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COMPANY OF THE PARTY OF THE PAR	Print Form

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

Name of Filing Committee, Candidate of Lobbyist Street Address LIEN SCHALERMAN ISDO MILLFAIR RD City ERIE State PA Zip Code : 16505 Type of Report (Place x under report type) 3-6th Tuesday 2-2th Friday 3-30 Day Post 4-6th Tuesday 5-2th Friday Pre-Primary Pre-Election Pre-Election Pre-Election Pre-Election Pre-Election Pre-Election Report Date Of Election (MM/DD/NYY) Summary of Reselipts and From Date Eo Date Expenditures 5-7-19 6-10-19 A. Amount Brought Forward From Last Report 5	cial 30 Pay t-Election
Street Address ISDO MILLEAIR RD City ERIE State PA Zip Code 16505 Type of Report (Place x under report type) 3.6th Tuesday 2-2th Friday 3:30 Day-Post 4-6th Tuesday 5-2th Friday 6-30 Day Post 7-Annual Special 2th Friday Special Pre-Primary Pre-Primary Pre-Election Pre-Election Election Pre-Election Pre-Election Report Report Report Report Report Report Summary of Reselipts and From Date For Date For Office Use Only A: Amount Brought Forward From Last Report S	
City ERIE State PA 2ip Code > 16505 Type of Report (Place x under report type) 1-6th Tuesday 2-2nd Friday 3-30 Day-Post 4-6th Tuesday 5-2nd Friday 6-30 Day-Post Annual Special 2nd Friday Special Pre-Printary Pre-Printary Printary Pre-Election Pre-Election Election Pre-Election Pre-Election Pre-Election Pre-Election Pre-Election Report Summary of Reseipts and From Date For Date For Date Expenditures 5-7-19 6-10-19 A. Amount Brought Forward From Last Report \$ 200 Pre-Printary Pre-Election Pre	
Type of Report (Place x under report type) 1-6 th Tuesday 2-2 rd Friday 3-30 Day-Post 4-6 th Tuesday 5-2 rd Friday 5-30 Day-Post 7-Annual Special 2 rd Friday Special 2 rd	
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Date Of Election Veal Amount Brought Forward, From Last Report State	
Date Of Election Compared Co	
Date Of Election (MM/DD/YYYY) Summary of Reselipts and From Date Expenditures S-7-19 A: Amount Brought Forward From Last Report S Amount Brought From Last Report S Amount Brought Forward From Last Report S Amount Brought	
(MM/DD/YYYY) Summary of Reseipts and From Date. To Date Expenditures For Office Use Only A. Amount Brought Forward, From Last Report 5	
Summary of Receipts and From Date For Date For Office Use Only Summary of Receipts and From Date For Office Use Only A. Amount Brought Forward From Last Report 5	
Expenditures 5-7-19 6-10-19 A. Amount Brought Forward From Last Report 5	
A. Amount Brought Forward From Last Report S	4.
F 3308, 45	
(From Schedule 1)	
Total Funds Available \$	
D/Total Expenditures 4 3300, 45	
From schedule III)	
(Subtract Line D from Line C)	
From Streetule #1	ኢ
G. Unpaid Debts and Obligations	7
(From Schedule 19) 3441. 35	
Part 1- if this is a Committee report, treasurer sign here. If this is a committee report, including the attached school swear (or affirm) that this report, including the attached school scho	
and belief true corrections of pager, is the best of my knowledge and belief true corrections.	
Sworn toped subscribed before me this State	
And C (VIG)	ا نـ
Signature Signature CHAUSRMAN	
My Commission expires 7-3-33 E # 8 5 5 8 8 14 392 3175	
Area Code Daytime Telephone Number	
art II- If this is a report of a Candidate's Authorized Community	
swear (or affirm) that to the best of my knowledge and belief the sphitical compared has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, mended.	, NO.320) as
worn to and subscribed before me this	ļ
day of20	
Full Signature of Candidate	
Signature EILEN SCHAUERMAN Prioted Name	
$\sqrt{2}$ V Commission expires $\sqrt{2}$	
MO. DAY YR. Area Code Daytime Falephone Number	
<u></u>	

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)	\$	
	(+/	ا ج	
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Reg	port	\$	

Cover Page, Item B)

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			Date [MM/DD/YYYY] S	333
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	-
		·		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			- Desta (DANA / DDANA / SOLONI - L.C.	8000
Full Name of Contributing			Date [MM/DD/YYYY] \$	
600,19 (5.14) 10 (1.14) - 13 (1.14) - 13 (1.14) - 13 3 (1.14)	· · ·			5,55,00
House # Street Address			Date [MM/DD/YYYY] \$	6 ng 60 A C
	C.A.A	th care	Date [MM/DD/YYYY] \$	
	State	Zip Code	Pare Imm/PD/TYMI \$	12 X X X X X X X X X X X X X X X X X X X
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House# Street Address			Date [MM/DD/YYYY] \$	
Cty.	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing	Krait Krait		Date [MM/DD/YYYY] \$	
Committee				
House# Street Address			Date [MM/DD/YYYY] S	
CTV State benefit as more a a program or a pa as appeal.	State	Zip Code	Date [MM/DD/YYYY] \$	
			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
			PRODUCTION NAMED IN	
House # Street Address			Date [MM/DD/YYYY] \$	
City City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	V TA ///-	A SALAMAN A	Date [MM/DD/YYYY] 5	
Committee				
House# Street Address	_		Date [MM/DD/YYYY] \$1	
oit.	State	Zio Code	Date [MM/DD/YYYY] \$	
City 1	State	Zip Code	Date [MM/DD/YYYY] \$	79 (19 m) 1 m)

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# Street Address	Date [MM/DD/YYYY] . \$
City State Zip Code	Date (MM/DD/YYYY) S
Full Name of Contributor	Date (MM/DD/YYYY) \$
House # Street Address	Date [MIM/DD/YYYYY] \$1
City State Zip Code	Date (MM/DD/YYYY) \$
Full Name of Contributor	Date [MM/DD/(YYY)] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	(Data (MM/DD/YYYY)) 5
Full Name of Contributor	(Pate (MM/DD/AYYM)) 5
House # Street Address	[Date IMM/DD/YMY]] \$
City. State Zip-Code.	Pate (MM/DD/YYY) \$
Full Name of Contributor	Date (NM/DD/TYYY) \$
House # Street Address	Date [MM/DD/YYYY] IŠ
City State Zip Code	Date [MM/DD/YYYYJ] \$
Full Name of Contributor	Date [MM/DD/YYYYY] 15
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/OD/YYYY] \$

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

regional to the authorities of				
full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/YYYY] \$	
	State	Zip.Code	Date [MM/DD/AYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYXY] \$	
Cty	State 1941 - 1	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		-	Date [MM/DD/YY/Y/] \$	
House# Street Address			Date [MW/DD/YYYY] \$	•
The delical and the second of	State	Zip Code	pate [MIN/DD/AYTY] \$	
Full Name of Contributing Committee		· · ·	Pate [MM/DD/TYTY] \$	
House # Street Address			Date [MM/DD//YYYY] 5	
Say	State	Zip Code	Date (WIVI/DD/AYAY)	
Full Name of Contributing Committee			Date (MW/DD/YYYY) \$	
House # Street Address			Date [MW/DD/YYYY] \$	
Gity (1)	State	Δiρ Cotle	Date [MIM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MIW/DD/YYYY] \$	
process process of an automatical process process of an automatical process process of an automatical process of automatical process	State	Zip Code	Date [MW/DD/XYYY) 5	

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:

Full Name of Contributor			Pate [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY] \$
City 差 [][] [[][][][][][][][][][][][][][][][][State	· Zip Code	Date (MM/DD/YY) 5
Employer Name Employer Mailing Address /			Occupation
Principal Place of Business			
Full Name of Contributor			Date (MM/DD/YYYY); \$
House # Street Address			Date [MM/DD/YYYY] S
City	State.	Zip Code	Date [MM/DD/YYYY] \$
Employer Name II.			Occupation :
Employer Mailing Address / History Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House W. Street Address			Date [MM/OD/YYYY]\$
City 11 Lift of Lift of	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name	E de consequence de deserva	A Control of the Cont	Occupation
Employer Mailing Address / Principal Place of Business			pail 1000 Mill Colore at the service control of
Full Name of Contributor			Date [MM/DB/YYYY] S
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY) \$
Employer Name	Leanning and a second	15000	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:				
	et Address			
City Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$
City. Receipt Description	et Address	State	Zip Code	Date [MM/DD/YYYY] \$
Foll Name Street Street Street Street Receipt Description	et Address	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name	el Address			
City Receipt Description		State	Zip Code	Date [MM/DD/VYYY] \$
Full Name House # Stre City Recaipt Description	et Address	State	ŽiB Code	Oate [MM/DD/YYYY] \$
Full Name House # Stree City	et Address	State	Zip. Code	Date [MM/D0/YYYY] \$

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					
1 UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED VA	LUE OF \$50,00 OR LESS	PER CONTRIBUTOR	របស់ប្រាស់ក្រុម ប្រកាស់	amang salah
TOTAL for the reporting period	(1)	\$			
2. IN KIND CONTRIBUTIONS RE	GEIVED-VALUE OF \$50.0	1 TO S250.00 (FROM PA			的联系指有 的
TOTAL for the reporting period	(2)	\$			
3. IN KIND CONTRIBUTION REC	eived-value dvek \$250 George Profesione	loggarduraki gari loggarduraki mas	den in der in der	ie <u>ds</u> ulistski i jaduski Leim turidet enimerki	
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DURING THIS BERO	RTING S		···	
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

Filer (dentification Number:			
Full Name of Contributor			Date (MM/QQ/MM) = (\$1)
House # Street Address	(0) (1) (1) (1) (1) (1)		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] S
rander der Beleiche bereit Heiner			
Full Name of Contributor			para ((MM/DID/YYYY) S.I
House # Street Address		No. of the Control of	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			Pate [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] S
cry travers a solare	iState	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Full Name of Contributor			SHE [WW/DD/XXXX] \$
House # Street Address			Data [MM/DD/YYYY] \$
GIV.	State	Zio Code (+	Date [MM/DD/YYYY] 5
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] 5
House# Street Address			Date [MM/QD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY)] \$

Description of Contribution

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification (Vember)	
Full Name of Contributor	Date (MM/OD/YYYY) \$
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Bate IMM/OD/AYAY) S
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	Description of Cantribution
Full:Name of Contributor	Date [MM/BID/MYY) \$
House # . Street Address	Date [MM/DD/YYYY] \$1
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/D0/YYYY] \$-
House# Street Address	Date (MM/DD/YYYY) \$:
City Zip Code :	Date [MM/DD/YYYY] \$
Employer Name: Hilliam IIII	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

Filer (dentification: Number;				
33 Santing Control of the Control of				
Luterade intrinsi and industrial				

To Whom Paid	SILK S	CRFFI	111	مانه- : ه	ten	pare [MM/pp/7YYY] **	140.90
House #	Street Address	1702	17)	8FP ?	; <u></u>	Description of Expendi	
City ERIE		State	PA	Zip - L	16505	T-Shir	ts
To Whom Paid			- , ,			Date [MM/DD/YYYY]	
House #	Street Address					Description of Expendit	rure
City City High La	eo l'Illian Part à	State		Zip Code			
To Whom Paid						Date MIN/OD/YYYY	\$
House #	Street Address					Description of Expendi	ure:
City		State		Zip Code			
To Whom Pald						Date [MM/DD/YYYY]	(\$).
House#	Street Address		<u>.</u>			Description of Expendi	ture, ilingi i istopetij 2 m estaroj kasasastij s
City		State		Zip Code			
To Whom Paid						the property of the second	
rouse#	Street Address					Description of Expendi	ture in the second of the seco
	100000000000000000000000000000000000000	State	<u>-</u>	Zip Code			
To Whom Paid						Date IMM/DD/YYYY)	
	Street Address					Description of Expendi	ture
		State		Zip Gode			
To Whem Paid						Date (MM/DD/YYYY)	
House #	Street Address					Description of Expendi	iure Legistadra esploita de la lacidade de la lacidade Lacidade de lacidade de la lacidade
City		State		Zip Code			
o Whem Paid						Date MM/DJ/44/4	- (() ()
	Street Address					Description of Expendi	tute Episad property Edition Edition Edition Edition Edition Edition Edition Edition Edition Edition
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.

Filer ider	ntification Number:				
	f Creditar			The same of the sa	Outstanding Balance of Debt
House #	Stree	et Address		E DEBT INCURRED VIM/OD/YYYY]	\$
City			tate	Zip: Code	
Descript	tion of Debt				
Name o	Creditor Street	et Address		E DËBT INCURRED	Outstanding Balance of Debt
	l li		A) I	MM/DD/YYYY]	
	tion of Debt	S	tate	Zip Code	
Name of House #	f Creditor Stree	et Address		E DEBT INCURRED	Outstanding Balance of Debt 3
				VIM/DD/YYYY]	
City	机铸铁 医邻氏素	, S.	tate	Zipi Code	
	tion of Debt			-	Quistanding Balance of Debt
House #		st Address		EDEBT INGURRED VIM/DD/YYYY]	₹
City		[3]	tate	Zip Code	
Descript	tion of Debt			Sode	
170	f Creditor				Outstanding Balance of Debt
House #	Stre	et Address	DATI IA	E DEBT INCURRED VIM/DD/YYYY]	\$
City			tate	Zip. Code	
	tion of Debt	I STATE OF THE PARTY OF THE PAR			
Name o	Creditar Stree	st Address	II II DATE	OEBT INCURRED	Outstanding Balance of Debt.
	144 143		- 1 10	им/dd/yyyy 🕒 🧵	
Cisy		S	tate	Zip Code	
Descript	tion of Debt				ı