

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	84-2850382	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	Committee to Elect Ellen Schauerman							
Street Address	423 Outcreek Ave							
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/7	Year	2023		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2025 JAN 21 PM 2:30 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report	1-1-24	12/31/24	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 338.21	
C. Total Funds Available (Sum of Lines A and B)		\$ 338.21	
D. Total Expenditures (From Schedule III)		\$ -	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 338.21	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ -	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 500.00	

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 or exhibits, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 21 day of January 2025

Lauren E Thayer
Signature

My Commission expires 12-20-2028
MO. DAY YR.

Charles Folt
Signature of Person Submitting Report

CHARLES FOLT
Printed Name

14
Area Code

882-5212
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 report, including the attached schedules or exhibits, 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 21 day of January 2025

Lauren E Thayer
Signature

My Commission expires 12-20-2028
MO. DAY YR.

Ellen Schauerman
Signature of Candidate

ELLEN SCHAUERMAN
Printed Name

814
Area Code

392-3672
Daytime Telephone Number

Notary Public
 Lauren E. Thayer, Notary Public
 Erie County
 My commission expires December 20, 2028.
 Commission number 1455865
 Member, Pennsylvania Association of Notaries

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:	84-2850392
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Name of Creditor: <i>Ellea Schauerma</i>					Outstanding Balance of Debt	
House #	1820	Street Address: <i>Mill Fair Rd</i>	DATE DEBT INCURRED [MM/DD/YYYY]	\$	500-	
City: <i>ERIE</i>		State: <i>PA</i>	Zip Code: <i>16505</i>			
Description of Debt: <i>Loan to Committee to Elect Ellea Schauerma</i>						

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:						