

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	84-2850392	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	ELLEN SCHAUERMAN							
Street Address	1820 MILLFAIR RD							
City	ERIE	State	PA	Zip Code	16505			

Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
11/05/2019		2019		<input type="checkbox"/>		<input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report			<p>2019 OCT 23 PM 11:37</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> <p>K</p>
B. Total Monetary Contributions and Receipts (From Schedule I)		0	
C. Total Funds Available (Sum of Lines A and B)		5495.00	
D. Total Expenditures (From Schedule III)		5495.00	
E. Ending Cash Balance (Subtract Line D from Line C)		3856.79	
F. Value of In-Kind Contributions Received (From Schedule II)		1638.21	
G. Unpaid Debts and Obligations (From Schedule IV)			

Part I- If this is a Committee report, treasurer sign here. If this is a candidate report, candidate sign here.	
I swear (or affirm) that this report, including the attached schedules, is to the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this 23 rd day of October 2019 Tonia Fernandez Signature My Commission expires 4-3-23 MO. DAY YR.	Signature of Person Submitting report JAMES KRINDA Printed Name 814 474-5766 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.	
I swear (or affirm) that to the best of my knowledge and belief the 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 23 rd day of October 2019 Tonia Fernandez Signature My Commission expires 4-3-23 MO. DAY YR.	Signature of Candidate ELLEN SCHAUERMAN Printed Name 814 392-3672 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Tonia Fernandez, Notary Public
 My commission expires April 3, 2023
 Commission number 1288912
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number		84-250392	
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 95.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period		(2)	\$ 1900.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$ 3500.00
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 3500.00
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)		\$	5495.00

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.)

File Identification Number	84-285039Z
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Full Name of Contributor				Date (MM/DD/YYYY)		\$
STEVEN + PATRICIA RILEY				09/28/2019		100.00
House #	Street Address			Date (MM/DD/YYYY)		\$
5708	BDNAVENTURE DR.					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
ERIE	PA	16505				
Full Name of Contributor				Date (MM/DD/YYYY)		\$
ED YARRINGTON				09/28/2019		100.00
House #	Street Address			Date (MM/DD/YYYY)		\$
6350	RUHL RD.					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
FAIRVIEW	PA	16415				
Full Name of Contributor				Date (MM/DD/YYYY)		\$
BARB & GARY MILLS				09/28/2019		100.00
House #	Street Address			Date (MM/DD/YYYY)		\$
15031	Fry Rd.					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
EDINBORO	PA	16412				
Full Name of Contributor				Date (MM/DD/YYYY)		\$
CHRIS & JENN SCHMERMAN				09/28/2019		250.00
House #	Street Address			Date (MM/DD/YYYY)		\$
167	ROGERS PARKWAY					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
ROCHESTER	NY	14617				
Full Name of Contributor				Date (MM/DD/YYYY)		\$
TOM BENSON				09/28/2019		100.00
House #	Street Address			Date (MM/DD/YYYY)		\$
2015	DUTCH RD.					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
FAIRVIEW	PA	16415				
Full Name of Contributor				Date (MM/DD/YYYY)		\$
PATRICK + NATALIE LATIMER				09/28/2019		250.00
House #	Street Address			Date (MM/DD/YYYY)		\$
7059	W. LAKE RD.					
City	State	Zip Code	Date (MM/DD/YYYY)		\$	
FAIRVIEW	PA	16415				

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.)

File Identification Number	84-2850392
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Full Name of Contributor	EDWARD & RITA GOEBEL				Date (MM/DD/YYYY)	09/28/2019	\$	200.00
House #	3226	Street Address	GEORGIAN CT.		Date (MM/DD/YYYY)		\$	
City	ERIE	State	PA	Zip Code	16506	Date (MM/DD/YYYY)		\$
Full Name of Contributor	NANCY YARRINGTON				Date (MM/DD/YYYY)	09/28/2019	\$	100.00
House #	128	Street Address	LONGACRE AVE.		Date (MM/DD/YYYY)		\$	
City	ERIE	State	PA	Zip Code	16509	Date (MM/DD/YYYY)		\$
Full Name of Contributor	J. BRIAN FOHT				Date (MM/DD/YYYY)	09/28/2019	\$	250.00
House #	80	Street Address	LORD RD.		Date (MM/DD/YYYY)		\$	
City	FAIRVIEW	State	PA	Zip Code	16415	Date (MM/DD/YYYY)		\$
Full Name of Contributor	WED R. & SANDRA M. CARLSON				Date (MM/DD/YYYY)	09/08/2019	\$	200.00
House #	3273	Street Address	GEORGIAN CT.		Date (MM/DD/YYYY)		\$	
City	ERIE	State	PA	Zip Code	16506-1171	Date (MM/DD/YYYY)		\$
Full Name of Contributor	D. GARTH & MARGARET L. HETZ				Date (MM/DD/YYYY)	10/02/2019	\$	250.00
House #	6959	Street Address	E WATER ST. PO BOX 309		Date (MM/DD/YYYY)		\$	
City	FAIRVIEW	State	PA	Zip Code	16415	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/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		84-Z85039Z			
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Full Name of Contributor		JACK FOHT		Date (MM/DD/YYYY)	09/28/2019	\$	2,000.00
House #	1034	Street Address	6TH LN N	Date (MM/DD/YYYY)		\$	
City	NAPLES	State	FL	Zip Code	34102	Date (MM/DD/YYYY)	\$
Employer Name				Occupation	RETIRED		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor		SCOTT M. BONNELL		Date (MM/DD/YYYY)	10/14/2019	\$	500.00
House #	4418	Street Address	PERSIMMON DR	Date (MM/DD/YYYY)		\$	
City	GIRARD	State	PA	Zip Code	16417	Date (MM/DD/YYYY)	\$
Employer Name		BONNELL'S AUTO GROUP, LLC		Occupation	AUTO BODY REPAIR		
Employer Mailing Address / Principal Place of Business		4230 FRANKLIN RD. FAIRVIEW, PA 16415					

Full Name of Contributor		ROGER W. RICHARDS		Date (MM/DD/YYYY)	10/04/2019	\$	1,000.00
House #		Street Address		Date (MM/DD/YYYY)		\$	
City		State		Zip Code		Date (MM/DD/YYYY)	\$
Employer Name		RICHARDS & ASSOCIATES		Occupation	ATTORNEY		
Employer Mailing Address / Principal Place of Business		230 WEST SIXTH ST. ERIE, PA 16507-1319					

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							

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**

Plan Identifier Number	
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1. UNIFORMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 FROM PARTIS			
TOTAL for the reporting period	(2)	\$	

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 FROM PART G			
TOTAL for the reporting period	(3)	\$	

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State	Zip Code		Date (MM/DD/YYYY)		S
Description of Contribution						
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State	Zip Code		Date (MM/DD/YYYY)		S
Description of Contribution						
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State	Zip Code		Date (MM/DD/YYYY)		S
Description of Contribution						
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State	Zip Code		Date (MM/DD/YYYY)		S
Description of Contribution						

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City			State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City			State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City			State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City			State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

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	84-2850392
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Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					

SCHEDULE III

Statement of Expenditures

Filer/Identification Number	84-2850392
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To Whom Paid	ACH HARLAND CLARKE-LI			Date (MM/DD/YYYY)	09/17/2019	\$	18.60
House #	Street Address	City	State	Zip Code	Description of Expenditure		
					80 CHECKS & CHECKBOOK		
To Whom Paid	PRINTING CONCEPTS			Date (MM/DD/YYYY)	10/18/2019	\$	3838.19
House #	Street Address	City	State	Zip Code	Description of Expenditure		
4982	PACIFIC AVE.	ERIE	PA	16506	MAILING & POSTCARDS		
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		

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.

Eligible Identification Number

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City	State	Zip	Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City	State	Zip	Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City	State	Zip	Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City	State	Zip	Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City	State	Zip	Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$		
City	State	Zip	Code			
Description of Debt						