			Date [MM/DD/YYYY]	\$	0
ROUTE 6N							
City	ALBION	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	0
16401-7632							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #		Street Address			Date [MM/DD/YYYY]	\$	0
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #		Street Address			Date [MM/DD/YYYY]	\$	0
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #		Street Address			Date [MM/DD/YYYY]	\$	0
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #		Street Address			Date [MM/DD/YYYY]	\$	0
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #		Street Address			Date [MM/DD/YYYY]	\$	0
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0

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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 Identification Number	✓
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Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0		
House #		Street Address	Date [MM/DD/YYYY]	\$	0	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0		
House #		Street Address	Date [MM/DD/YYYY]	\$	0	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0		
House #		Street Address	Date [MM/DD/YYYY]	\$	0	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0		
House #		Street Address	Date [MM/DD/YYYY]	\$	0	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0		
House #		Street Address	Date [MM/DD/YYYY]	\$	0	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0		
House #		Street Address	Date [MM/DD/YYYY]	\$	0	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$	0		
House #		Street Address	Date [MM/DD/YYYY]	\$	0	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0

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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:	✓
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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							

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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

0

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

0

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

0

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

0

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

0

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

0

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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

Employer 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)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED: VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

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)		\$ 0
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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)	\$	0
House #	Street Address			Date (MM/DD/YYYY)	\$	0	
City	State	Zip Code	Date (MM/DD/YYYY)	\$	0		
Description of Contribution							
Full Name of Contributor					Date (MM/DD/YYYY)	\$	0
House #	Street Address			Date (MM/DD/YYYY)	\$	0	
City	State	Zip Code	Date (MM/DD/YYYY)	\$	0		
Description of Contribution							
Full Name of Contributor					Date (MM/DD/YYYY)	\$	0
House #	Street Address			Date (MM/DD/YYYY)	\$	0	
City	State	Zip Code	Date (MM/DD/YYYY)	\$	0		
Description of Contribution							
Full Name of Contributor					Date (MM/DD/YYYY)	\$	0
House #	Street Address			Date (MM/DD/YYYY)	\$	0	
City	State	Zip Code	Date (MM/DD/YYYY)	\$	0		
Description of Contribution							
Full Name of Contributor					Date (MM/DD/YYYY)	\$	0
House #	Street Address			Date (MM/DD/YYYY)	\$	0	
City	State	Zip Code	Date (MM/DD/YYYY)	\$	0		
Description of Contribution							

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

Filer Identification Number:	✓
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code		Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code		Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code		Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code		Date [MM/DD/YYYY]	\$	0
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	PRINTING CONCEPTS	Date (MM/DD/YYYY)	01/31/2019	\$	847.00	
House #	4982	Street Address	4982 PANTFOL AVE			
City	ERIE	State	PA	Zip Code	16506	
Description of Expenditure						
LOAN TO CAMPAIGN BY CANDIDATE FOR POSTWARDS						

To Whom Paid	US POST OFFICE	Date (MM/DD/YYYY)	03/30/2019	\$	1062.00
House #	2108	Street Address	13.35th ST		
City	ERIE	State	PA	Zip Code	16515
Description of Expenditure					
LOAN TO CANDIDATE FOR CAMPAIGN BY CANDIDATE (POSTAGE)					

To Whom Paid	STAPLES	Date (MM/DD/YYYY)	04/16/2019	\$	44.75
House #	1924	Street Address	KEYSTONE DR		
City	ERIE	State	PA	Zip Code	16509
Description of Expenditure					
LOAN TO CAMPAIGN BY CANDIDATE FOR (FLYERS)					

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					

To Whom Paid		Date (MM/DD/YYYY)		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					

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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.

Filer Identification Number	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0	
City	State	Zip Code				
Description of Debt						