

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

Filer Identification Number	81	-4840274	The second second	rt Filed B rk X)	Y Candida	te	\times	Committee			Lobbyis	t
Name of Filing Com Lobbyist	mittee, Ca	ndidate or 🔣	Josepl	n Schembe	r							
Street Address			504 Fr	rontier Driv	/e							
City.	Erie				State	PA		Zip Code	16505			
Type of Report (Plac	e x under r	eport type)										
1-6 th Tuesday 2 Pre-Primary Pre	2 nd Friday -Primary	3-30 Day Post Primary		Tuesday lection	5- 2 nd Friday Pre- Election	6-30 Da Election		7- Annual	Special 2 Pre-Elect	and the second s	Special Post-Ele	William Commission of the Comm
						X			4 - 4/65 	.a. 123		
Date Of Election 4 (MM/DD/YYYY) 4		11/2/2021	Year		2021	Amend Report	ment		Terminat Report	ion		
Summary of Receipt	s and	From Date		To Date	1795		!	For	Office Use	Only		t 1.
Expenditures					110741							
A. Amount Brought	Forward F	10/18/2021 rom Last Repor			/22/2021 0			\$70		Å di		6 3 10 - 10
B. Total Monetary C	ontributio	ns and Receipts	\$		0						(+5	
(From Schedule I) C. Total Funds Availa	1937		\$		0					** *	e e e e e e e e e e e e e e e e e e e	
(Sum of Lines A and D. Total Expenditure (From Schedule III)			\$		0 .					e tra	1967) 1987) 1987)	
E. Ending Cash Balar (Subtract Line D from	The second secon	- 19 juli	\$		0						Contract Con	
F. Value of In-Kind C (From Schedule II)		ns Received	\$		0						er ar enem er enem er enem er ar enem er ar enem er	
G. Unpaid Debts and (From Schedule IV)	d Obligatio	ns .	\$		0						(M.)	
					Affidavit Se							
Part 1- If this is a Comn I swear (or affirm) that								go and ballof t	TILD COFFORT	and complet	<u> </u>	
Sworn to and subscribe	ed before m	e this		My commission Commiss Member, Pennsy	Commonw	Jose	<i>MM</i> ignature d	J. S.M. of Person Subr	sarla	h	_	
Signa	ature 🗸		~ ·	÷[±. ⊃ π	, [Printed Nan				
My Commission expire:	s (CCV) MO.	DAY YR.		n expires (Penn 83	l4 Area Code			:-0996 ytime Teleph	one Numbe	 er	
				212 0 =	ZŞ				•			
Part II- If this is a report I swear (or affirm) that							alated any	provisions of	the Act of hi	ne 3, 1937 (P.L. 1333	NO.320\ as
amended.		•		er 18, 1887	- Notary Public		,				,	
Sworn to and subscribe	a pelate M	e tnis 20	_	2022 otaries	Seai						<u> </u>	
				. .	-		Sign	ature of Cand	idate			
Signa	ature		_		_			Printed Name			_	
My Commission expires	MO.	DAY YR.	- .		-/	Area Code	_	Day	time Telepho	one Number		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	 		
Eller Identification Number			
91 4949374			
81-4840274			
77.3.6			
· · · · · · · · · · · · · · · · · · ·	 		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	W. W.	*/	
A Jointeninted Collegious Salar Receipts - 300 of the Salar Collegious Salar Receipts - 300 of the Salar Receipts	1071		
Total for the reporting period	(1)	Ś	
	`-'		0
2. Contributions of \$50.01 to \$250.00 (From a Part A and Part B)		i i	
Contributions Received from Political Committees (Part A)		\$	0
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)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	port	\$	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.

Eler dentification Number

	81-4840274			
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	Address		Date (MM/JDD/AYXX) S	
City	-State=	Zip Code	Date [MM/DD/MYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/MYY] \$	
City :	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
City Full Name of Contributing	State	Zip Code	Date [MM/dd/AYYY] \$	
Committee 🗼	Address		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
City (State	Zip Code	*Date [MM/DD/YYYY] \$	
Full Name of Contributing		73.13 11 11 12 12 12 12 12 12 12 12 12 12 12 12 1	Date [MM//DD/YYYY] \$	33 34 35 35 36 37 37 37 37 37 38 38
Committee	Address		7	
		Zip Code		
City Full Name of Contributing	State	Zipacode	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Committee House # Street /	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Coce	Date [MM/DD/YYYY] \$	
The state of the 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.)

Filer identification Number;		
Full Name of Contributor	Date MM/DD/AYAY = S	

Full Name of Contributor			*Date (MM/DD/AYYY)	
House # Street Address			Date [MM/DD/YYYY]	
City/	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			*Date (MM/00/XYYY)	*
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code :	Date [MM/DD/YYYY]	\$
Full Name of Contributor	<u></u>		*Date [MM/JDD/YYYY]	\$
House # Street Address			Date [MM/DD/XYYY]	S
City	State	Zip Gode	Date [MM/DD/YYYY]	\$
Full Name of Contributor.			Date [MM/DD/YYYY]	S
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		, , <u> </u>	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/Y/Y/]	\$

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.

	81-4840274			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stre	er Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYM]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		Section 1	Date [MM/DD/YYM] =\$	
House # Stre	et Address		Date [MM/DD/YYY] \$	
icity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	VAddress		Date [MM/DD/YYYY] \$.	
Clty	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·		*Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Committee			Date [MM/DD/****] \$.	
	et Address			
City	State	Zip Code	Date MM/DD/MMM	

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		
and the second s		
17 July 1 A Carl Wall Street		
91 4040374		
81-4840274		
01-4040274		
No. Comments of the control of the c		

	900 N.Z.1				
Full Name of Contributor.				Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
	reet Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code		
Employer Name				(Occupation)	
Employer Mailing Address Principal Place of Busines	s/# #				
Full Name of Contributor				Date [MM/DD/YYYY] \$	
	reet Address			Date [MM/DD/YYYY] 3	(deat)
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Address Principal Place of Business				A STORY AND ADDRESS OF THE STORY AND ADDRESS OF THE STORY ADDRESS OF THE	,
Full Name of Contributor				Date [MM/DD/YYYY] \$	
	eet Address			Date MM/DD/YYYY S	THE COLUMN TO TH
City :		State.	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	基基			Occupation	
Employer Mailing Address Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY] \$	
	eet Address			Date [MM/DD/YYYY] \$	
City ::*		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.

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 # Stre	eet Address		
在 書 City 语 透	*State:	ZĮp	Date [MM/DD/MYW] \$
		Code	
Receipt Description			Accordance .
Full Name			
	eet Address		
Gity : A A - E	State	4 p	Date[MM/DD/YYYY] \$
建工程		Code	Date[[MM/DD/YYYY] \$
Receipt Description			
Full Name			
122	eet Address		,
City	State	Zip	Date [MM//DD/YYYY] \$
		Cade	Date [MM//DD/YYYY] \$
Receipt Description	рассования в при в		I Manageri
Full Name			
House # Stre	eet Address		
CIEVE 1	State	2 p 要点	Date [MM//DD/YYYY] \$
City		Code	-Date [MM/DD/YYYY] \$
Receipt Description		Biological Control of the Biological Control	.1.23331
Full Name			
House # Stre	eet Address		
City S	State	Zip	Date [MM/DD/YYYY]
City.		Code	
Receipt Description			Newson 1
Full Name			
House # Stre	eet Address		
City The S	State		Date [MM/DD/YYYY] \$
		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: 81-48402	274		
4. # UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF	\$50.00 OR	ESCOSE CANTEIDUTAD
TOTAL for the reporting period	(1)	\$ o	The state of the s
2. T IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$2	250.00 (FRON	// PARTIE) - A A A A A A A A A A A A A A A A A A A
TOTAL for the reporting period	(2)	\$ 0	
3. IN KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (F	ROMEPART G	
TOTAL for the reporting period	(3)	\$ o	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		er \$ 0	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

er identification Number: 81-4840274

Full Name of Contributor	, , , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY] \$	
			VALUE OF A PROPERTY OF A PROPE	
House # Street Address			Date [MM//DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/M/Y/]. \$	
<u> </u>				
Description of Contribution				
Full Name of Contributor		** u u	Date [MM/DD/\\\\\\)] 51	
House # Street/Address				
House # Street Address			Date (MM/DD/YYYY) \$	
Gny.	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	#C (#SG)		J	
Full Name of Contributor	A		Date [MM/DD/YYY) \$	
House # Street Address			*Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		and the second s	-	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/0D/YYY] \$	
GHY	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	1	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	
Full Name of contributor			Date [MM//DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/MAY] \$	
Description of Contribution			I (#	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 81-4840274		
81-4840274		,
81-4840274		,
		!

Full Name of Contributor		Date (MM/DD/MAY) \$1
House # Street Address		Date [MM/DD/YYYY]
City	State Zip Code	Date [MM/DD/YYYY] 5
The state of the s		
Employer Name		Occupation
Employer Mäiling Address / Principal Place of Business	The second secon	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] + \$
House # Street Address		Date [MM/DD/YYYY] 5
City	State ZIp Code	Date [MM/DD/YYYY] \$
Employer Name Av. 55		Occupation (
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MIM/DD/YYYY] \$
		200 T
House # Street Address		Date [MM/DD/\\\\\\\)
Gity 3.	State Zip Code	Date (MM//DD/YYYY) \$
Employer Name	Porting to the second s	Occupation
Employer Mailing Address / Principal Place of Business : 10 12	,	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

SCHEDULE III Statement of Expenditures

		•		
Filer identification Number:	81-4840274			

To Whom Paid				Date [MM//DD/AAAA]	<u>\$</u>
House #	Street Address			Description of Expendit	ure .
City		Sale	Zip Code		
To Whom Paid				Date [MM/DD/YYXX]	is.
House #	Street Address			Description of Expendit	ure (4)
City		State	Zip Code		
To Whom Paid				Pate (MIM/DD)AAAA	* *
House #	Street Address			Description of Expendit	re la
City		State	Zip Code		
To Whom Pald				Date [MM/OD/YYYY]	
House#	Street Address			Description of Expenditu	ure
icity 1 2		State	Zip. Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
City	The state of the s	State	Zip		
ro Whom Paid				Date (MM/DD/M/M) S	
House #	Street Address			Description of Expendit	ure
City		State	Zip Code		
To Whom Raid				Date [MM/DD/MYYY]	
House #	Street Address			Description of Expendit	ure
Gity	Anniel William Control and Control Control and Control	State	Zip Códe		
To Whom Raid				Date (MM/DD/YYYY)	\$
House #	Street Address			Description of Expendit	ure
City.	A I VIII	State	Zjp:: Code:		

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.

		•	 and or site reports	IIR DCIIVU.
Filer Identification Number:			 	
Filer Identification Number:				
D1 404007	A			
	+			

Name of Creditor	- 174 - 174 - 178		Outstanding Balance of Debt
		DATE DEBT INCURRED [MM/DD/YYYY]	S CONTROL AND THE STATE OF THE
City 200	State	Zip 'a'	
Description of Debt			
Name of Greditor			Outstanding Balance of Debt
		[MM/DD/YYYY]	\$
City Page 1997	State	Zip // Code	
Description of Debt			
1000 · 1			Outstanding Balance of Debt
	Street Address	ATE DEBT INCURRED (MIM/DD/YYYY)	\$
City 2	State	Zip Code	
Description of Debt		CTT and the state of the state	
Name of Creditor			Outstanding Balance of Debt
		[MM/DD/YYYY]	
City Control Debt	State	Zip Code	
1 1 1 1			
Name of Creditor			Outstanding Balance of Debr
		ATE DEBT INCURRED	
City 1	State 1	Zip. Code	
		·	
Name of Creditor			Outstanding Balance of Debt
	treet Address	ATE DEBT INCURRED S	
City	State	Zip Code	
Description of Debt			