

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) <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Lobbyist	Name of Filing Committee to Elect Ellen Schauerman
Street Address 423 Oakmont Ave		
City Erie	State Pa	Zip Code 16525

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) 11/7/2023		Year 2023		Amendment Report <input type="checkbox"/>		Termination Report <input type="checkbox"/>		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date 11-28-23	To Date 12/31/23	For Office Use Only 2024 JAN 18 PM 2:55 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report	\$	338.21	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	—	
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 schedule, is true to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

18th day of **January** 20**24**
Angela L. Watson
Signature

My Commission expires **12/02/2026**
MO. DAY YR.

Charles K. Kohr
Signature of Person Submitting report
Printed Name

814 **842-5212**
Area Code 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 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

18th day of **January** 20**24**
Angela L. Watson
Signature

My Commission expires **12/02/2026**
MO. DAY YR.

Ellen Schauerman
Signature of Candidate
ELLEN SCHAUERMAN
Printed Name

814 **392-3672**
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Angela L. Watson, Notary Public
Erie County
My commission expires December 2, 2026
Commission number 1425503
Member, Pennsylvania Association of Notaries

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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	

RECEIVED
 505 STATE ST. NEWTON, MA 02459
 TEL: (617) 552-3300
 FAX: (617) 552-3301
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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 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:	
------------------------------	--

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 B)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART C)		
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		Date [MM/DD/YYYY]		\$
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]		\$
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]		\$
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]		\$
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				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		
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		

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.

File Identification Number 84-2850392							
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Name of Creditor					Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED <small>[MM/DD/YYYY]</small>	\$				
1820	Millfair Rd						
City	State	Zip Code					
Tuc		Pa	16505				
Description of Debt							
Loan to Committee to Elect Ellen Schaeferman							

Name of Creditor					Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED <small>[MM/DD/YYYY]</small>	\$				
City	State	Zip Code					
Description of Debt							

Name of Creditor					Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED <small>[MM/DD/YYYY]</small>	\$				
City	State	Zip Code					
Description of Debt							

Name of Creditor					Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED <small>[MM/DD/YYYY]</small>	\$				
City	State	Zip Code					
Description of Debt							

Name of Creditor					Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED <small>[MM/DD/YYYY]</small>	\$				
City	State	Zip Code					
Description of Debt							

Name of Creditor					Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED <small>[MM/DD/YYYY]</small>	\$				
City	State	Zip Code					
Description of Debt							