

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		1. ☒ CANDIDATE		2. ☐ COMMITTEE		3. ☐ LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST CLAYTON SCHULZE									
STREET ADDRESS ✓ 8282 McKee Rd									
CITY ✓ ALBION				STATE ✓ PA		ZIP CODE ✓ 16401			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.		PARTY		DATE OF ELECTION	
1. 10TH TUESDAY PRE-PRIMARY		COUNTY COUNCIL		7		REP.		NO. DAY YEAR 05 21 2019	
2. 2ND FRIDAY PRE-PRIMARY									
3. 30 DAY POST-PRIMARY									
4. 6TH TUESDAY PRE-ELECTION									
5. 2ND FRIDAY PRE-ELECTION									
6. 30 DAY POST-ELECTION									
7. ANNUAL REPORT									
		DATES OF REPORTING PERIOD		TO				FOR OFFICE USE ONLY	
								ERIE COUNTY OFFICE REGISTRATION	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		0			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0			
		AMENDMENT REPORT?		YES		NO		✓	
		TERMINATION REPORT?		YES		✓		NO	

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
6th DAY OF June 2019
Kimberly Alexander
SIGNATURE
MY COMMISSION EXPIRES 10 31 2019
MO. DAY YR.

NOTARIAL SEAL
Kimberly S. Alexander, Notary Public
City of Erie, Erie County
My Commission Expires Oct. 2, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SIGNATURE OF PERSON SUBMITTING REPORT
CLAYTON E SCHULZE
PRINTED NAME
AREA CODE 814
DAYTIME TELEPHONE NUMBER 490 6760

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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
PRINTED NAME
MY COMMISSION EXPIRES MO. DAY YR.
AREA CODE DAYTIME TELEPHONE NUMBER