

# 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)	Candida	ite	Committee		X	- Combyist
Name of Filling Comm Lobbyist	nittee, Candidate or	Committee to Elect	Joseph Schen	nber	1 197.4 2 Accessed Ac	E Property of the Property of	<u>. •</u>	TOTAL STATE OF THE
Street Address		PO Box 927						
City,	Erie		State	PA	Zip Code	16512		
	x under report type)							
	<sup>nd</sup> Friday 3-30 Day Post Primary Primary		. 2 <sup>nd</sup> Friday Pre- Election		7- Annual	Special 2 <sup>nd</sup> Pre-Electio		Special 30 Day Post-Election
				$\square$		V-162-11,61	ikin.	
Date Of Election (MM/DD/YYYY)	11/2/2021	Year	2021	Amendment Report		Termination	on.	
Summary of Receipts	and From Date	To Date		4 192	For	Office Use C	nly	
Expenditures	10/18/2021	11/2:	2/2021	ike, m	ise and a second	The second se	76.	
A. Amount Brought I	orward From Last Repor	t \$ 71,7	778.23					(*·m <sub>i</sub> )
B. Total Monetary Co (From Schedule I)	ontributions and Receipts	\$ \$	0				h z ,	The second secon
C. Total Funds Availa (Sum of Lines A and I		\$ 71,7	78.23					Comments of the Comments of th
D. Total Expenditure (From Schedule III)	s 22 12 (10 17 (10)	\$ 2,5	47.60					
E: Ending Cash Balan (Subtract Line D from		\$ 69,2	230.63					entropy entropy entropy entropy entropy entropy entropy
(From Schedule II)	ontributions Received	\$	0				ega et an en gen trans an ega eta	(C.3)
G. Unpaid Debts and (From Schedule IV)	Obligations ( )	\$	o l				A(1,1)	
Part 1. If this is a Comm	ittee report, treasurer sign h	Sol Z	Affidavit Se		-			
I swear (or affirm) that t	his report, including the atta	ched schedules on p	aper, is to the			ue, correct ar	nd comple	· ·
Sworn to and subscribed		niceion exp	ler lime	Rivec	a add	(1110)		
day of	Wenter 2001			<del></del>	of Person Subm	itting report		<del></del>
Signa	tura	pires C	Pannsylvania - Jurner, Notary	ebecca Hover	Printed Nam			
	Mobile all Da		ity ania	14		011 <del>9</del>		
My-Commission expires	MO. DAY YR.	october 10 october 134188 occiation of the	고왕 _	Area Code		time Telepho	ne Numb	er
Part II- If this is a report	of a Candidate's Authorized		<u> </u>	ere.				
	to the best of my knowledge		al committee		ny provisions of t	the Act of June	e 3, 1937	(P.L. 1333, NO.320) as
		My	Com					
Sworn to and subscribed	t before me this	My commission expir Commission ru Member, Pennsylvania	Commonwealth of Pennsylvania - Jennifer L. Turner, Notary Frie County	1 . 1	111	1	1	
day of	20	mmissi Co <u>mmi</u> er, Penr	vealtf nifer	perf 80	gnature of Candi	date	<u> </u>	
Signal Signal	hure	ion e ssion sylva		seph Schember	Printed Name			
	Antoha IV do	ynia f	of Pennsylval Turner, Not	14	392-0	996		
My Commission expires	MO. DAY YR.	nber tssoc	Not /	Area Code		ime Telephon	e Numbe	<del></del> er
1		Commission expires Octobel Commission number 1341 Commission number 1341 mber, Pennsylvania Association	nia - N ary P		·	-		
	the said	0f N	otar					
		otarie	C Y Sea					

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number 81-4840274	······································	

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)	Ť	
Contributions Received from Political Committees (Part A)	\$	o
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	) \$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	o
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)	\$	o
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	81-4840274			_
		•		Amount
Full Name of Contributing Committee			Date [MM/bb/AYYY] \$	
House # Street A	ddress		Date (MM/DD/YYYY) \$	· .
City:	State	Zip Code	Date [MM/DD/NYXX) - /5	
Full Name of Contributing  Committee		termination of the second of the Control of the Con	Date [MM/DD/YYYY] \$	
House # Street A	ddress	<del></del>	Date [MM/DD/YYYY] \$	•••
:City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		Total Control of Contr	Date [MM/DD/YYYY] S	
House # Street A	ddress	•	Date [MM/DD/XYYY] \$	
Clty	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	11 14 14		Date [MM/DD/YYYY] \$	
House #3 Street A	ddress		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] + \$	
City	State	Zip Code	Date [MM/DD/YYY] \$	
Full Name of Contributing  Committee			Date [MM/DD/YYYY] \$	
House # Street A			Date [MM/DD/YYYY] \$	
City	State.	Zip Code	Date [MM/DD/YYYY] S	

## 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.)

	 <del></del>
E Fligs (gentingston Nillimharta)	
Filer Identification Number:	· ·
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
81-4840274	
新 多	

Full Name of Contributor		·	Date [MM/DD/YYYY]	\$
The state of the s				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zíp Code	Date [MM/DD/YAAY)	\$
Full Name of Contributor	<u>-</u> ,		Date (MM/DD/MAM)	\$ .
· · · · · · · · · · · · · · · · · · ·				<b>X</b>
House # Street Address			Date [MM/DD/AGAY]	
City	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contilbutor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	
City	State	- Zip Code	Date [MM/DD/YYYY]	
<b>Ÿ</b> Ä				
Full Name of Contributor			Datei (MM/DD/AAAA	\$
House # Street Address			Date [MM//DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/XYXY]	* <u>*</u>
Full Name of Contributor			Date (MM/DD/AAA)	
			Designation of the second	
House # Street Address			Date [MM//DD/YYYY]	<b>.\$.</b>
CITY TO THE PARTY OF THE PARTY	State	Zip Code	Date [MM/DD/YYYY]	\$
	ž. Ai			
Full Name of Contributor			Date [MM/DD/YYYY]	<b>.\$</b> .
House # Street Address			Date [MM/DD/XYXX]	\$5
	90000 Page 1000 Appression (		and the state of t	
City: ** ···································	State	Zip Code	Date [MM/DD/YXXX]	\$.

#### PART C

#### **Contributions Received From Political Committees**

Over \$250.00

Filer identification Number

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

81-4	840274			
Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·		Date IMM/DD/MAY	
House # Street A	ddress		Date [MM/DD/YYY];; \$	<del></del>
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		**************************************	Date [MM/DD/YYYY] 字。	
Contributing Committee			Date [MM/DD/YYYY] & \$	
46. 200 第二章				
City	State	Zip Code	Date [MM/DD/YYYY] 5 \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress ***********************************		Date [MM/DD/YYYY] # \$	
City &	Siate.	Zip Code	Date (MM/DD/\\\)	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$1	
City 1	State	Zip Code 17	:Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			/Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	<u></u>
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress		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)

	the state of the s
Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City Same	State	Zip Code	Date [MM/DD/YYYY] 35
Employer Name			Occupation.
Employer Mailing Address /			
Full Name of Contributor			Date (MM/DD/YYYY) *****
House # Street Address			Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM//DD/YYYY] \$
Employer Name		Company of the Compan	Occupation
Employer Mailing Address / Principal Place of Business			The state of the s
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/AYYY] \$
House # Street Address			Date [MM/DD/YYYY]
Gity	State :	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business		_	

#### PART E.

#### **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Flier identification Number:

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

The riberton autor maniber.	81-4840274
Full Name	
	eet Address
City # # #	State Zip Date [MM/DD/YYYY] 5
Receipt Description	
Full Name	
	eet Address
City	State Zip Date [MM//DD/AYAA] \$ Code :
Receipt Description	
Full Name	
	eet Address
City 2	State Zip Date [MM/DD/YYYY] 5
Receipt Description	Transformation (1 + + + + + + + + + + + + + + + + + +
Full Name	
House # Stre	et Address
City	State Zip Date [MM/DD/YYYY] -\$ Code
Receipt Description	
Full Name 33 3 3 4 4 4 5 4 4 4 4 4 4 4 4 4 4 4 4	
	set Address
G(t)	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House # Stre	et Address
City.	State Zip Date [MM/DD/YYYM] \$ Code
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

Filer Identification Number: 81-4840274			
#1 UNITEMIZEDIN KIND CONTRIBUTIONS	SRECEIVED VALUE (DE \$50.0	ON OR LESS DER CONTRIBUTOR.	
· · · · · · · · · · · · · · · · · · ·	· 黄 紅腰	\$ 0	
2 IN-KIND CONTRIBUTIONS RECEIVED-V	ALUE OF \$50,01° TO \$250.00	O (FROM PARTE)	
TOTAL for the reporting period	(2)	\$ 0	
3. P. IN-KIND CONTRIBUTION RECEIVED VAI	LUE OVER \$250,00 (FROM P	PARTG)	
TOTAL for the reporting period	(3)	\$ 0	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURI PERIOD (Add and enter amount totals from boxe on Page 1, Report Cover Page, Item F)		\$ 0	

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer dentification Number: 81-4840274	
All the Control of th	

Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Glty#	State	Zip Code	Date [MM/DD/YYYY] 45.	
Description of Contribution				
Full Name of Contributor		<u>·</u>	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YWY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address		·	Date [MM/Db/AYYY] \$	
City	State.	Zip Code	Date [MM/DD//YYYY] S	
Description of Contribution		·		· 
Full Name of Contributor			Date [MM/DD/M/M] \$	
House # Street Address			Date [MM/DD/YYYY] 5	
City >  Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date (MM/DD/YYYY) \$	
City  Description of Contribution	State	Zip Code	Date IMM/DD/MMM S	
Description or contribution	Ē			

## SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number: 81-4840274			 _

Full Name of Contributor	Date [MM/DD/YYYY] \$
	Date (MM/DD/YYYY) 5
House # Street Address	Date [MM/DD/AYYY] * \$
	12 m
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] \$
	## 15 min
City State Zip Code.	Date [MM/DD/YYYY] \$
Employer Name	/ Occupation
Employer Mailing Address / Principal Place of Business	Description
Place or Business	of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] 💥 (\$
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code	Date (MM/OD/AYYY) \$
	( DOC
(1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Employer Name	Occupation
Employer Mailling Address / Principal	Description
	秦 <b>孝</b> 集 、
Employer Mailling Address / Principal	Description of
Employer Mailing Address / Principal Place of Business  Full Name of Contributor	Description of A Contribution
Employer Mailing Address / Principal Place of Business	Description of Contribution
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address	Description of Contribution  Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  City State Zip Code	Description of 2 Contribution Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  City State Zip Code	Description of Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  City State Zip Code  Employer Name	Description of Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Coccupation
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  City State Zip Code	Description of Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$

# Statement of Expenditures

Filer identification Number: 81-4840274 p	lease see attached report			

To Whom Paid 基本				Date [MM/DD/YYYY] \$.
House #	Street Address	, ,,		Description of Expenditure 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
City		State	Zip: Code:	
To Whom Paid				Date [MM/DD/YYY] 35
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pald				Date [MM/DD/YYYY] 25
House #1	Street Address			Description of Expenditure 1
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] #53
House #	Street Address	,		Description of Expenditure 17
City	- And State Control of the Control o	State:	Zip Code	
To Whom Paid				Date [MM/JDD/YYYY] \$\frac{1}{2};
House #	Street Address		12.44.19	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				EDate [MM/DD/XYY/Y] \$
House#	Street Address			Description of Expenditure
City		State	Zip Code	A

#### **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 [MM/DD/YYYY]	<b>35</b>
City :	State	Zip Code	
Description of Debt		today and to the same and the s	
Name of Creditor		·	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City #	State	Zip:	
Description of Debt			-
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MIM/DD/YYYY]	\$
City A	State	ZIP Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt.
House #	Street Address State	[MM/DD/YYYY]	1944)
House #  City  Description of Debt		[MM/DD/YYYY]	<b>\$</b>
House #  City  Description of Debt  Name of Creditor	State	Zip Code	\$ Outstanding Balance of Debt
House # City Description of Debt Name of Creditor House #	State  Street: Address	Zip Code:  DATE DEBT INCURRED  [MM/DD/YYYY]	<b>\$</b>
House #  City  Description of Debt  Name of Creditor  House #	State	Zip Code  DATE DEBT INCURRED	Outstanding Balance of Debt
City  Description of Debt  Name of Creditor  House #  City  Description of Debt	State  Street: Address  State	Zip Code  DATE DEBT INCURRED  [MM/DD/YYYY]	Outstanding Balance of Debt
City  Description of Debt  Name of Creditor  House #  City  Description of Debt  Name of Creditor	State Street Address State	Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code	Outstanding Balance of Debt  S  Outstanding Balance of Debt
House #  City  Description of Debt  Name of Creditor  House #  City  Description of Debt  Name of Creditor  House #	Street Address  Street Address	[MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	Sutstanding Balance of Debt  \$
City  Description of Debt  Name of Creditor  House #  City  Description of Debt  Name of Creditor	State Street Address State	DATE DEBT INCURRED [MM/DD/YYYY]  ZIP Code  ZIP Code	Outstanding Balance of Debt  S  Outstanding Balance of Debt

City Errie Errie Amount Street Address 121 \$2,500.00 100 EAST AVENUE 121 \$31.80 2124 SASSAFRAS STREET 11/8/2021 11/16/2021 Date Check # To Whom
1216 DR. GERTRUDE BARBER FOUNDATION
1217 ENGEL O'NEILL

ACT BLUE TOTAL 2021-REPORT 4

\$15.80

State PA PA

Zip Code

de Description of Expenditure 16507 BARBER BALL-EMERALD LEVEL 16502 INV # 23135-GOOGLE G-SUITE-OCT 2021

•			
:			
!			
:			
:			
•			
:			
!			
:			
: : :			