



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                     | 81-4840274                         | 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 Joseph Schember |                          |           |                          |           |                                     |          |                          |
| Street Address                                  | PO Box 927                         |                          |           |                          |           |                                     |          |                          |
| City                                            | Erie                               | State                    | PA        | Zip Code                 | 16512     |                                     |          |                          |

Type of Report (Place x under report type)

|                                           |                                          |                           |                                            |                                           |                            |                          |                                                |                                 |                          |
|-------------------------------------------|------------------------------------------|---------------------------|--------------------------------------------|-------------------------------------------|----------------------------|--------------------------|------------------------------------------------|---------------------------------|--------------------------|
| 1- 6 <sup>th</sup> Tuesday<br>Pre-Primary | 2- 2 <sup>nd</sup> Friday<br>Pre-Primary | 3- 30 Day Post<br>Primary | 4- 6 <sup>th</sup> Tuesday<br>Pre-Election | 5- 2 <sup>nd</sup> Friday<br>Pre-Election | 6- 30 Day Post<br>Election | 7- Annual                | Special 2 <sup>nd</sup> Friday<br>Pre-Election | Special 30 Day<br>Post-Election |                          |
| <input type="checkbox"/>                  | <input type="checkbox"/>                 | <input type="checkbox"/>  | <input type="checkbox"/>                   | <input checked="" type="checkbox"/>       | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/>        |                          |
| Date Of Election<br>(MM/DD/YYYY)          | 11/2/2021                                |                           | Year                                       | 2021                                      |                            | Amendment<br>Report      | <input type="checkbox"/>                       | Termination<br>Report           | <input type="checkbox"/> |

|                                                                |           |            |                     |
|----------------------------------------------------------------|-----------|------------|---------------------|
| Summary of Receipts and Expenditures                           | From Date | To Date    | For Office Use Only |
|                                                                | 6/7/2021  | 10/18/2021 |                     |
| A. Amount Brought Forward From Last Report                     | \$        | 63,060.87  |                     |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$        | 21,525     |                     |
| C. Total Funds Available (Sum of Lines A and B)                | \$        | 84,585.87  |                     |
| D. Total Expenditures (From Schedule III)                      | \$        | 12,807.64  |                     |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$        | 71,778.23  |                     |
| F. Value of In-Kind Contributions Received (From Schedule II)  | \$        | 2,978      |                     |
| G. Unpaid Debts and Obligations (From Schedule IV)             | \$        | 0          |                     |

## 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 schedules on pages, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

21 day of October 20 21  
Tonia Fernandez  
Signature

My Commission expires 4-3-23  
MO. DAY YR.

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

Rebecca Hover  
Signature of Person Submitting report  
Printed Name  
814 450-0119  
Area Code 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 report, including the attached schedules on pages, is to the best of my knowledge and belief true, correct and complete. I certify that the candidate 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

21 day of October 20 21  
Tonia Fernandez  
Signature

My Commission expires 4-3-23  
MO. DAY YR.

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

Joseph Schember  
Signature of Candidate  
Printed Name  
814 392-0996  
Area Code Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

|                                                                                                                                                                                                   |            |     |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|-----------|
| <b>Filer Identification Number</b>                                                                                                                                                                | 81-4840274 |     |           |
| <b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>                                                                                                                   |            |     |           |
| Total for the reporting period                                                                                                                                                                    |            | (1) | \$ 175    |
| <b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>                                                                                                                           |            |     |           |
| Contributions Received from Political Committees (Part A)                                                                                                                                         |            |     | \$ 150    |
| All Other Contributions (Part B)                                                                                                                                                                  |            |     | \$ 9,600  |
| Total for the reporting period                                                                                                                                                                    |            | (2) | \$ 9,750  |
| <b>3. Contributions Over \$250.00 (From Part C and Part D)</b>                                                                                                                                    |            |     |           |
| Contributions Received from Political Committees (Part C)                                                                                                                                         |            |     | \$ 4,000  |
| All Other Contributions (Part D)                                                                                                                                                                  |            |     | \$ 7,600  |
| Total for the reporting period                                                                                                                                                                    |            | (3) | \$ 11,600 |
| <b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>                                                                                                            |            |     |           |
| Total for the reporting period                                                                                                                                                                    |            | (4) | \$ 21,525 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> |            |     | \$        |

**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 | 81-4840274 please see attached report |
|-----------------------------|---------------------------------------|

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

| Date     | Amount   | Contributor                    | Street Address          | City | State | Zip code |
|----------|----------|--------------------------------|-------------------------|------|-------|----------|
| 8/7/2021 | \$150.00 | COMMITTEE TO ELECT TYLER TITUS | 1001 STATE ST, STE 1309 | ERIE | PA    | 16501    |

\$150.00

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 | 81-4840274 please see attached report |
|-----------------------------|---------------------------------------|

|                          |                |       |          |                   |                   |    |  |
|--------------------------|----------------|-------|----------|-------------------|-------------------|----|--|
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |       |          | Date [MM/DD/YYYY] | \$                |    |  |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] | \$                |    |  |
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |       |          | Date [MM/DD/YYYY] | \$                |    |  |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] | \$                |    |  |
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |       |          | Date [MM/DD/YYYY] | \$                |    |  |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] | \$                |    |  |
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |       |          | Date [MM/DD/YYYY] | \$                |    |  |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] | \$                |    |  |
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |       |          | Date [MM/DD/YYYY] | \$                |    |  |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] | \$                |    |  |
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |       |          | Date [MM/DD/YYYY] | \$                |    |  |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] | \$                |    |  |

| Deposit Date | Amount   | Contributor              | Street Address            | City          | State | Zip code |
|--------------|----------|--------------------------|---------------------------|---------------|-------|----------|
| 6/16/2021    | \$250.00 | CLEMONT AUSTIN           | 3700 DREXEL DRIVE         | ERIE          | PA    | 16506    |
| 6/18/2021    | \$250.00 | RICHARD HAMISTER         | 375 ESSJAY ROAD           | WILLIAMSVILLE | NY    | 14221    |
| 6/29/2021    | \$250.00 | HAROLD BENDER            | 551 OLD MILL ROAD         | Erie          | PA    | 16505    |
| 7/24/2021    | \$150.00 | LAWRENCE ADIUTORI        | 1626 SASSAFRAS STREET     | ERIE          | PA    | 16502    |
| 7/24/2021    | \$150.00 | DREW BALDWIN             | 2540 VILLAGE COMMON DRIVE | ERIE          | PA    | 16506    |
| 7/24/2021    | \$250.00 | JANET BERGKESSEL         | 3929 W 38TH ST, APT 314   | ERIE          | PA    | 16506    |
| 7/24/2021    | \$250.00 | ALBERT MESSINA           | 2715 EAST 44TH STREET     | ERIE          | PA    | 16510    |
| 7/24/2021    | \$100.00 | RUTH WEHRER              | 3701 STERRETTANIA ROAD    | ERIE          | PA    | 16506    |
| 8/2/2021     | \$250.00 | NIKEN CARPENTER          | 3829 BLOSSOM TERRACE      | ERIE          | PA    | 16506    |
| 8/2/2021     | \$250.00 | James Florenzo           | 4211 Prestwick Drive      | ERIE          | PA    | 16506    |
| 8/2/2021     | \$150.00 | BJ LECHNER               | 8 NIAGARA PIER            | ERIE          | PA    | 16507    |
| 8/2/2021     | \$150.00 | JAMES MCBRIER            | 1929 SOUTH SHORE DRIVE    | ERIE          | PA    | 16505    |
| 8/2/2021     | \$250.00 | JASON SAYERS             | 7938 JONES ROAD           | WATTSBURG     | PA    | 16442    |
| 8/3/2021     | \$150.00 | CARL ANDERSON            | 3830 PARADE STREET        | ERIE          | PA    | 16504    |
| 8/3/2021     | \$150.00 | MARUREEN BARBER-CAREY    | 4407 FOREST GLN           | ERIE          | PA    | 16506    |
| 8/3/2021     | \$250.00 | MICHAEL CHEVALIER        | 521 HAWTHORNE TRACE       | FAIRVIEW      | PA    | 16415    |
| 8/3/2021     | \$250.00 | CHRISTOPHER LAMPE        | 3524 ABERDEEN AVE         | ERIE          | PA    | 16506    |
| 8/3/2021     | \$150.00 | PAUL LICHTENWALTER       | 4508 WOOD STREET          | Erie          | PA    | 16509    |
| 8/3/2021     | \$250.00 | REBECCA SCHEMBER         | 7215 FIELDSTONE CT        | ERIE          | PA    | 16509    |
| 8/3/2021     | \$250.00 | DONALD WRIGHT            | 1324 S SHORE DR           | Erie          | PA    | 16505    |
| 8/3/2021     | \$250.00 | MICHAEL ZAVASKY          | 4304 PRESTWICK DRIVE      | Erie          | PA    | 16508    |
| 8/7/2021     | \$100.00 | KAREN AGRESTI            | 4034 ZIMMERLY ROAD        | ERIE          | PA    | 16506    |
| 8/7/2021     | \$150.00 | DAVID BRENNAN            | 3407 GLENSIDE AVE         | ERIE          | PA    | 16508    |
| 8/7/2021     | \$250.00 | CARL SHAMBURG            | 4188 CHERRY BLOSSOM DR    | ERIE          | PA    | 16510    |
| 8/7/2021     | \$250.00 | PATTI WILLIAMS           | 3930 MYRTLE STREET        | ERIE          | PA    | 16508    |
| 8/11/2021    | \$150.00 | JOHN GLEASON             | 437 SHENLEY DRIVE         | ERIE          | PA    | 16505    |
| 8/11/2021    | \$100.00 | GARY JOHNSON             | 1950 S SHORE DRIVE        | ERIE          | PA    | 16506    |
| 8/11/2021    | \$150.00 | ROY SAMBUCHINO           | 200 CHARMUTH ROAD         | LUTHERVILLE   | MD    | 21093    |
| 8/11/2021    | \$250.00 | DANIEL SPIZARNY          | 5088 ELLINGTON DR         | ERIE          | PA    | 16506    |
| 8/11/2021    | \$100.00 | DANIEL TEMPESTINI        | 1560 WEST 40TH STREET     | ERIE          | PA    | 16509    |
| 8/11/2021    | \$150.00 | CHARLES WALCZAK          | 5302 WOLF ROAD            | ERIE          | PA    | 16505    |
| 8/14/2021    | \$150.00 | ANDREW JOHN ANTOLIK, SR. | 1481 CANTERBURY LANE      | FAIRVIEW      | PA    | 16415    |
| 8/14/2021    | \$100.00 | DAVID GIBBONS            | 1324 S SHORE DR APT 907   | ERIE          | PA    | 16505    |
| 8/14/2021    | \$250.00 | SUSAN KALISZEWSKI        | 4072 S SHORE DRIVE        | ERIE          | PA    | 16505    |
| 8/19/2021    | \$150.00 | GLORIA GLENN             | 634 DOWNING CT            | ERIE          | PA    | 16502    |
| 8/19/2021    | \$125.00 | MARY HOFFMAN             | 3831 PARKSIDE AVE         | ERIE          | PA    | 16508    |
| 8/19/2021    | \$125.00 | MARY ELLEN LIEB          | 3841 PARKSIDE AVE         | ERIE          | PA    | 16508    |
| 8/19/2021    | \$200.00 | MICHAEL WEBER            | 6291 STONEBRIDGE DRIVE    | FAIRVIEW      | PA    | 16415    |
| 8/19/2021    | \$100.00 | DAVID ZIMMER             | 5916 STONEBRIDGE DRIVE    | ERIE          | PA    | 16506    |
| 8/21/2021    | \$250.00 | MICHAEL FRALEY           | 126 EAST 35TH STREET      | ERIE          | PA    | 16504    |
| 8/21/2021    | \$150.00 | JAMES GARVEY             | 3914 TRASK AVENUE         | ERIE          | PA    | 16508    |
| 8/21/2021    | \$250.00 | DALE MCBRIER             | 144 HOLLY DRIVE           | FAIRVIEW      | PA    | 16415    |
| 8/27/2021    | \$150.00 | TYRONE CLARK             | 2529 EAST 32ND STREET     | ERIE          | PA    | 16510    |
| 8/27/2021    | \$150.00 | LAURA EATON              | 1540 WEST 6TH STREET      | ERIE          | PA    | 16505    |
| 8/27/2021    | \$100.00 | ERIN FESSLER             | 6019 COBBLESTONE DRIVE    | ERIE          | PA    | 16509    |
| 8/27/2021    | \$100.00 | DALE JOHNSON             | 11361 LAY ROAD            | EDINBORO      | PA    | 16412    |
| 8/27/2021    | \$100.00 | PAUL LICHTENWALTER       | 4508 WOOD STREET          | ERIE          | PA    | 16509    |
| 8/27/2021    | \$150.00 | REV CHARLES NELSON       | 646 WEST 9TH STREET       | ERIE          | PA    | 16502    |
| 8/27/2021    | \$150.00 | GREGORY PURCHASE         | 614 LINCOLN AVENUE        | ERIE          | PA    | 16505    |
| 8/27/2021    | \$150.00 | GREGORY RUBINO           | 520 ELIZABETH LANE        | ERIE          | PA    | 16505    |
| 8/27/2021    | \$150.00 | MATTHEW WOLFORD          | 638 WEST 6TH STREET       | ERIE          | PA    | 16507    |
| 8/27/2021    | \$150.00 | KATHERINE WYROSICK       | 1023 WEST 6TH STREET      | ERIE          | PA    | 16507    |
| 8/31/2021    | \$250.00 | LAURA GUNCHEON           | 2167 WEST 34TH STREET     | ERIE          | PA    | 16508    |
| 9/11/2021    | \$100.00 | CHARLES WEBER            | 1719 BAYVIEW AVENUE       | ERIE          | PA    | 16505    |

TOTAL

\$9,600.00

**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: | 81-4840274 please see attached report |
|------------------------------|---------------------------------------|

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

| Date      | Amount     | Contributor                        | Street Address            | City         | State | Zip code |
|-----------|------------|------------------------------------|---------------------------|--------------|-------|----------|
| 8/2/2021  | \$500.00   | IBEW LOCAL 56                      | 185 PENNBRIAR DRIVE       | ERIE         | PA    | 16509    |
| 8/2/2021  | \$1,000.00 | PLUMBERS LOCAL #27                 | 1040 MONTOUR W. IND. PARK | CORAOPOLIS   | PA    | 15108    |
| 8/7/2021  | \$1,000.00 | SHEET METAL WORKERS LOCAL UNION 12 | 1200 GULF LAB ROAD        | PITTSBURGH   | PA    | 15238    |
| 9/22/2021 | \$1,500.00 | GREATER PA CARPENTERS PEC          | 1803 SPRING GARDEN STREET | PHILADELPHIA | PA    | 19130    |

TOTAL \$4,000.00

**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: | 81-4840274 please see attached report |
|------------------------------|---------------------------------------|

|                                                           |  |  |  |                   |  |                   |    |
|-----------------------------------------------------------|--|--|--|-------------------|--|-------------------|----|
| Full Name of Contributor                                  |  |  |  | Date [MM/DD/YYYY] |  | \$                |    |
| House #                                                   |  |  |  | Street Address    |  | Date [MM/DD/YYYY] | \$ |
| City                                                      |  |  |  | State             |  | Zip Code          |    |
| Employer Name                                             |  |  |  | Occupation        |  |                   |    |
| Employer Mailing Address /<br>Principal Place of Business |  |  |  |                   |  |                   |    |
| Full Name of Contributor                                  |  |  |  | Date [MM/DD/YYYY] |  | \$                |    |
| House #                                                   |  |  |  | Street Address    |  | Date [MM/DD/YYYY] | \$ |
| City                                                      |  |  |  | State             |  | Zip Code          |    |
| Employer Name                                             |  |  |  | Occupation        |  |                   |    |
| Employer Mailing Address /<br>Principal Place of Business |  |  |  |                   |  |                   |    |
| Full Name of Contributor                                  |  |  |  | Date [MM/DD/YYYY] |  | \$                |    |
| House #                                                   |  |  |  | Street Address    |  | Date [MM/DD/YYYY] | \$ |
| City                                                      |  |  |  | State             |  | Zip Code          |    |
| Employer Name                                             |  |  |  | Occupation        |  |                   |    |
| Employer Mailing Address /<br>Principal Place of Business |  |  |  |                   |  |                   |    |
| Full Name of Contributor                                  |  |  |  | Date [MM/DD/YYYY] |  | \$                |    |
| House #                                                   |  |  |  | Street Address    |  | Date [MM/DD/YYYY] | \$ |
| City                                                      |  |  |  | State             |  | Zip Code          |    |
| Employer Name                                             |  |  |  | Occupation        |  |                   |    |
| Employer Mailing Address /<br>Principal Place of Business |  |  |  |                   |  |                   |    |

| Date      | Amount     | Contributor       | Street Address         | City | State | Zip code | Employer Name          | Employer Mailing Address                 | Occupation        |
|-----------|------------|-------------------|------------------------|------|-------|----------|------------------------|------------------------------------------|-------------------|
| 6/16/2021 | \$500.00   | MICHAEL FITZNER   | 4681 HARBORVIEW DRIVE  | ERIE | PA    | 16508    | KNOX LAW FIRM          | 120 W 10TH STREET, ERIE, PA 16501        | ATTORNEY          |
| 7/7/2021  | \$500.00   | JOSEPH PALERMO    | 4226 PRESTWICK DRIVE   | ERIE | PA    | 16506    | PALERMO REALTY         | 2906 COPPERLEAF DRIVE, ERIE, PA 16505    | OWNER             |
| 7/7/2021  | \$1,000.00 | EDDIE WHITEMAN    | 1039 WEST 18TH STREET  | ERIE | PA    | 16502    | EDDIE'S COLLECTIBLES   | 3844 W 20TH ST, ERIE, PA 16505           | OWNER             |
| 7/24/2021 | \$500.00   | WILLIAM GLOEKER   | 420 SHAWNEE DRIVE      | ERIE | PA    | 16505    | SEPCO CORPORATION      | 2306 PENINSULA DRIVE, ERIE, PA 16506     | PRESIDENT         |
| 8/2/2021  | \$500.00   | GERALD KANONCZYK  | 226 SEMINOLE DR        | ERIE | PA    | 16505    | ERIE INSURANCE         | 99 ERIE INSURANCE PLACE, ERIE, PA 1653C  | RETIRED           |
| 8/2/2021  | \$500.00   | TIMOTHY NECASTRO  | 124 VOYAGEUR DR        | ERIE | PA    | 16505    | ERIE INSURANCE         | 100 ERIE INSURANCE PLACE, ERIE, PA 1653C | CEO               |
| 8/7/2021  | \$1,000.00 | MICHAEL OUTLAW    | 432 EAST 26TH, 2ND FL  | ERIE | PA    | 16503    | CITY OF ERIE           | 626 STATE STREET, ERIE, PA 16501         | COMMUNITY LIAISON |
| 8/11/2021 | \$1,000.00 | KIMBERLY HILL     | 217 FRONTIER DRIVE     | ERIE | PA    | 16505    | MINDFULNESS STRATEGIES | 1001 STATE STREET, # 907, ERIE, PA 16501 | DIRECTOR          |
| 8/23/2021 | \$500.00   | BLAIR TUTTLE      | 2529 SOUTH TRACY DRIVE | ERIE | PA    | 16505    | PENN STATE BEHREND     | 1 COLLEGE DRIVE, ERIE, PA 16563          | PROFESSOR         |
| 8/27/2021 | \$600.00   | DALE ROTH         | 5735 E LAKE ROAD       | ERIE | PA    | 16511    | ROTH MARZ ARCHITECTS   | 3505 CHAPIN STREET, ERIE, PA 16508       | OWNER             |
| 9/22/2021 | \$1,000.00 | MICHAEL MCCORMICK | PO BOX 1205            | ERIE | PA    | 16512    | ERIE BEER              | 1341 LIBERTY STREET, ERIE, PA 16502      | OWNER             |

TOTAL \$7,600.00

## 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: | 81-4840274 |
|------------------------------|------------|

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

**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**

|                                     |            |
|-------------------------------------|------------|
| <b>Efiler Identification Number</b> | 81-4840274 |
|-------------------------------------|------------|

|                                                                                              |            |             |
|----------------------------------------------------------------------------------------------|------------|-------------|
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b> |            |             |
| <b>TOTAL for the reporting period</b>                                                        | <b>(1)</b> | <b>\$ 0</b> |

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

|                                                                           |            |                 |
|---------------------------------------------------------------------------|------------|-----------------|
| <b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b> |            |                 |
| <b>TOTAL for the reporting period</b>                                     | <b>(3)</b> | <b>\$ 2,978</b> |

|                                                                                                                                                                                |           |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>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)</b> | <b>\$</b> | <b>2,978</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|

SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

|                              |            |
|------------------------------|------------|
| Filer Identification Number: | 81-4840274 |
|------------------------------|------------|

|                             |                |  |       |                   |                   |    |  |
|-----------------------------|----------------|--|-------|-------------------|-------------------|----|--|
| Full Name of Contributor    |                |  |       |                   | Date [MM/DD/YYYY] | \$ |  |
|                             |                |  |       |                   |                   |    |  |
| House #                     | Street Address |  |       | Date [MM/DD/YYYY] | \$                |    |  |
|                             |                |  |       |                   |                   |    |  |
| City                        |                |  | State | Zip Code          | Date [MM/DD/YYYY] | \$ |  |
|                             |                |  |       |                   |                   |    |  |
| Description of Contribution |                |  |       |                   |                   |    |  |

|                             |                |  |       |                   |                   |    |  |
|-----------------------------|----------------|--|-------|-------------------|-------------------|----|--|
| Full Name of Contributor    |                |  |       |                   | Date [MM/DD/YYYY] | \$ |  |
|                             |                |  |       |                   |                   |    |  |
| House #                     | Street Address |  |       | Date [MM/DD/YYYY] | \$                |    |  |
|                             |                |  |       |                   |                   |    |  |
| City                        |                |  | State | Zip Code          | Date [MM/DD/YYYY] | \$ |  |
|                             |                |  |       |                   |                   |    |  |
| Description of Contribution |                |  |       |                   |                   |    |  |

|                             |                |  |       |                   |                   |    |  |
|-----------------------------|----------------|--|-------|-------------------|-------------------|----|--|
| Full Name of Contributor    |                |  |       |                   | Date [MM/DD/YYYY] | \$ |  |
|                             |                |  |       |                   |                   |    |  |
| House #                     | Street Address |  |       | Date [MM/DD/YYYY] | \$                |    |  |
|                             |                |  |       |                   |                   |    |  |
| City                        |                |  | State | Zip Code          | Date [MM/DD/YYYY] | \$ |  |
|                             |                |  |       |                   |                   |    |  |
| Description of Contribution |                |  |       |                   |                   |    |  |

|                             |                |  |       |                   |                   |    |  |
|-----------------------------|----------------|--|-------|-------------------|-------------------|----|--|
| Full Name of Contributor    |                |  |       |                   | Date [MM/DD/YYYY] | \$ |  |
|                             |                |  |       |                   |                   |    |  |
| House #                     | Street Address |  |       | Date [MM/DD/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 Number: | 81-4840274 |
|------------------------------|------------|

|                                                        |                |  |       |                   |                             |                   |    |  |
|--------------------------------------------------------|----------------|--|-------|-------------------|-----------------------------|-------------------|----|--|
| 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 |                |  |       |                   | Description of Contribution |                   |    |  |
| 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 |                |  |       |                   | Description of Contribution |                   |    |  |
| 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 |                |  |       |                   | Description of Contribution |                   |    |  |
| 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 |                |  |       |                   | Description of Contribution |                   |    |  |

In Kind Donation-over \$250

|           |                         |                      |      |    |                                         |            |
|-----------|-------------------------|----------------------|------|----|-----------------------------------------|------------|
| 8/25/2021 | URBANIAK BROTHERS MEATS | 310 EAST 24TH STREET | ERIE | PA | 16503 MEAT & PREPARATION FOR FUNDRAISER | \$2,978.00 |
|-----------|-------------------------|----------------------|------|----|-----------------------------------------|------------|

**SCHEDULE III**  
**Statement of Expenditures**

|                              |            |
|------------------------------|------------|
| Filer Identification Number: | 81-4840274 |
|------------------------------|------------|

|              |  |                |  |          |                   |                            |  |
|--------------|--|----------------|--|----------|-------------------|----------------------------|--|
| To Whom Paid |  |                |  |          | Date [MM/DD/YYYY] | \$                         |  |
| House #      |  | Street Address |  |          |                   | Description of Expenditure |  |
| City         |  | State          |  | Zip Code |                   |                            |  |
| To Whom Paid |  |                |  |          | Date [MM/DD/YYYY] | \$                         |  |
| House #      |  | Street Address |  |          |                   | Description of Expenditure |  |
| City         |  | State          |  | Zip Code |                   |                            |  |
| To Whom Paid |  |                |  |          | Date [MM/DD/YYYY] | \$                         |  |
| House #      |  | Street Address |  |          |                   | Description of Expenditure |  |
| City         |  | State          |  | Zip Code |                   |                            |  |
| To Whom Paid |  |                |  |          | Date [MM/DD/YYYY] | \$                         |  |
| House #      |  | Street Address |  |          |                   | Description of Expenditure |  |
| City         |  | State          |  | Zip Code |                   |                            |  |
| To Whom Paid |  |                |  |          | Date [MM/DD/YYYY] | \$                         |  |
| House #      |  | Street Address |  |          |                   | Description of Expenditure |  |
| City         |  | State          |  | Zip Code |                   |                            |  |
| To Whom Paid |  |                |  |          | Date [MM/DD/YYYY] | \$                         |  |
| House #      |  | Street Address |  |          |                   | Description of Expenditure |  |
| City         |  | State          |  | Zip Code |                   |                            |  |
| To Whom Paid |  |                |  |          | Date [MM/DD/YYYY] | \$                         |  |
| House #      |  | Street Address |  |          |                   | Description of Expenditure |  |
| City         |  | State          |  | Zip Code |                   |                            |  |
| To Whom Paid |  |                |  |          | Date [MM/DD/YYYY] | \$                         |  |
| House #      |  | Street Address |  |          |                   | Description of Expenditure |  |
| City         |  | State          |  | Zip Code |                   |                            |  |

| Check #             | To Whom                        | Date      | Amount      | Street Address              | City    | State | Zip Code | Description of Expenditure                                                                                  |
|---------------------|--------------------------------|-----------|-------------|-----------------------------|---------|-------|----------|-------------------------------------------------------------------------------------------------------------|
| 1206                | TOSKR INC.DBA GETTHRU          | 6/16/2021 | \$301.28    | PO BOX 2690                 | ALAMEDA | CA    | 94501    | OUTGOING TEXT MESSAGES                                                                                      |
| 1207                | JOSEPH SCHEMBER<br>SPECTRUM    | 6/28/2021 | \$1,197.18  | 504 Frontier Drive          | ERIE    | PA    | 16505    | County fee Replubican write-in,Erie Club dues, postage to<br>send Finance report, Volunteer Thank you party |
| 1208                | KATHERINE BLAIR                | 6/28/2021 | \$77.97     |                             |         |       |          | PHONES AT HEADQUARTERS                                                                                      |
| 1209                | COMMITTEE TO ELECT TYLER TITUS | 6/29/2021 | \$2,500.00  | 4115 SASSFRAS STREET        | Erie    | PA    | 16508    | CAMPAIGN MANAGEMENT                                                                                         |
| 1210                | LAWRENCE ADIUTORI              | 7/1/2021  | \$2,500.00  | 3607 POPLAR ST, PO BOX 3713 | ERIE    | PA    | 16508    | DONATION                                                                                                    |
| 1211                | PRINTING CONCEPTS              | 8/2/2021  | \$350.00    | 1626 SASSAFRAS STREET       | ERIE    | PA    | 16502    | RENT FOR CAMPAIGN HEADQUARTERS                                                                              |
| 1212                | LAWRENCE ADIUTORI              | 8/2/2021  | \$881.81    | 4982 PACIFIC AVE            | Erie    | PA    | 16506    | INVITES & MAILING FOR FUNDRAISER                                                                            |
| 1213                | VOID                           | 8/2/2021  | \$350.00    | 1626 SASSAFRAS STREET       | ERIE    | PA    | 16502    | RENT FOR CAMPAIGN HEADQUARTERS                                                                              |
| 1214                | JOSEPH SCHEMBER JR             | 8/26/2021 | \$136.17    | 2 SURFWOOD DRIVE            | ALBANY  | NY    | 12205    | REIMBURSE FOR FAST SIGNS POSTER BOARDS                                                                      |
| 1215                | ERIE YACHT CLUB                | 9/21/2021 | \$4,454.90  | PO BOX 648                  | Erie    | PA    | 16512    | FUNDRAISER DINNER                                                                                           |
| ACT BLUE            |                                |           | \$58.33     |                             |         |       |          |                                                                                                             |
| TOTAL 2021-REPORT 2 |                                |           | \$12,807.64 |                             |         |       |          |                                                                                                             |

**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: | 81-4840274 |
|------------------------------|------------|

|                     |  |                |  |                                    |                             |  |
|---------------------|--|----------------|--|------------------------------------|-----------------------------|--|
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>(MM/DD/YYYY) | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>(MM/DD/YYYY) | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>(MM/DD/YYYY) | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>(MM/DD/YYYY) | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>(MM/DD/YYYY) | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |