

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

Filer Identification	Report Filed B		· · ·	Committee		Lobbyist
Name of Filing Committee, Candid	(Mark X)		$\sim M_{\rm A}$			
Lobbyist Street Address	FILM	119 0	5 11/W	ry Z.	Sch	aaf
City	Yie	State	PA	Zip Code	1606	505
Type of Report (Place x under repo		[전 1962 역 4]		. e e electricit	10-	
	30 Day Post 4- 6th Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Fri	day Special 30 Day
[문항] [전 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mary Pre- Election	Pre- Election	Election	7- Attitual	Pre-Election	Post-Election
Date Of Election			X			
(MM/DD/YYYY)	05 12019 Year	2019	Amendment Report		Termination Report	
Summary of Receipts and From Expenditures	om Date To Date	-/2019		For (Office Use Only	
A. Amount Brought Forward From	Last/Report \$ 445	7.71	<u> </u>	e ²⁷ 38	C	20190
B. Total Monetary Contributions a (From Schedule I)	310	00.00			E A C A E A A P A A P A A P A A	
C. Total Funds Available	رمر بدر 💲	(1) 1/			· · · · · · · · · · · · · · · · · · ·	ြူ ယ်
(Sum of Lines A and B) D. Total Expenditures		2/1//			Ų.	
(From Schedule III)	460	64.99			: 17	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 28.4	2.12				∵ Un Co
F. Value of In-Kind Contributions R (From Schedule II)	eceived \$ 1	0			1	~ 0
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 5	0				<i>JC</i>
Part 1- If this is a Committee report, tre	asurar sign hara lithis is a Cam	Affidavit Sec				
I swear (or affirm) that this report, inclu				ge and belief tru	ie, correct and co	mplete.
Sworn to and subscribed before me this	;		A Com	. 0	110.0	1
2rd daylof becary, r	20 14		Sjenature	f Person Submit	tting raporty /	
Signature		_	VIUN	Printed Name	100910	-07
My Commission expires OS 0.	5 2023 DAY YR.	Ar	ea Code	Dayt	ime Telephone N	Windows 1
Part II- If this is a report of a Candidate's	s Authorized Committee, candid	date shall sign her	·e.			
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.						
Sworn to and subscribed before me this			The	· · · · · ·	! 111	h
2 day of Security r	20 14	_	Sign	Mayof Candida	ete E.	Schaaf
Signature	5 2023		710	rinted Name	11/12	67
My Commission expires 00 100 MO. DAY		Ar	ea Code	Daytir	ne Telephone Nu	mber

Commonwealth of Pennsylvania - Notary Seal Gregory J. Grasinger, Notary Public Erie County My commission expires August 5, 2023

Commission number 1347356 Member, Pennsylvania Association of Notaries

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)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	600.00
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 600.00
Total for the reporting period (2)	\$ 600.00 600,00 3500,00
3. Contributions Over \$250.00 (From Part C and Part D)	2500,00
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 2500,00
Total for the reporting period (3)	\$ 2500,00 2500,00
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, Report Cover Page, Item B)	\$ 3/00,00

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:

Eull Name of Contributor	Date [MM/DD/YYYY] \$	<u></u>
	1.1.	
House # Street Address Hughes	10/25/20/9 Daye [MM/06/YYYY] \$	100,00
3/2 Mohawk Drive		
City State Zip Code .	Date [MM/DD/YYYY] \$	
Eure R4 16505		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Barbara Scott	10/24/2019	300,00
House # Street Address 9 ichardson Cir.	Date [MIN/Db/YYYY] \$	200
City Fairview State R4 Zip Code 16415	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Nicole 5 Logne	10/25/2019	100.00
House # Street Address Route 6	Daye [MM/DD/YYYY] \$	
Gity State Zip Code	Date [MM/DD/YYYY] \$	
Corry 8A 16407		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
A.J. Hartmann Wilson	10/24/2019	100.00
House # 2636 Street Address W. 8th St.	Date [MM/ØD/YYYY] \$	
an Change Change Change Control of the Control of t	Date [MM/DD/YYYY] \$	
Enie 84 16505		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
Gity State ZIp Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
	CONTRACTOR CONTRACTOR	
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:	
House # Street Address RUSE MM + AVE. State D 1 Zip Code 14 C. 200	Date [MM/DD/YYYY]
Employer Name 1630S	Occupation Retired
Employer Mailing Address // Principal Place of Business	, •
House # 1050 Street Address Overlook Drive	Date [MM/DD/YYYY] \$ 500,00 Date [MM/DD/YYYY] \$
City State RA Zip Code /6507 Employer Name	7 Date [MM/DD/YYYY] \$ 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/YYYYY] \$
City. State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	

SCHEDULE III Statement of Expenditures

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Filer Identification Number:				
2000 C C C C C C C C C C C C C C C C C C	,			
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To Whom Paid	0./.	1/	Date [MM/DD/YYYY]. \$	_
Jen 10	v Citizens	/Vecus	10/11/2019	270,00
House # Street Address	P.O.Box3	056	Description of Expenditure	
Erie	State PA	Zip Code /6508	Ad	
To Whom Paid	\sim \prime		Date [MM/DD/YYYY] \$	- /
		15 News	10/3//2019	340,00
House # Street Address	4.0. BOX		Description of Expenditure	
city Erie	State P4	Zip Code /6508	Ad	
To Whom Paid ATT V	Gregory 6	Water Contract	Date [MM/DD/YYYY] \$	~ ~ ~
House # Street Address			Description of Expenditure	50.00
502	West 7	Th 57,		
Enic	State PA	Zip. Code /6502	legal fer	es
To Whom Paid		2	Date [MKI/DD/YYYY] S	
House# Street Address	Gregory C	rasinger	1/65/2019	1550,00
502	West 7	T 57.	Description of Expenditure	
Erie	State PA	Zip. Code 16502	Legal Fee	-5
第二章 (2000年)	-			
To Whom Paid	. 1		/Date [M/M/DD/YYYY] \$	100 00
Corr	y Journa		10/25/2019	699.83
House # 38 Street Address	y Journa W. South	100	Date [MM/DD/YYYY] \$ O Date Lol 9 Description of Expenditure	699.83
Corr	1.0	100	10/28/2019 Description of Expenditure	699.83
House # 28 Street Address Gity Corry To Whom Paid	W. South	LST.	10/28/2019 Description of Expenditure	
House # 28 Street Address Gity Corry To Whom Paid Times	W. South	LST. Zip Code: /6407	Date [MM/DB/YYYY] \$	699.83 1755.16
Gity Crry To:Whom Paid Times House # Street Address	W. South	LST. Zip Code /6407 ST.	10/28/2019 Description of Expenditure Ad S	
House # 28 Street Address Gity Corry To Whom Paid Times	W. South	LST. Zip Code: /6407	Description of Expenditure A S Date [MM/DD/YYYY] \$ UJ5 J0/9 Description of Expenditure	
Gity Crry To Whom Paid To Wee # Street Address Gity Crry To Whom Paid To Mes Street Address	W. South	LST. Zip	Description of Expenditure A S Date [MM/DD/YYYY] \$ UJ5 J0/9 Description of Expenditure	
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House # 28 Street Address Gity Crry To:Whom Paid Times House # Street Address City Erite To:Whom Paid	W. South	LST. Zip Code /6407 ST. Zip Code /6407	Description of Expenditure Date [MM/DD/YYYY] Description of Expenditure A S Date [MM/DD/YYYY] Description of Expenditure	
House # Street Address Gity Crry To Whom Paid Times House # Street Address Gity Eric To Whom Paid House # Street Address City Eric	W. South	LST. Zip Code /6407 ST. Zip Code /6407	Description of Expenditure A S Date [MM/DD/YYYY] \$ Obscription of Expenditure A S Date [MM/DD/YYYY] \$ Description of Expenditure	1755.16
House # Street Address Gity Crry To:Whom Paid Times House # Street Address City Erice To:Whom Paid House # Street Address City Erice To:Whom Paid	W. South	LST. Zip Code /6407 ST. Zip Code /6407	Description of Expenditure Date [MM/DD/YYYY] Description of Expenditure A S Date [MM/DD/YYYY] Description of Expenditure	1755.16
House # Street Address Gity Crry To Whom Paid Times House # Street Address City Eric To Whom Paid House # Street Address City Eric To Whom Paid	W. South	LST. Zip Code /6407 ST. Zip Code /6407	Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure A S Date [MM/DD/YYYY] \$ Description of Expenditure Description of Expenditure	1755.16
House # Street Address Gity Crry To Whom Paid House # Street Address City Er/c To Whom Paid House # Street Address City Er/c To Whom Paid	W. South	LST. Zip Code /6407 ST. Zip Code /6407	Date [MM/DD/YYYY] \$	1755.16