

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input 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		<input type="checkbox"/>	Termination Report	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	6-11-19	10-21-19	2019 OCT 22 PM 3:43 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 3441.35	
C. Total Funds Available (Sum of Lines A and B)		\$ -3441.35	
D. Total Expenditures (From Schedule III)		\$ 1407.90	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ -4849.25	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ -	
G. Unpaid Debts and Obligations (From Schedule IV)		\$	

Affidavit Section

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 on page(s), is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 22nd day of October 2019

Sonia Hernandez
Signature

My Commission expires 4-3-23
MO. DAY YR.

Ellen Schauerman
Signature of Person Submitting report

ELLEN SCHAUERMAN
Printed Name

814
Area Code

398-3672
Daytime Telephone Number

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 particular 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 _____ day of _____ 20____

Signature

My Commission expires _____
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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)	\$	
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)	\$	
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)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

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																													
										Amount																			
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$									
House #		Street Address								Date [MM/DD/YYYY]										\$									
City						State				Zip Code								Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$									
House #		Street Address								Date [MM/DD/YYYY]										\$									
City						State				Zip Code								Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$									
House #		Street Address								Date [MM/DD/YYYY]										\$									
City						State				Zip Code								Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$									
House #		Street Address								Date [MM/DD/YYYY]										\$									
City						State				Zip Code								Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$									
House #		Street Address								Date [MM/DD/YYYY]										\$									
City						State				Zip Code								Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$									
House #		Street Address								Date [MM/DD/YYYY]										\$									
City						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:	
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Full Name of Contributor		Date [MM/DD/YYYY]	\$					
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		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/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$					
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		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/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 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 Identification Number	
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Full Name of Contributing Committee		Date (MM/DD/YYYY)	\$	
House #	Street Address	Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Full Name of Contributing Committee		Date (MM/DD/YYYY)	\$	
House #	Street Address	Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Full Name of Contributing Committee		Date (MM/DD/YYYY)	\$	
House #	Street Address	Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Full Name of Contributing Committee		Date (MM/DD/YYYY)	\$	
House #	Street Address	Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Full Name of Contributing Committee		Date (MM/DD/YYYY)	\$	
House #	Street Address	Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Full Name of Contributing Committee		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:	
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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/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/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/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	
						\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

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 Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

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	
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1. UNITEMIZED 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 PART E)		
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]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
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)	\$	
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		
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		
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		
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	
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To Whom Paid: FAIRVIEW PARKS + REC AUTHORITY					Date (MM/DD/YYYY): 9-17-19		\$ 300	
House #: 7471		Street Address: 7471 McCray Rd			Description of Expenditure:			
City: FAIRVIEW		State: PA		Zip Code: 16415		PROPERTY RENTAL FOR FUND RAISER		
To Whom Paid: WEGMANS					Date (MM/DD/YYYY): 9-26-19		\$ 528.06	
House #: 5028		Street Address: W RIDGE RD			Description of Expenditure:			
City: ERIE		State: PA		Zip Code: 16506		FOOD FOR FUNDRAISER		
To Whom Paid: DESANTIS SIGNS					Date (MM/DD/YYYY): 9-20-19		\$ 579.84	
House #: 540		Street Address: W 18th ST			Description of Expenditure:			
City: ERIE		State: PA		Zip Code: 16502		ELECTION SIGNS		
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:					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:					Date (MM/DD/YYYY):		\$	
House #:		Street Address:			Description of Expenditure:			
City:		State:		Zip Code:				

\$ 1407.90

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:	
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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						