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

Filer Identification Number 94-2850392 Name of Filing Committee Candidate or Lobbyist Street Address	Report Filed ( ( Mark X)			Committee	huerman	Lobbyist
City ENE	467	State	BA	Zip Code	16505	-141-2 - 41-
Type of Report (Place x under report type)			<u> </u>	And the second second	763	· · · · · · · · · · · · · · · · · · ·
	4- 6th Tuesday	5- 2 <sup>nd</sup> Friday	6-30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	- 1990年 1		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) (1/2	Year	2623	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures     トレーシー	To Date	37/24		For (	Office Use Only	
A. Amount Brought Forward From Last Report 5 338 21						
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available						
(Sum of Lines A and B)	\$ 33	8.21				$\simeq$
D. Total Expenditures  (From Schedule III)						
(From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  S						73 20
F. Value of In-Kind Contributions Received (From Schedule II)	\$				100 pr 100 cm	C
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 500	) , <i>o</i> o				
Part 1- If this is a <b>Committee</b> report, treasurer sign he	ere If this is a Cap	Æfidavit Se	tion			
I swear (or affirm) that this report, including the attac	ched schedules of	paper, is terte	ndidate sign here. best of my_knowled	ge and belief tru	ie, correct and complet	e.
I swear (or affirm) that this report, including the attached schedules on paper, is the best of my knowledge and belief true, correct and complete.  Sworn to and subscribed before me this						
day of Tarwary 20 25 Wignature of Person Submitting report						_
Signature  Signature  Printed Name  Output  Discontinuos Person Submitting report  Printed Name						_
My Commission expires 12-20 -202	Association	ennsylvariia - Note yer, Notary Publi County ires December 20 humber 1455866	14	887	2/52/2	_
MO. DAY YR.  Part II- If this is a report of a Candidate's Authorized	of N	Public Public 5865	rea Code	Dayt	ime Telephone Numbe	r 
I swear (or affirm) that to the best of my knowledge a	and belief this abli	uatesnan signine ticas commicae i	ne. nas not violated anv	provisions of th	e Act of June 3 1937 (c	P.L. 1333 NO 320) as
amended.				provisions or a	ie Act of Julie 3, 1337 (i	.E. 1555, NO.526, as
Sworn to and subscribed before me this	er, Per	nonwealth Lauren E. Jammission		÷		
al day of January 20 25 . Tanuary 20 25						
Sworn to and subscribed before me this  All day of January 20 25  Commission expires December 20  Mo. DAY YR.  Area Code  Signature of Candidate  Frinted Name  Signature of Candidate  Frinted Name  Area Code  Daytime Telephone Number						
My Commission expires 12-20-2029 Printed Name  Note of the printed Name						ريو
MO. DAY YR.	tion of i	Imponwealth of Pennsylvania - Notary Lauren E. Thayer, Notary Public Erie County commission expires December 20.	ea Code	Daytir	ne Telephone Number	<del>= -</del> i
	mber, Pennsylvania Association of Notaries	- 621				
	aries	Seal 2028				

## **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.

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Nameol@editor	Eller Schmerman	Outstanding Balance of Debt
House# 1820 Stre	Eller Schaverman et Address Mill Fare RD  EVIE  State RA  Zio  Codes  Loan to Committee to Elect Eller	IGURRED S YVYYI
Gliy	EVIE State PA Zip Codes	K505
Description of Debt	Loan to Committee to Elect Eller	Schauerman
Name of Geditor		Outstanding Balance or Debt
	et Address DATE DEBT IN IMM/DB/	STATE OF THE PROPERTY OF THE P
Gity -	State Zip Code	
Description of Debt	Hermony printers on 1 Transmissionary	by b
Name of Creditor	TRACOGRAMA SINITA	Outstanding Balance of Debt
House # Stree	et Address DATE DEBT IN IMM/DD/	
Chy	State Zip Code	
Description of Debt	[क्टांडिक्ट्रिक्ट्	
Name of Greditor		Outstanding Balance of Debt
*House # Stree	et Address DATE DEBT IN (MM/DD/)	
City 1	State Zip Code	
Description of Debt	[St. allers de l'extra	[55:5] [56:4028]
Name of Greditor		Outstanding Balance of Debt
House#: Stree	et Address DATE DEBT IN	CURRED S. CYYY)
City.	State Zip Code	
Description of Debt.	[中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	
Name of Greditor		Outstanding Balance of Debt
House # Stree	t Address DATE DEBT IN [MM/DD//	
Gity s.	State Zip Code	
Description of Debt		