



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	81-4840274	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Joseph Schember							
Street Address	504 Frontier Drive							
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)	11/2/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/23/2021	12/31/2021	
A. Amount Brought Forward From Last Report	\$	0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	0.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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 schedule on page 1, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

19th day of January 20 22Signature of *Jonica Fernandez*

My Commission expires 4-3-23 MO. DAY YR.

Notary Public
Erie County
Commission expires April 2, 2023
Commission number 1288

Signature of Person Submitting report
Joseph M. Schember
Joseph Schember

Printed Name

814

Area Code

392-0996

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

____ day of ____ 20 ____

Signature

My Commission expires ____ MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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	81-4840274
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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 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:	81-4840274
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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 E
Other Receipts

REFUNDS, INTREST 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
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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
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	81-4840274
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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									
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 III
Statement of Expenditures

Filer Identification Number: 81-4840274

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			
To Whom Paid				Date [MM/DD/YYYY]		\$
House #	Street Address			Description of Expenditure		
City	State		Zip Code			