# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Number (Ma	ort Filed By Candidark X)	CHAUS	Committee	tobbyist in the state of the st
Chunch Addungs		LLFAIR		
CILY ERIE	State	PA	7:- 01-	505
Type of Report (Place x under report type)	<u> </u>		-	
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post 4-6 <sup>th</sup>				2 <sup>nd</sup> Friday Special 30 Day
Pre-Primary Pre-Primary Primary Pre-	Election Pre-Election	n Election	Pre-Elec	tion Post-Election
		X		
Date Of Election Year (MM/DD/YYYY)		Amendment Report	Termina Report	tion 12 2
Summary of Receipts and From Date  Expenditures	To Date		For Office Use	Only
10-22-19	11-25-19			
A. Amount Brought Forward From Last Report \$	-4849.25		age before the state of the sta	15.1 Shandahahahaha
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	1600.00	7		
C. Total Funds Available \$ (Sum of Lines A and B)	- 3249.25		,	<u>~</u>
D. Total Expenditures \$		4	4	2019 NOY 2
(From Schedule III)  E. Ending Cash Balance \$	_	-{	<u>.</u>	gg Z
(Subtract Line D from Line C)	- 3249.25	1	!	高空 2
(From Schedule II)			;	
G. Unpaid Debts and Obligations \$ (From Schedule IV)		1		2
	w Affidavjt Se			
Part 1- If this is a <b>Committee</b> report, treasurer sign here. If t I swear (or affirm) that this report, including the attached so			lge and helief true, correct	
Sworn to and subscribed before me this  day of 20 A Signature  My Commission expires MO. DAY YR.  Part II- If this is a report of a Candidate's Authorized Commi	nwealth of Permaywanta - No nia Fernandez, Notary Put Erie County Dmmission expires April 3, Dmmission number 12889 Pennsylvania Association of	Ell Signature of Ell EN	of Person Submitting report  SCHAUER  Printed Name  Daytime Teleph	man 3672
I swear (or affirm) that to the best of my knowledge and bel			provisions of the Act of Ju	ne 3, 1937 (P.L. 1333, NO.320) as
amended.	Σ Σ			
Sworn to and subscribed before me this				
day of20	-	Sigr	nature of Candidate	
Signature	-	N <sup>2</sup>	Printed Name	
<u>-</u>	, 1		Printed Name	
My Commission expires MO. DAY YR.	<del>-</del> .	Area Code	Daytime Telepho	ne Number

## SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			
		—	
1. Uniternized Contributions and Receipts:\$50:00 or Less per Contributor.			
Total for the reporting period	(1)	\$	
		23023	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)	A305	\$	
All Other Contilled (D-+ D)		ليا	
All Other Contributions (Part B)	į	\$	
Total for the reporting period	(2)	\$	
	Ì	۱ )	
		لسبي	
3. Contributions Over \$250.00 (From Part C and Part D)			
		ć	
3. Contributions Over \$250.00 (From Part C and Part D)  Contributions Received from Political Committees (Part C)		\$	1600.00
		\$	1600.00
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)	121	\$	1600.00
Contributions Received from Political Committees (Part C)	(3)		
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)  Total for the reporting period		\$	1600.00
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)		\$	
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)  Total for the reporting period		\$	
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)  Total for the reporting period  4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)  Total for the reporting period	)	\$	
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)  Total for the reporting period  4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	(4)	\$	

### **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

at en				
	\			Amount
Full Name of Contributing	Comporte	E tO EKECT	Date [MM/DD/YYY]	\$ .
Committee	ELLEN SCI	e to ecect Haverman	11-28-2019	1600.00
House # Street	Address		Date [MM/DD/YYYY]	\$
CITY FAIRULE	State PA	Zip Code 16415	Date [MM/DD/YXYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	5
House # Street	Address		Date [MM/DD/YYYY]	\$. #.
City	State	Zip Code	Date [MM/DD/YYYY]	\$ <b>.</b>
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street,	Address		Date [MM/DD/YYYY]	Š.
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	The state of the s	Commission of the Commission o	Date [MM/DD/YYYY]	<b>\$</b>
House # Street /	Address		Date [MM/DD/YYYY]	\$
City.	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributing Committee			Date [MM/db/YYYY]	\$
House # Street /	Address		Date [MM/DD/Y/YY]	\$
Gity	State	Zip Code	-Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		COLUMN ACTION OF THE PERSON	Date [MM/DD/YYYY]	
House # Street A			Date [MM/DD/YYYY]	\$ <u></u>
<b>Gly</b>	State	Zip Code	Date [MM/DD/YYYY]	\$.

### 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:

eroels staged to be a constraint				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Ad			Date [MM/DD/YYYY] \$	
CON STATE OF THE S	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY]   \$	
House # Street Ai	ddress		Date [MM/DD/YYYY] \$	
Clby <sub>[1,1]</sub>	State State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date (MM/DD/YYYY) \$	
House # Street A	editeloje Karadia		Date [MM/DD/YYYY] \$	
Gby     -  -  -  -  -  -  -  -  -  -  -  -	State	Z <b>ip</b> -Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	00 Julius 100min 100		Date [MM/DD/YYYY] \$	
House # Street Ad	estagal Albada Largest	From Assessment State Political State	Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributor	NANDERSAMORENA.		Date [MM/DD/YYYY] S	
House # Street Ac			Date [MM/DD/YYYY] \$	
(Gly	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributor	Metassicantenano chi		Date (MM/DD/YYYY)   \$	
House # Street Ad		Engrape with Processing or an investment trained	Date [MM/DD/YYYY]   \$	
City:	State	Zip Code	Date [MM/DD/YYYY] \$	

### 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 Iden	dification Number:		<del>v</del>		
	e of ting Committee EL	ECT ELI	e to Elec En Schau	Date [MM/80/YYYY]	1600.00
House #	7495 Street Address	WATE	R 51	Date [MM/DD/YYYY]	ris Pin Note Note
City	FAIRUIELL	State	A Zip Code	415 Date [MM/DD/YYY]	
	ting Committee	***		Date [MM/DD/YYYY]	\$
House #	Street Addres			Date [MM/DD/YYYY]	
Gity Full Nam		State	Zip Code	Date [MM/DD/YYYY]	\$
	ting Committee. Street Addres			Date [MM/DD/YYYY]	
City	arigos Autros	State	Zip Code	Date [MM/DD/YYYY]	
Full Nam	e of	241	4.00	Date [MM/DD/YYYY]	
	ting Committee Street Addres	<b>8</b>		Date [MM/DD/YYYY]	999     143     <b>8</b>
Citý		State	Zip Code	Pate [MM/DD/YYYY]	<u>                                     </u>
Full Nam				Date (MM/DD/YYYY)	<b>*</b>
Contribut	ting Committee Street Addres			Date [MM/DD/YYYY]	Pri
City	(All of Description of All of	State	Zip Code	Date [MM/DD/YYYY]	<b>.</b> <b>.</b>
Full Nam	e of ling Committee	em a		Date [MM/DD/YYYY]	\$[
House #	Street Addres	<b>.</b>		Date [MM/DD/YYYY]	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City	HAR ST	State	Zip Code	Date [MM/DD/YYYY]	<b>i\$</b>

## 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:

Account the latest of the				·	
Full Name of Contributo	1		*****	Date [MM/DD/YYYY]	
eral industrial algebra					
House #	treet Address			Date [MM/DD/YYYY] 44 \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	eratur erasi			Occupation	_
Employer Mailing Addre Principal Place of Busing	195 / 1954				
Full Name of Contributo	r i			Date [MM/DD/YYYY] \$	
House #	treet Address			Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Employer Name	de Postiverojio Religios Institutoj			Occupation	
Employer Mailing Addre Principal Place of Busine					
Full Name of Contribute	<b>17.</b> .			Date [MM/OD/YYYY] *** \$	
House #	treet Address			Date [MM/DD/YYYY] \$	
CITY (C. C. C		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Addre Principal Place of Busine				_	_
Full Name of Contributo				Date [MM/DD/YYYY] \$	
House # S	reet Address			Date [MM/DD/YYYY] \$	
City	1	State HAR	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Addre					

## PART E

# **Other Receipts**

## REFUNDS, INTEREST 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:				
Full Name				
House # Street	et, Address	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				· · · · · · · · · · · · · · · · · · ·
Full Name  House # Stre	et:Address			
City) Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$
100	et Address			
City  Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name House # Street				
City	et Address	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name				
	et Address	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name				
House# Stree City:  Receipt Description	et Address	State	Zip Code	Date [MM/DD/YYYY] \$

### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number			
UNITEMIZED IN-KIND CONTRIBUTION	NS RECEIVED-VALUE OF \$50	).00.C	IR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2 IN-KIND CONTRIBUTIONS RECEIVED	VALUE DESSONOTED S250	00 (F	ROM PART FI
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED V	ATHEROVEDS SOCIALISM (FEZON	NEVAP	
G. ANNIA CONTINUE ON ACCUSED IN		r A	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU PERIOD (Add and enter amount totals from box on Page 1, Report Cover Page, Item F)		\$	

# SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

		VALUE OF \$30.01	10 7230	
Filer iden	dication Number			
	e of Contributor		Date [MM/DD/YYYY] 5	
House #	Street Address		Date [MM/DD/YYYY] \$	
City.	Stat	distribution de la constantina de la c	Date [MM/DD/YYYY] \$	
Descripti	on of Contribution			
Full Nam	e of Contributor		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] 5	
City	Stat	e Zip Code	Date [MM/DD/YYYY] \$	
Descripti	on of Contribution			
	e of Contributor		Date [MM/DD/YYYY] 5	
House #	Street Address		Bate [MM/DD/YYYY] \$	
City	State 11	Zic Code	Date [MM/DD/YYYY] S	
Descripti	on of Contribution			
Full Nam	e of Contributor		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Descript	on of Contribution			
Full Nam	e of Centributor		Date [MM/DD/YYYY]   \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description	on of Contribution			

## **SCHEDULE II** Part G

## **In-Kind Contributions Received**

		VALUE OVER \$250	
Filer identification Numb	AIG - I		
	*		1944 ·
Full Name of Contribut	OF		Date [MM/DD/YYY] \$
	Street Address	Names Mel States and all Scholary class quantificate	Date [MM/DD/YYYY] (5
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
estiplicates record			
Employer Mailing Add Place of Business	ess / Principal		Description of Contribution
Full Name of Contribut			Date [MM/DD/YYYY]
House #	itreet Address	Zip Code	Date [MM/DD/YYYY]   \$
Employer Name			Occupation
Employer Mailing Add	ace / Bringing	0	Description
Place of Business			of Contribution
Full Name of Contribut			Date [MM/DD/YYYY]
House #	treet Address	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
Employer Name	. i i i		Occupation
	antage guide confiden		
Employer Mailing Addr Place of Business	Secure And Manager		Description of Contribution
Full Name of Contribut			Date [MW/DD/YYYY] \$
	treet Address State		Date [MM/DD/YYYY] \$
City	atate	Zip Code	Date [MM/DD/YYYY] \$  Occupation
######################################			
Employer Mailing Addr Place of Business	ess / Principal (114)		Description of Contribution

# SCHEDULE III

# **Statement of Expenditures**

Filer identification Number:	

To Whom Paid				Date [MM/DD/YXYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] 5
House#	Street Address			Description of Expenditure
Gley (		State	Zip Cade	ST ROMAN EN CONTRACTOR DE LA RECONTRACTOR DE LA REC
To Whom Paid				Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
Culty Intent 		State	Zîp Code	
To Whom Paid				Date [MM/DD/YYY] \$
House #	Street Address			Description of Expenditure
City		State	Zíp Code II	
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	American		Description of Expenditure
Glty :		State	Zip Code	
To Whom Pald				Daté [MM/DD/YYYY] \$
House #	Street Address		TOWN REPORTED THE SECONDARY OF THE SECON	Description of Expenditure
City a		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY]     \$
House#	Street Address		EAST-SHALL MANAGEMENT (BT)	Description of Expenditure
Gity.		State	Zip. 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.

Filer Identification Number:			
Name of Greditor  House # Str	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Debt		State Zip Code	
Nama of Creditor		DATE DEBT INCURRED	Outstanding Balance of Debt
City Description of Debt		[MM/DD/YYYY]  State Zip Code	
Name of Creditor-	eet Address	DATE DEBT INCURRED	Outstanding Balance of Debt
117 248 - 128		[MM/BD/YYYY]  State Zip Code	- I
Description of Debt  Name of Creditor  House # Str	eet Address	DATE DEST INCURRED	Outstanding Balance of Debt
The last of the la		[MM/DD/YYYY] State Zip Cade	
Dascription of Debt Name of Creditor		DATE DEBT INCURRED	Outstanding Balance of Debt
Gity	eet Address	State Zip	
Description of Debt			Outstanding Balance of Debt
House # Stree	eet Address	DATE DEST INCURRED [MM/DD/YYYY]  State Z[p Code	5
Description of Debt		Code	