

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Election Committee Number	Report Filed By (Candidate)	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Election Committee (Candidate or Lobbyist)		EILEEN SCHAUERMANS				
Street Address		1820 MILLFAIR RD				
City	ERIE	State	PA	Zip Code	16505	

Type of Report (Place x under report type)

1. 60 Day Pre-Primary	2. 25 Day Pre-Primary	3. 30 Day Post-Primary	4. 60 Day Pre-Election	5. 25 Day Pre-Election	6. 30 Day Post-Election	7. Annual	Special 25 Day 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)		Year		Amendment Report		Termination Report		
11-26-19		12-31-21		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Summary of Receipts	From Date	To Date	For Office or Party
Expenditures	1-1-21	12-31-21	
A. Amounts Forwarded from Last Report	\$		-3249.25
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		-
C. Total Funds Available (Sum of Lines A and B)	\$		-3249.25
D. Total Expenditures (From Schedule II)	\$		-
E. Ending Cash Balance (Subtract D from C)	\$		-3249.25
F. Value of In-Kind Contributions Received (From Schedule II)	\$		-
G. Unpaid Debts and Obligations (From Schedule II)	\$		-

**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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this <u>7th</u> day of <u>January</u> 20 <u>21</u> <u>Jonis Fernandez</u> Signature My Commission expires <u>4-3-23</u> MO. DAY YR.	Notary Public Jonis Fernandez Erie County Commission expires April 3, 2023 Commission number 12889	<u>Eileen Schauerman</u> Signature of Person Submitting report <u>EILEEN SCHAUERMAN</u> Printed Name <u>814</u> <u>392-3672</u> Area Code      Daytime Telephone Number
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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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

My Commission expires \_\_\_\_\_ MO. DAY YR.      \_\_\_\_\_ Area Code      \_\_\_\_\_ Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

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

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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

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TOTAL for the reporting period	(1)	\$	

TOTAL for the reporting period	(2)	\$	

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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