

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 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 WRT	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Of Election (MM/DD/YYYY) 05/21		Year 2019		Amendment Report <input type="checkbox"/>	Termination Report <input type="checkbox"/>		<input checked="" 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) \$ 69.00		
C. Total Funds Available (Sum of Lines A and B) \$ 69.00		
D. Total Expenditures (From Schedule III) \$ 515.40		
E. Ending Cash Balance (Subtract Line D from Line C) \$ -446.40		
F. Value of In-Kind Contributions Received (From Schedule II) \$ 0		
G. Unpaid Debts and Obligations (From Schedule IV) \$ 0		

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, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 6 th day of June 2019 Kimberly A Alexander Signature My Commission expires 10 31 2019 MO. DAY YR.	Affidavit Section Signature of Person Submitting report CLAYTON E SCHULZE Printed Name 814 490 6760 Area Code Daytime Telephone Number

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 10 th day of June 2019 Tonia Fernandez Signature My Commission expires 4-3-23 MO. DAY YR.	Signature of Candidate Tonia Fernandez Printed Name 814 573-9010 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Tonia Fernandez, Notary Public
 Erie County
 My commission expires April 3, 2023
 Commission number 1288912
 Member, Pennsylvania Association of Notaries

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)	\$	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)		\$	69.00
Total for the reporting period	(2)	\$	69.00
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

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
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

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

JAMES SCHEUER

Date [MM/DD/YYYY]

\$

05/01/2019

20.00

House #

9556

Street Address

SHADDOCK RD.

Date [MM/DD/YYYY]

\$

05/01/2019

0

City

MCKEAN

State

PA

Zip Code

10426

Date [MM/DD/YYYY]

\$

0

Full Name of Contributor

RONALD VONDOZZI

Date [MM/DD/YYYY]

\$

05/01/2019

49.00

House #

1930

Street Address

E. 8th ST

Date [MM/DD/YYYY]

\$

0

City

ORFID,

State

PA

Zip Code

16911

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

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

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]	\$	
						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						
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						
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						
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						

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

Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					0

Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					0

Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					0

Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					0

Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					0

Receipt Description					
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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**

Filer 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

File Identification Number	
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Full Name of Contributor		Date [MM/DD/YYYY]	\$	
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				

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		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid					Date (MM/DD/YYYY)	\$
SALT & POPPER WATERING					05/01/2019	115.00
House #	Street Address		City	State	Zip Code	Description of Expenditure
7605	MAPLE ST (AMOR-LISSION) POST 742		FAIRVIEW	PA	16415	FEED FOR MEAT & GROW
To Whom Paid					Date (MM/DD/YYYY)	\$
ORLEANS COUNTY PA					05/13/2019	40.00
House #	Street Address		City	State	Zip Code	Description of Expenditure
140	W. 6th ST.		ORLEANS	PA	16501	LATE FILING FEB
To Whom Paid					Date (MM/DD/YYYY)	\$
BIROSNIAK PRINTING					05/20/2019	360.40
House #	Street Address		City	State	Zip Code	Description of Expenditure
1419	PEACH ST		ORLEANS	PA	16502	POST CARDS & 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

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]		\$		
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						