

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Д1	-4840274	Rej	oort Filed B		ate ate	Committee			Lobbyist
Number Name of Filing Comm			(Mark X)							
Lobbyist			Con	nmittee to E	lect Joseph So	chember				
Street Address		1700 de 1700 de	РО	Box 927						
City	Erie				State	PA	Zip Code	16512		
Type of Report (Place										
1-6 th Tuesday 2-2 Pre-Primary Pre-					5. 2 nd Friday	The state of the s	t 7- Annual	Special 2 nd F		Special 30 Day
are-rumary Pre-	Primary	Primary	Pre-	Election	Pre- Election	Election	The state of the s	Pre-Election		Post-Election
Date Of Election (MM/DD/YYYY)			Yea	ır 2	2023	Amendment Report		Termination Report		
Summary of Receipts Expenditures	and	From Date		To Date	Land Control of the C		For	Office Use On	ly	
		01/01/2023	- 1	12	/31/2023					
A. Amount Brought F	orward F	rom Last Repor	t	\$ 12	2,922.41	and the second s		, a le		
B. Total Monetary Co (From Schedule I)	ntributio	ns and Receipt:	3	\$ 38	3,990.00	1		176 cg. g 176 cg. g 176 cg. g 177 cg	() () () ()	
C. Total Funds Availa (Sum of Lines A and E				\$ 16	1,912.41				C	
D. Total Expenditures (From Schedule III)				\$ 9	,196.35				N	
E. Ending Cash Balanc	- A00-WEDGO W. O/00/PURCO -	(2-14) (6-12)		\$ 15	2 746 06	-				
(Subtract Line D from F. Value of In-Kind Co		ns Received		\$ 15	2,716.06					
(From Schedule II)				2	,054.00	<u> </u>			<u></u>	
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns		\$ = ~	0.00					
- Committee of the Comm				S C						
Part 1- If this is a Commi I swear (or affirm) that to	his report,	τ, treasurer sign h including the atta	ere. If	पाड़ाs a Cain	वार्ष्यक्रि, is to the	andidate sign here best of my knowl	e. edge and belief to	rue, correct and	complete	l.
I swear (or affirm) that the Sworn to and subscribed day of Jav Signat	before me	e this		/ Put	tion c	Pelis		()	-	
day of UCU	nucry	20_ <u>24</u> 11_1		lotar, Into	socia	Signatur	re of Person Subm	MUU		_
Signat Signat	LELICE	la	_	d N Sellis	nia As	Rebecca Hov	Ver			_
My Commission expires	11/1 1	2-Dlo		Sheffie Sheffie Entre	Sylvai	14		e -0119		,
wy commission expires_	MO.	DAY YR.	_	Sue Sheffi Sue Sheffi Er	ommission number 14 Pennsylvania Associati	Area Code		time Telephone	Number	-
Part II- If this is a report	of a Candid	late's Authorized	Comn	hittee, cargi	date shall sign h	iere.	4			- /
I swear (or affirm) that to amended.	o the best (or my knowledge	and b	-€0	tical/committee	has not violated a	any provisions of t	he Act of June 3	3, 1937 (P.	.L. 1333; NO.320) as
Sworn to and subscribed	before me	this		2, 20 2	dotari	1				
22 day of Jan	Mach V	20 24		Public Public mber 2, 2	n of h	Joseph	O. S.A	mha		
Su	Shel	Held.	I 1	*OL 15= 2	ciatio	Si Joseph Schembe	ignature of Candi	date		-
Signati	ure (U	-	ffield, Notal Erie County expires De	Asso	COOPH CONCINE	Printed Name			_
My Commission expires_	<u> 1プーし</u>	3-26	_ <u>*</u>	ffield Frie (expir	kania –	14		92-0996		
	MO.	DAY YK.	a de	ue Sheffield, hotary Public Erie County hission expires December minission number 14.274.4	ennsylvania Association of Notari	Area Code	Dayt	ime Telephone	Number	
			ON WE	Sue Sheffield, Notary Erie County My commission expires Dece	<u> </u>	 -				:
			E	S My comm	Member					
			Ø	≥	J≥					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number 81-4840274		

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
		Administry of a	
Total for the reporting period	(1)	\$	200.00
			200.00
2. Contributions of \$50.01 to \$250.00 (From	S. COO APPL		
Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	The state of the s
(a		7	300.00
All Other Contributions (Part B)		\$	
(٧	6,790.00
Total for the reporting period	(2)	\$	
Total for the reporting period	12)	٧	7,090.00
3. Contributions Over \$250.00 (From Part C and Part D)	100000000000000000000000000000000000000	NET E	
	1,577 (1900)	n 25	Amerika-lapting
Contributions Received from Political Committees (Part C)		\$	17,300.00
All Others County (County)			17,000.00
All Other Contributions (Part D)		\$	14.400.00
- 16	(-)	_	1,10000
Total for the reporting period	(3)	Ş	31,700.00
			01,700.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	Admin Age	Æ.	
es in the late of	NAME OF THE PERSON OF THE PERS		
Total for the reporting period	(4)	\$	A CONTRACTOR OF THE CONTRACTOR
	`''	*	0.00
Total Monetary Contributions and Receipts during this reporting period (Add and		Ś	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rej	nort	*	
Cover Page, Item B)	ا ```		38,990.00
To vo. 7 aga, rean of	,		

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.

i ila i identi i cattori		Please see attach	ned report		
					Amount
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY)	
				The company of the state of the company of the state of t	OF THE STATE OF TH
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor Committee	atributing			Date [MM/DD/YYYY]	The second secon
Committee)					
House #	Street Address	_		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
	The state of the s	Total Addition			
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY]	
House #	Street Address		. 784	Date [MM/DD/YYYY]	\$
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City		State	Zip Code	Date [MM/DD/YYYY]	
	The state of the s	A SOLUTION OF THE PROPERTY OF	- 18		gradian
Full Name of Con Committee	TURNE			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY)	
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Full Name of Con Committee	tributing ==			Date [MM/DD/YYYY]	\$
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House#	Street Address			Date [MM/DD/YYYY]	\$
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City		State	Zip Code	Date [MM/DD/YYYY]	
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House#	Street Address			Decarage	
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City	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code		THE STATE OF THE S
			with-confe	Date [MM/DD/YYYY]	***

8/3/2023	7/28/2023	Date	2023
8/3/2023 \$150.00 NFG PAPAC	7/28/2023 \$150.00 HIGHMARK PAC	Amount Contributor	
PO BOX 2018	1800 CENTER ST	Street Address	
ERIE	CAMP HILL	City	
PA	PΑ	State	
16512	17089	Zip code	

\$300.00

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.)

Full Name of Contribut	or			Date [MM/DD/YYYY]	\$
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House#	Street Address			Isaa (pp Apper)	
Mouse #	Street Address			Date [MM/DD/YYYY]	\$
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	46.5				
City	S	tate	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Contribut	OF THE STREET			Date [MM/DD/YYYY]	\$
H					
House #	Street Address			Date [MM/DD/YYYY]	\$
	AC 4				
	7 N. C. C. (1997)				
City	i.S	tate	Zip Code	Date [MM/DD/YYYY]	\$
		- 3.5			
Full Name of Contribute	or#			Date [MM/DD/YYYY]	\$
300 F 39 3			l		
1 .					
Control I					SOLUTION OF THE PROPERTY OF TH
House #	Street Address			Date [MM/DD/YYYY]	
			[7.5.6	Active of \$7.00. Section 5.700 Section 5.700
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City	S	tate :	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Contributo					
Full Name of Contribute	SP.48				
200 7				Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYYY]	. \$
		<u></u>		Date [MM/DD/YYYY]	
	Street Address				
House #				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
House #	Street Address	late:	Zip Code		
House #	Street Address	late	Zip Code	Date [MM/DD/YYYY]	\$
House #	Street Address	lat e	Zip.Code	Date [MM/DD/YYYY]	
House #	Street Address	lat e	Zip:Code	Date [MM/DD/YYYY]	\$
House #	Street Address	late:	Zip Code	Date [MM/DD/YYYY]	
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16508	PΔ	FRIF	3928 COCHRAN STREET	\$150.00 KENNETH BRASINGTON	8/12/2023
16504	PΑ	ERIE	3830 PARADE STREET	\$250.00 CARL ANDERSON	8/11/2023
16502	PA	ERIE	1637 WEST 24TH STREET	\$250.00 PETER SALA	8/11/2023
16502	PΑ	ERIE	634 DOWNING CT	\$150.00 GLORIA GLENN	8/11/2023
16510	PΑ	ERIE	4376 DEPOT ROAD	\$140.00 KYLE FOUST	8/11/2023
16508	PΑ	ERIE	28 W 33RD ST	\$100.00 DAVID DETER	8/11/2023
16441	PA	WATERFORD	10841 SHARP ROAD	\$250.00 RICHARD LORAH	8/3/2023
16505	PΑ	ERIE	437 SHENLEY DRIVE	\$150.00 JOHN GLEASON	8/3/2023
16511	PΑ	ERIE	1651 EAST 12TH STREET	\$250.00 FRANK VICTOR	8/1/2023
16506	PA	ERIE	3243 GEORGIAN COURT	\$250.00 JOHN ALBERSTADT JR	8/1/2023
16509	PA	ERIE	7215 FIELDSTONE CT	\$250.00 REBECCA SCHEMBER	7/28/2023
16415	PΑ	FAIRVIEW	7651 BIRCH DRIVE	\$250.00 CHRISTOPHER JANUS	7/28/2023
16506	PΑ	ERIE	4407 FOREST GLN	\$150.00 MARUREEN BARBER-CAREY	7/24/2023
16503	PΑ	ERIE	2115 GERMAN STREET	\$150.00 GARY LEE	7/24/2023
16504	PA	ERIE	126 EAST 35TH STREET	\$250.00 MICHAEL FRALEY	7/21/2023
16508	PΑ	ERIE	3407 GLENSIDE AVE	\$100.00 DAVID BRENNAN	7/21/2023
16505	PΑ	ERIE	5302 WOLF ROAD	\$150.00 CHARLES WALCZAK	7/18/2023
16506	PΑ	ERIE	5088 ELLINGTON DR	\$250.00 DANIEL SPIZARNY	7/14/2023
16510	PΑ	ERIE	3227 REGIS DR	\$150.00 BERNARD SLOMSKI	7/14/2023
16442	PΑ	WATTSBURG	7938 JONES ROAD	\$250.00 JASON SAYERS	7/14/2023
16506	PΑ	ERIE	3700 DREXEL DRIVE	\$250.00 CLEMONT AUSTIN	7/14/2023
16506	PΑ	ERIE	3524 ABERDEEN AVE	\$250.00 CHRISTOPHER LAMPE	7/10/2023
16508	PΑ	Erie	4304 PRESTWICK DRIVE	\$250.00 MICHAEL ZAVASKY	7/8/2023
16508	PΑ	ERIE	3930 MYRTLE STREET	\$250.00 PATTI WILLIAMS	7/8/2023
16509	PΑ	ERIE	6131 TOMART DR	\$150.00 LEANN WOLFE	7/8/2023
16504	PΑ	ERIE	832 EAST 36TH STREET	\$250.00 MELVIN WITHERSPOON	6/30/2023
16509	PΑ	ERIE	1560 WEST 40TH STREET	\$150.00 DANIEL TEMPESTINI	6/30/2023
16505	PΑ	ERIE	1508 WEST 6TH STREET	\$250.00 RICHARD SUMINSKI	6/30/2023
16508	PΑ	Erie	4213 STATE STREET	\$150.00 KEVIN SEEKER	6/30/2023
21093	MD	LUTHERVILLE	200 CHARMUTH ROAD	\$150.00 ROY SAMBUCHINO	6/30/2023
16510	PΑ	ERIE	2715 EAST 44TH STREET	\$250.00 ALBERT MESSINA	6/30/2023
16509	PΑ	ERIE	119 BAYMIST DRVIE	\$150.00 GEORGE LYONS	6/30/2023
16505	PΑ	ERIE	420 SHAWNEE DRIVE	\$150.00 WILLIAM GLOEKLER	6/30/2023
Zip code	State	City	Street Address	Amount Contributor	Deposit Date A
					2023

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:		
The state of the s		
91.4	840274 Please see attached report	
	040274 Ficase see allactied report	
200 200		

Full Name of			Date [MM/DD/YYYY]	
Contributing Committee			Date (MIM/DD/TTTI)	\$
Committee				
House # Street Address			English Ann Annaile	200 A 100
STEEL Address			Date [MM/DD/YYYY]	
City I	State	Zip Code	Date [MM/DD/YYYY]	5
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Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
			·	
House # Street Address			Date [MM/DD/YYYY]	\$
				-
City	State	Zip Code ==	Date [MM/DD/YYYY]	\$
		72 days		
Full Name of	**:-	Site Section		Control of
Contributing Committee			Date [MM/DD/YYYY]	
Contributing committee				
House # Street Address	 .		- b-v trav /po/www.	
Mode w Street Address			Date [MM/DD/YYYY]	\$
Elty	State	Zip Code	Date MM/DD/YYYY)	
	Jule	21 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date [MIN] DD/TTT]	\$
第二一版	227			
Full Name of			Date [MM/DD/YYYY]	*5
Full Name of			Date [MM/DD/YYYY]	.
Contributing Committee				1
			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
Contributing Committee				Section 1988 Se
Contributing Committee House # Street Address			Date [MM/DD/YYYY]	.
Contributing Committee	State	Zip Code		Section 1988 Se
Contributing Committee House # Street Address	State	Zip Code	Date [MM/DD/YYYY]	.
Contributing Committee House # Street Address City	State	ZIp-Code	Date [MM/DD/WYY]	\$
Contributing Committee House # Street Address City Full Name of	Serie	ZIp Code	Date [MM/DD/YYYY]	.
Contributing Committee House # Street Address City	State	Zip code	Date [MM/DD/WYY]	\$
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Contributing Committee House # Street Address City Full Name of Contributing Committee House # Street Address City Full Name of Contributing Committee			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ S S S S S S S S S
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12/29/2023	8/12/2023	8/3/2023	8/1/2023	8/1/2023	7/18/2023	7/8/2023	6/30/2023	6/30/2023	6/30/2023	Date
3 \$1,000.00 FNB CORPORATION PAC			3 \$1,500.00 AFSCME COUNCIL 13	3 \$1,000.00 SHEET METAL WORKERS LOCAL UNION 12	3 \$1,500.00 GREATER PA CARPENTERS PEC	3 \$500.00 LOCAL 66 PAC CLUB	3 \$1,000.00 PLUMBERS LOCAL #27	3 \$300.00 THE LH PAC	3 \$2,500.00 LPAC ERIE	Amount Contributor
90 BOX 1699 3015 GLIMCHER BLVD	232 WISE ROAD, SUITE 200	PO Box 3576	4031 EXECUTIVE PARK DR	1200 GULF LAB ROAD	1803 SPRING GARDEN STREET	111 ZETA DRIVE	1040 MONTOUR W. IND. PARK	1238 ST MARY DRIVE	120 W 10TH STREET	Street Address
ERIE HERMITAGE	HARMONY	ERIE	HARRISBURG	PITTSBURGH	PHILADELPHIA	PITTSBURGH	CORAOPOLIS	ERIE	ERIE	City
PA PA	PA	PA	PΑ	PΑ	PΑ	PΑ	PΑ	PΑ	PA	State
16530 16148	16037	16508	17111	15238	19130	15238	15108	16509	16501	Zip code

TOTAL

\$17,300.00

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:			
	04 4040074 Disease see sitted 1		
	81-4840274 Please see attached report		
	- · · · · · · · · · · · · · · · · · · ·		
7. H	·		

				B. I	
Full Name of Contributor				Date [MM/DD/YYYY] \$	
House # Stre	et Address				Account of the country of the countr
City #	Stal	(e	Zip Code	Date [MM/DD/YYYY] 3	
Employer Name				Occupation	
Employer Mailing Address Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY] \$	
House # Stree	et Address			Date [MM/DD/YYY]	
City	Sta	e .	kip Code	Date [MM/DD/YYYY] \$	Fig. 1. Sec. 1
Employer Name				Occupation	
Employer Mailing Address , Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY] \$	
	et Address			Date [MM/DD/YYYY) \$	
City =	Stat	e.	Ap Code	Date [MM/DD/YYYY] \$	
Employer Name	10.25			Occupation	-
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor			XX	Date [MM/DD/YYYY] \$	
	t Address			Date [MM/DD/YYYY] \$	
Gity.	Stat		ip Code	Date [MM/DD/XXXY] \$	
Employer Name			90 90 90 90 90 90 90 90 90 90 90 90 90 9	Occupation	
Employer Mailing Address / Principal Place of Business		-			

TOTAL _	8/11/2023	8/11/2023	8/9/2023	8/3/2023	7/28/2023	7/28/2023	7/18/2023	7/18/2023	7/10/2023	7/8/2023	6/30/2023	6/30/2023	6/30/2023	6/22/2023		2023
\$14,400.00	\$1,000.00 EDDIE WHITEMAN	\$2,000.00 PRESTON NOURI	\$900.00 JAIME SCHEMBER	\$500.00 CARL NICOLIA	\$500.00 JOSEPH PALERMO	\$500.00 MICHAEL NOEL	\$500.00 GARY RENAUD	\$500.00 HAROLD BENDER	\$500,00 J C BLOOMSTINE	\$500.00 GERALD KANONCZYK	\$500,00 OWEN MCCORMICK	\$5,000.00 THOMAS HAGEN	\$2,000.00 MICHAEL FETZNER	\$500.00 RICHARD SPEICHER	Amount Contributor	
	1039 WEST 18TH STREET	808 PASADENA DRIVE	504 FRONTIER DRIVE	5223 CLINTON STREET	4226 PRESTWICK DRIVE	5208 LARAE DRIVE	PO BOX 8247	551 OLD MILL ROAD	1410 SOUTH SHORE DR	226 SEMINOLE DR	1608 S SHORE DR	PO BOX 10905	4681 HARBORVIEW DRIVE	452 VERMONT AVE	Street Address	
	ERIE	ERIE	ERSE	ERIE	ERIE	ET;e	ERIE	Erie	Erie	ERIE	ERIE	ERIE	ERIE	ERIE	City	
	PA	PA	PA	PA	PA	PA	PΑ	PΑ	PΑ	PΑ	PA	PA	PA	PΑ	State	
	16502 EDDIE'S COLLECTIBLES	16505 AEYON	16505 GOOGLE	16509 PS ENERGY	16506 PALERMO REALTY	16506 PULAKOS CHOCOLATES	16505 RENAUD PECK REAL ESTATE	1650S TEAM HARDINGER	16505 INSURANCE MANAGEMENT CO	16505 ERIE INSURANCE	16505 JOSEPH MCCORMICK CONSTRUCTION	16514 CUSTOM ENGINEERING	16508 KNOX LAW FIRM	16505 WEBER MURPHY FOX	Zip code Employer Name	
	3844 W 20TH ST, ERIE, PA 16505	808 PASADENA DRIVE, ERIE, PA 16505	111 8TH AVENUE, NEW YORK, NY 10011	152 WEST 12TH ST, ERIE, PA 16503	2906 COPPERLEAF DRIVE, ERIE, PA 16509	2530 PARADE STREET, ERIE, PA 16503	4644 WEST 12TH STREET, ERIE, PA 16505	1314 WEST 18TH STREET, ERIE, PA 16502	123 W 9TH STREET, ERIE, PA 16501	99 ERIE INSURANCE PLACE, ERIE, PA 16530	3340 PEARL AVE, ERIE, PA 1651C	2800 MCCLELLAND AVE, ERIE, PA 16510	120 W 10TH STREET, ERIE, PA 16501	3230 WESTLAKE RD, ERIE, PA 16505	Employer Mailing Address	
	OWNER	LEGISLATIVE ANALYST	MARKETING	SELF EMPLOYED	OWNER	OWNER	OWNER	OWNER	OWNER	RETIRED	PRESIDENT	RETIRED	ATTORNEY	ARCHITECT	Occupation	

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:	81-4840274-No report			
				_
Full Name				
House # Str	eet Address			
City	State	Zĺp Code	Date [MM/DD/YYYY] \$	
Receipt Description	The state of the s			
Eull Name	THE PARTY OF THE P			—
House # Str	eet Address		·	
Gity	-State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description				
Full Name				
	eet Address			
City it	State	ZIP Code	Date [MM/DD/YYYY] \$	
Receipt Description				
Full Name				
House# Stre	eet Address			
City 1 2 2	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description			Fred American	
Full Name		, , ,		_
	eet Address			
City	State	Zip Gode	Date [MM/DD/YYYY]\$	
Receipt Description	(The second secon	
Full Name				
	et Address			
City 3	State	Zip Gode	Date [MM/DD/YYYY] 5	
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: 81-4840274		
1. UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED V	ALUE OF \$50.00 C	R LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	0.00
2. (IN KIND CONTRIBUTIONS RECEIVED VALUE OF \$50	or va eyeana ki	rate bank D
2 2 2 11 - AND CONTROL TONS RECEIVED - VACCIO 550	1012 to 2230 00 (14)	CIVIPARTE)
TOTAL for the reporting period (2)	\$	0.00
3: IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$2	50.00 (FROM PAR	I G).
TOTAL for the reporting period (3)	\$	2,054.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REP PERIOD (Add and enter amount totals from boxes 1, 2, and 3 on Page 1, Report Cover Page, Item F)		2,054.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 81-48	

Full Name of Contribu	itor			Date [MM/DD/YYYY] \$	
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House #	Street Address			Date [MM/DD/YYYY] \$	
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Pleas			Zip Code	TEARA/IND ADVOVI	
City	f	State	Zip Code	Date [MM/DD/YYYY] \$	
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Description of Contrib	ution				1
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Full Name of Contribu	tor		,	Date [MM/DD/YYYY] \$	
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House #	Street Address)	Date [MM/DD/YYYY] \$	
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City	/	State	Zip Code: 4	Date [MM/DD/YYYY] \$	≝
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Description of Contrib	ution	i			!
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Full Name of Contribu	tor	_		Date [MM/DD/YYYY] \$	
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House#	Street Address			Date [MM/DD/YYYY] 5	
FIVM-1	Street Audress			Date [MM/DD/YYYY] 5	<u>// </u>
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City		State	Zip Code	Date [MM/DD/YYYY] \$	Æ
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Description of Contrib	ution	i			1
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House #	Street Address	,		Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Description of contract	ution:				
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Full Name of Contribut	Cor		F	Date [MM/DD/YYYY] \$	
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	Å		J	\$ 1.50 \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
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			J		
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Description of Contras-	ution				
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Contributor		Date [MM/DD/YYYY]
House # Street Address		Date [MM/DD/YYYY]
	<u></u> .	91. 1 91. 1 91. 1
City	Zip Code	Date [MM/DD/YYYY] 5
Employer Name		Occupation
Employer Mailing Address / Principal		Description
(Place of Business)		of Contribution
Full Name of Contributors	•••	Date [MM/Db/YYYY] \$
House #. Street Address		Date [MM/DD/YYYY] \$
City State		The second secon
City State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal	, , , , , , , , , , , , , , , , , , ,	Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
		Date (Mini/DD/ E1311)
House # Street Address		Date [MM/DD/YYYY] \$
City : State	Zíp Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date (MM/DD/YYYY) \$
		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
House # Street Address		Date [MM/DD/YYYY] \$
City	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	I to the second	• Six cupation
Employer Mailing Address / Principal Place of Business		Description of
		Contribution

In Kind Donation-over \$250

	8/11/2023 Gerry and Dinah Urbaniak	8/11/2023 URBANIAK BROTHERS MEATS	2023
	310 EAST 24TH STREET	310 EAST 24TH STREET	
ļ	ER F	ERIE	
;	PΑ	PΑ	
	16503 PAYMENT TO YACHT CILIB FOR FUNDRAISER	16503 MEAT & PREPARATION FOR FUNDRAISER	
\$2,054.00	\$1,000,00	\$1,054.00	

SCHEDULE III Statement of Expenditures

File: Identification Number:			
Filer Identification Number:			
The fuel in the first of the fi	Eligridantification Number El		
	04 40 40074 Pt		
81-4840274 Please see attached report	i dase see allached [cpop]		

To Whom Paid #				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendi	lture 🎉
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To Whom Paid	Obres and			Date [MIM/DD/YYYY]	\$
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House#	Street Address			Description of Expendit	ture .
City/		State	Zip Code		
To Whom Paid	The same of the sa			Date [MM/DD/YYYY]	3.5
House #	Street Address			Description of Expendit	ture
city	Parada a managaran	State	Zip Code		
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House#	Street Address			Description of Expendit	dre de
Telty:		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendit	ure
City		Siate	Zip Code		
To Whom Paid		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure so
Glty		State	Zip Code	- Additional or the second of	
To Whom Pald				Date [MM/DD/YYYY]	.
House #	Street Address			Description of Expendit	ure.
City		State	Zip Code		
To Whom Pald				Date [MIM/DD/YXXX]	
House#	Street Address			Description of Expendit	ure
GIY:		State	Zip Code		

ACT BLUE TOTAL 2023	1240 JOSEPH SCHEMBER	1239 ERIE YACHT CLUB	1238 JOSEPH SCHEMBER JR	1237 MCCARTY PRINTING	1236 JAMES FIORENZO	1235 JOSEPH SCHEMBER	Check # To Whom	2023
	12/28/2023	8/11/2023	8/1/2022	6/16/2023	6/19/2023	6/6/2023	Date A	
\$69.55 \$9,196.35	\$3,145.57 504 Frontier Drive	\$2,125.50 PO BOX 648	\$146.77 2 SURFWOOD DRIVE	\$689.00 246 EAST 7TH STREET	\$100.80 4211 Prestwick Drive	\$2,919.16 504 Frontier Drive	Amount Street Address	
	ÉRIE	Erie	ALBANY	ERIE	ERIE	ERIE	City	
	PA	PA	٧	PA	PΑ	PA	State	
	16505 Erie Club dues, pens, lunches with contributors	16512 FUNDRAISER DINNER	12205 REIMBURSE FOR FAST SIGNS POSTER BOARDS	16503 INVITES FOR FUNRAISER-AUGUST 2023	16506 STAMPS FOR INVITES TO FUNDRAISER	16505 Erie Club dues, pens, lunches with contributors	Zip Code Description of Expenditure	

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: 81-4	840274-No report	

Name of Creditor			Outstanding Balance of Debt
7 d 7 d 7 d 3 d	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt		1 constitution operation 1	Grandway (Control of Control of C
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt			Control of the Contro
Name of Creditor &			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED	\$
City	State	Zip Code	
Description of Debt	E-market E-1905		
	"V Lot Vision."		
			Outstanding Balance of Debt
4 - 3 - 4	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
House #			
House # City Description of Debt	Street Address	[MM/DD/YYYY]	5
House # City Description of Debt Name of Creditor	Street Address State	[MM/DD/YYYY] Zip Code	\$ Outstanding Balance of Debt
House # City Description of Debt Name of Creditor	Street Address	[MM/DD/YYYY]	5
House #. City Description of Debt Name of Creditor House #.	Street Address State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	\$ Outstanding Balance of Debt
House #. City Description of Debt Name of Creditor House #. City Description of Debt	Street Address Street Address	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	\$ Outstanding Balance of Debt
House #. City Description of Debt Name of Creditor House #. City Description of Debt	Street Address Street Address State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	\$ Outstanding Balance of Debt
House #. City Description of Debt Name of Creditor House #. Description of Debt	Street Address Street Address	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	S Outstanding Balance of Debt
House #. City Description of Debt Name of Creditor House #. City Description of Debt	Street Address Street Address State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	Outstanding Balance of Debt Outstanding Balance of Debt