

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

Filer Identification 8	1-4840274	Report Filed F	By Candida			mmittee	<i>29</i>		Lobby	list
Name of Filing Committee, Ca Lobbyist	indidate or		Joseph Schember							
Street Address		504 Frontier Driv	ve				,			
City Erle		3	State	PA	Zip	Code	16505			
Type of Report (Place x under	report type)				1.00					
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday Pre-Primary Pre-Primary		4-6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Election	Post 7-	Annual	Special 2 Pre-Elect			il 30 Day lection
									Γ	
Date Of Election:	11/2/2021	Year	2021	Amendme Report	ent		Terminal Report	ion		
Summary of Receipts and	From Date	To Date			<u> </u>	For	Office Use	Only		
Expenditures	6/7/2021	10	/18/2021							
A. Amount Brought Forward.	rom Last Repor	t. \$	0		(-(c)				eta eta 150	
B. Total Monetary Contribution (From Schedule I)	ons and Receipts	\$ \$	0						, 10 mg,	
C. Total Funds Available (Sum of Lines A and B)		\$	0						** *******	
D. Total Expenditures (From Schedule III)		\$	0							
E. Ending Cash Balance (Subtract Line D from Line C)		\$	0					F	( j	
F. Value of In-Kind Contribution (From Schedule II)	ons Received	\$	0				16	,	اڑھ 0%	
G. Unpaid Debts and Obligation (From Schedule IV)	ins	\$	0							
Part 1- If this is a Committee repo	rt, treasurer sign h	ere. If this is Can	Affidavit Sec		here.	-			<u>.</u>	
I swear (or affirm) that this report,	including the atta	ched schedules or	n ह्हिper, is to the l	est of my kn	iowledge an	d belief tr	ue, correct a	and complet	e.	
Sworn to and subscribed before m	2021	 nia - Notary बार्ग Public	April 3, 20;	Josep	M. A	Jefan Suhm	ul-	<u></u>		
JOYUA CLUM Signature	ardes	I Sylvania Z, Nquan	mbe	oseph Schem	nber	nted Name		,		
My Commission expires 4-	3-23	th of Perm ernande2	mission ex mission nu nnsylvania /	1		392-	0996			
МО.	DAY YR.	Ferr	miss miss	rea Code		Day	time Teleph	one Numbe	r	
Part II- If this is a report of a <b>Candi</b> I swear (or affirm) that to the best	date's Authorized of my knowledge	Committee போர் and belief மிட்டுool	idateshall sign he itreat oramittee	re. ias not violat	ed any prov	isions of th	ne Act of Ju	ne 3, 1937 (f	P.L. 1333	. NO.320) as
amended.		Comm	My		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
Sworn to and subscribed before m	e this	<u> </u>	J <sup>-2</sup>							
day of	20	- 1		# *- t-7 ·	Signature	of Candid	ate		_	
Signature		-   '				ed Name	<del>-</del>			
My Commission expires		_								
MO.	DAY YR.	_	A	rea Code		Dayti	me Telepho	ne Number	_	

### 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)	\$	***	
2. Contributions of \$50.01 to \$250.00 (From Carlot B)		Page 19 A		
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 G and Part D)				
Contributions Received from Political Committees (Part C)		\$	- N	//::::::::::::::::::::::::::::::::::::
All Other Contributions (Part D)		\$		
Total for the reporting period	(3)	\$		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E	)) <u> </u>			3 15
Total for the reporting period	(4)	\$	- Control of the cont	
Total Monetary Contributions and Receipts during this reporting period (Add and		\$		

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 Contribu Committee	ting			Date [MM/DD/YYYY]	<b>\$</b>
1 1 1					
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
City		State	Zip Gode	Date [MM/DD/YYYY]	**************************************
					Zem.
Full Name of Contribu	ting			Date [MM/DD/YYYY]	.\$
Committee					
House # 1	Street Address			Date [MM/DD/YYYY]	\$
					Maria A
City		State	Zip Gode	Date [MM/DD/YYYY]	\$
		79° 7'		N. C.	
Full Name of Contribu	ling =			Date [MM/DD/YYYY]	\$
Committee				WA (C) = 1	
House #	Street Address			Date [MM/DD/YYYY]	\$
				Manager of Secretary	
City		State	ZIp Code	Date [MM/DD/YYYY]	Constitution of the consti
				Principal U.S.	
Full Name of Contribu	ting			Date [MM/DD/YYYY]	\$
Committee				AA//	
House #	Street Address			Date [MM/DD/YYYY]	\$
<b>Elty</b>		State	Zip Code	Date [MM/DD/YYYY]	The state of the s
10 12					The state of the s
Full Name of Contribut	ling		and the state of t	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<b>医多类</b>	State	Zip Code	Date [MM/DD/YYYY]	
		# Para Maria Taran			Committee of the commit
Full Name of Contribut	ling			Date [MM/DD/YYYY]	\$
Committee	Cale				
House #	Street Address			Date [MM/DD/YYYY]	\$
					The state of the s
City		State	Zip Code	Date [MM/DD/YYYY]	
		ST 225c 21		1	

#### 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:

李建 星期				
		· · ·		
Full Name of Contributor			Date [MM/DD/YYYY] 5	
House# Street Addre	55		Date [MM/DD/YYYY] \$	
			77 - 1	
City	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	22		Date [MM/DD/YYYY] \$	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House ## Street Addre	ŠŠ		Date [MM/DD/YYYY] \$	
City	State	Zip:Code	Date [MM/DD/YYYY] \$	
				_
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	SS		Date [MM/DD/YYYY) \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	* **			
Full Name of Contributor			Date [MM/DD/YYYY] 5	
House # Street Addre	SS		Date [MIXI/DD/YYYY]	
	20 -			
City :	State	Zip Code:	Date [MM/DD/YYYY] \$	
			24 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	\$\$		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	4 - 5	E		

#### 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		·	Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State#	Zip Code	Date [MM/DD/YYYY]	
Full Name of			Marian de la companya della companya della companya de la companya de la companya della companya	7::
Contributing Committee			Date [MM/DD/YWY]	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State :	Zip Code	Date [MM/DD/YYYY]	<u> </u>
	Jale -	ZIP COGE	Boate Balay Dove 1 111	5
			105	
Full Name of			Date [MM/DD/XXXX]	
Gontributing Committee				
House # Street Address	<u></u>		Date [MM/DD/YYYY]	\$
			5 THE STATE OF THE	<del>*</del>
			2	
City	State	Zip Code	Date [MM/DD/YYYY] #	\$
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House# Street Address			Date [MM/DD/YYYY]	\$
	The state of the s		<u>-</u>	·
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	14.24 14.24			
Full Name of	<del></del>		Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	ŠE
			Pare-limitant limit	
Cliv	State	Zip Code	Date [MM/DD/YYYY]	\$
· · · · · · · · · · · · · · · · · · ·			<u> </u>	
Full Name of	<u>,                                    </u>		Date [MM/DD/YYYY]	
Contributing Committee				
House # Street Address		ar near were the		
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	\$:-

#### 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		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City :	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		_Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City :	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address /		
Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		•
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City :	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address /		

### 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 Num				
Full Name				
House #	Street:Address			
City 4		State	Z p	Date [MM/DD/XYYY] \$
Receipt Description			Code	CECAN CECAN
Full Name				
House #	Street Address			
City		State.	Ap + +	Date [MM/DD/YYYY] \$
Receipt Description	70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		Code	Pate [MM/DD/YYYY] \$
		- ····		
House #	Street Address			
City X	- 7.2	State =	Zp II	Date [MM/DD/YYYY] \$
City			.Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name (				
	Street Address	State	<b>∠15</b>	Date [MM/DD/YYYY] \$
City	- 5 11 - 1 1 - 3 1	Jule	Code	Date [MM/DD/YYYY] \$
Receipt Description			25 White of companion and the second	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				and the state of t
(Full Name		<u> </u>		
House #	Street Address			
City 1		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description				(4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4

#### 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 3.				
1. UNITEMIZEDIN-KIND CONTRI	BUTIONS RECEIVED VA	NEWEXOF \$50.00 OR LESS PER	CONTRIBUTOR 55	
TOTAL for the reporting period	(1)	\$		
2. IN: KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F		
TOTAL for the reporting period	(2)	\$		(file)
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE ØVER \$25	0.00 (FROM PART G)	TO AMERICA Spill Spiller	
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals from Page 1, Report Cover Page, Item F)				

### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Num	oel;				
Full Name of Contribu	ior			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	P. CONTROL -	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of Contrib	outlon	1			1
Full Name of Contribu	tore			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	<b>.</b>
City 7	1.00 mm	States	Zip Code	Date [MM/DD/YYY]	\$
Description of Contrib	utlon				
Full Name of Contribu	tor		***	Date [MM/DD/AYW)	\$
	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/0D/YYYY]	
Description of Contrib					
Full Name of Contribu	tor:			Date [MM/DD/YYYY]	\$
House #	Street Address		· · · · ·	Date [MM/DD/YYYY]	<b>\$</b>
City		State :	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution		A Commence of the Commence of		1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
Full Name of Contribu	tor:			Date [MM/DD/YYYY)]	\$
House #	Street Address			Date [MM/DD/YYYY]	. \$
City :		State	Zip Code	Date [MM//DD/YYYY]	\$
Description of Contrib	ution 500				

# SCHEDULE II Part G

# **In-Kind Contributions Received**

**VALUE OVER \$250** 

File 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] \$
Employer Name	Occupation
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Employer Mailing Address / Principal Place of Business	Description of
· · · · · · · · · · · · · · · · · · ·	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
	<u> </u>
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
State : 21p cools	Date (MIN) DD/11111
Employer Name	
	Occupation
Employer Malling Address / Principal	Description
Place of Business	of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
	100
House # Street Address	Date [MM/DD/YYYY] \$
Street Aduress	Date (Willy DD/ 1111)
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
City Zip Code	-Date:[MM/DD/YYYY) \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of
Full Name of Contributor	Contribution:
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street-Address	Date [MM/DD/YYYY] \$
City State Zip Gode	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing-Address / Principal	Description
Place of Business	of the state of th
	Contribution

# Statement of Expenditures

Filer Identification Number:		

To Whom Paid €				Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address	.,,	-	Description: of Expendi	iture
City		State	Zip Code,		
To Whom Pald				Date MM/DD/YYYY)	\$
House #	Street Address			Description of Expendit	ture
City E		State	Zip	- 1280 S	
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ture 1
City		State 5	Zip.	The second secon	2.5 (1.5 to 1.5
To Whom Paid			- Court	Date (MM/DD/YYYK)	\$
House #	Street Address			Description of Expendit	ture
City	The state of the s	State	Zip		Control of the contro
		A Lieuwan and A	Code		The second of th
To Whom Pald				Date IMM/DD/YYYY)	
House #	Street Address			Description of Expendit	ure
City		State	Zip Code		
To Whom Paid				Daté [MM/DD/YYYY]	1.S.
House #	Street Address			Description of Expendit	ture
Gliy		State	Zip Code		
To Whom Pald				Date (MM/DD/YYYY)	\$
House #	Street Address			Description of Expendit	ture
City		State	Zip Code	TOPPOS.	115A 54C
To Whom Pald				Date [MM/DD/YYYY]	\$ ::
House #	Street Address			Description of Expendit	ture
City		State	Zip "Code.	Goden	MICE TO A STATE OF THE STATE OF

### 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.

Name of Greditor			·	Outstanding Balance of Debt
House # St	eet.Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
Gity 1		State	Zip Code	
Description of Debt 🐺				
Name of Creditor				Outstanding Balance of Debt
	eet Address		FE DEBT INCURRED	**
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	eet Address		E DEBT INCURRED	
City	are the state of t	State	ZIP Code	
Description of Debt				
Name of Creditor House#	reet-Address		E DEBT INCURRED	Outstanding Balance of Debt
	eer Address		MM/DD/YYYY)	
City # Description of Debt		State	Zip Code	
A STATE OF THE STA				
Name of Creditor #				Outstanding Balance of Debt
House #	eet Address		E DEBT INCURRED :: MM/DD/YYYY] ::	
City		State	Zip. Code	
Description of Debt	AND THE PROPERTY OF THE PROPER			
Name of Creditor				Outstanding Balance of Debt
House # Str	eet Address		E DEBT INCURRED MM/DD/YYYYJ	
City Sign		State.	Zip Code	
Description of Debt				