Reset Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 81-4840274	Report Filed By ( Mark X)	y Candida	ite 🔀	Committee		Folibylst			
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)	Type of Report (Place x under report type)								
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2º Pre-Electi				
				X			<u> </u>		
Date Of Election (MM/DD/YYYY) 11/2/2021	Year	2021	Amendment : Report !		Terminati Report	on X			
Summary of Receipts and From Date	To Date			For	Office Use 0	Only 🛬	2.745		
Expenditures 11/23/2021	·	/31/2021			7				
A. Amount Brought Forward From Last Report		0.00		·	٠.				
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available		0.00				trs. <b>a</b> 5.100 5.500 5.500			
(Sum of Lines A and B)  D. Total Expenditures	\$	0.00				Monages 1789			
(From Schedule III)  E. Ending Cash Balance	\$	0.00				CD See			
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$	0.00				Control of the Contro			
(From Schedule II) G. Unpaid Debts and Obligations	\$	0.00				Street Services Servi			
(From Schedule IV)		0.00				<u> </u>			
Part 1- If this is a Committee report, treasurer sign h	ana (fabia ia a Æ	Affidavit Se		, =	* #				
I swear (or affirm) that this report, including the atta				dge and belief tr	ue, correct a	nd complete.			
Sworn to and subscribed before me this  day of	ř.	S S S S S	Josephi	1/3 Solver	when	<u>/</u>			
Jove Herrone Signature	nsylania	wealth of Penr la Fernandez Erie Co mmission ext	seph Schember	Printed Nam	<u> </u>				
My Commission expires 4-3-33	Assoc –	z, Not z, Not ounty pires	14		0996				
MO. DAY YR.	iatior	April April	Area Code	Day	rtime Telepho	one Number			
Part II- If this is a report of a Candidate's Authorized	Committee, carlo	date shall sign h					_		
I swear (or affirm) that to the best of my knowledge and belief this collination mittee 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 of20	-		Sig	nature of Candi	date				
Signature	-			Printed Name					
My Commission expires	_	_							
MO. DAY YR.	MO. DAY YR. 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 dentification Number	81-4840274			
				Amount
Full Name of Contributing		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/AYYY] \$	
Committee				
House # Street A	ddress		Date [MM/DD/YYYY] \$	
	<u></u>			
fCity	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing		生 发 生	Date (MM/DD/YYYY) # \$	
Committee			Proventinish no martine 2	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	7. C. C.	The first process of the state	Date [MM/DD/YYYY] \$	
Committee				
House # Street A	ddress	<del></del>	Date [MM/DD/YYYY] \$	
			30.5 (c)	
Glay	State	Zip (code	Date (MM/DD/YYYY) \$	-
Full Name of Contributing			Date (MM/Db/YYYY) \$	
Committee				
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	(É		ye of the Tariff, and the Tari	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	Sign Card Comment			
House # Street A	ddress		Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
CICV	55			
City	State	ZIp Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	<u> </u>	(	Date [MM/DD/YYYY] \$	<del></del>
Committee				
House # Street Ad	ddress		Date [MM/DD/YYYY] \$	
		The Contract of the Contract o		
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.

81-4840	274			
Full Name of			Date IMM/DD/YYYYI \$	
Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addr	ess		Date [MM/DD/YYYY]. 5	
			Date (MM/DD/YYYY) 55	
City -	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date (MIN/OD/AAAA)	
House # Street Addr	ess ess		Date [MM/DD/YYYY] 35	
Alexandra de la compansión de la compans				
City	State	Zip Code	Date [MM/DD/MYYY] \$	
Full Name of Contributing Committee:			Date [MM/DD/YYYY] \$	
House # Street Addr	ess		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addr	<b>45</b> 5		Date [MM/DD/YYYY] \$	
City .	State	Zip Code	*Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	
House # Street Address	ess		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	Personal debit and an artist and a second	parameter and the second	Date [MM/DD/YYYY] 5	
House # Street Addr	ess		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/IDD/MAX] \$	

#### **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				
Full Name					•
House # Str	reet Address				
City Control of the City C		State	Zip	Date [MM/DD/YYYY]	
			Code		
Receipt Description 1					
Full Name					
House # Str	reet Address				
City		State	Zip	Date [MM/DD/YYYY] \$	
			Code		
Receipt Description					
Füll Name					
14.17000年間の後 15.5.1	eet Address				
Gly 12		State	Zlp Code	Date [MM/DD/YYYY] \$	
<b>表现强烈</b>			Code		
Receipt Description	-		Commence of the Commence of th		
Full Name					
House # Str	eet Address				
City 7. B		State	Zip	Date [MM/DD/YYYY] \$	
			Code	3:	
Receipt Description					
Full Name					
House # Str	eet Address	<u> </u>			
City		State	2ip	Date [MM/DD/YYY] \$	
<b>建</b> 着	*		Code		
Receipt Description					
Full Name					
House # Str	eet Address				
City		State	ZIp :	Date [MM/DD/AYY)	
		F F	Code		
Receipt Description					

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street/Address			Date [MM/DD/YYYY] * .\$	
Gity	State Dist	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Pata (VIM/DID/YYYY) \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City 3	State	Zip Code #	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM//DD//Y/YY) \$	
House # Street Address			Date [MM/OD/YYYY] \$	
GRY 2	State	Zip Code:	Date [MM//DD/YYYY] . S	
Description of Contribution		•		
Full Name of Contributor			Date [MM/DD/XXXX] \$	
House## Street Address			Date [MM/DD/YYYY] \$	
Description of Contribution	State	Zip Code	Date [MM/DD/YYYY]	
シャースと (書葉力・) 神殿	TRIPLY OF TRIPLY			
Full Name of Contributor			Date [MM/DD/YYYY] (\$	
House # Street Address			Date [MM/DD/YYYY] . \$	
City *  Description of Contribution *	State	Zip Code: ¿	Date [MM/DD/WYY] \$	
beachption of Contribution			<u> </u>	

# SCHEDULE III Statement of Expenditures

Filer identification Number:	81-4840274			

To Whom Paid				Date MM/DD/YMAY	<b>:\$</b>
House #	Street Address	" .		Description of Expendit	Cure 794 0
Gity 626 246		State .	Zip : Code :		
To Whom Raid				Date MM/DD/YYYY)	\$
House #	Street Address			Description of Expendit	ure
City :		State	₹Zip «Code		
To Whom Paid				Date [MM/DD/YYYY]	<b>\$</b> .
House #	Street Address			Description of Expendit	ure 💮 🐺
City **		State	Zip Code		
To Whom Pald				Dare [MM/DD/AAAA]	** \$ ** ***
House #	Street Address			Description of Expendit	ure 11 y
Gliv		State	Zip Code		
To Whom Paid				Date [MM/DD/MYY]	\$
House #	Street Address			Description of Expendit	ure %
City		State	Zip . Code :		
To Whom Paid				Date [MIM/Db/YYYY]	\$
House #	Street Address			Description of Expendit	ure -
Glty是 图		State	Zip Code		
To Whom Pald				Date [MM/Db/YYYY]	\$
House#	Street Address	And the second s		Description of Expendit	ure
City 5		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure (K. <u>C. C.</u> TE)
City.		State	Zip Code		