

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 Can (Mark X)		ndida	idate (Co		Committee		\times	Lobbyist			
-ropping			Comr	Committee to Elect Joseph Schember										
Street Address			3	РО В	ox 927									
Glty	Erie					Sta	ite	PA	-21	o Code	16512			
Type of Report (Place			-											
23387 14	nd Friday Primary	and the second s	77 - 0 000 happy 00		Tuesday Election	5- 2 nd Fr Pre- Ele		6-30 Day P Election	ost 7-	Annual	Special 2 ⁿ Pre-Electi		Special 3 Post-Elec	200 A
										X				
Date Of Election (MM/DD/YYYY)	n <u>i</u> u i Niversia	11/2/2	021	Yea		2021	•	Amendmer Report	nt [Terminati Report	Ön		
Summary of Receipts Expenditures	and	From Da	ate		To Date				4.0	For	Office Use 0	Only		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3/2021	DG24		/31/2021						j		
A. Amount Brought F	1 1 60				69	9,230.63								
B. Total Monetary Co (From Schedule I)	4	ns and Re	ceipts		<u> </u>	200.00							The same	
C. Total Funds Availal (Sum of Lines A and B	1)7.			Ş	69	9,430.63								
D. Total Expenditures (From Schedule III)			N	ţ	3	,280.21						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The latest the second to the s	
E. Ending Cash Baland (Subtract Line D from				Ç	66	5,150.42							9 9 1 9 5	
F. Value of In-Kind Co (From Schedule II)	intributio	ns Receiv	ed	\$		0							Sec. 1	
G. Unpaid Debts and (From Schedule IV)	Obligation	ns	35 - 35 - 1 	\$		0								
17					Ae	Àffida								
Part 1- If this is a Commi I swear (or affirm) that the	ttee report his report, i	, treasurer including t	r sign h he atta	ere. If t ched so	this is a Can chethie Ron	didate rep	ort, ca	ndidate sign h	ere. wledge a	nd belief tr	ue, correct a	nd comple	ete.	
Sworn to and subscribed	l before me	this			ב בונו	wealth o		0		2/2		sample		
day of Jo	MULLUM N	<u>ဟု</u> 20 ဆိ	اع	_	nmission ex	h of P	_	Signa	CCA ture of Pe	rson Subm	itting report		_	
Signat	ure	wow		4	expires number	of Pennsylva	Re	becca Hover		inted Name				;
My Commission expires_	4-3	3-23	<u>. </u>	_	#17 % ~	ylvania Notar	81	4		450-				
	MO.	DAY	YR.	_	April 3, 2 128891 lation of I	ania - Not itary Pub	A	rea Code		Day	time Telepho	ne Numb	er	
Part II- If this is a report of a Candidate's Authorized Committee, candidate and light this political sign here. I swear (or affirm) that to the best of my knowledge and being this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.														
I swear (or affirm) that to amended.	o tne best o	τ my know	viedge	and hember,		⊃.i	nttee l	nas not violate	d any pro	visions of t	ne Act of Jun	e 3, 1937	(P.L. 1333, N	O.320) as
Sworn to and subscribed 19 H day of Johna Signate	anuci Kerr	this viko 6	22 des	pennsylvania	Tonia Fernandez, Notary, Tonia Fernandez, Notary, County Frie County y commission expites April 3, Commission number 12889	alth of Penns	Jos	Joseph eeph Schember	<u>r </u>	e of Candid	mh late	Ŋ	 	
My Commission expires_	4-3	<u> 23</u>		ssocia	res A	vanie	81			392-09				
	MO.	DAY	YR.	ation of	expires April 3, 2 number 128891	a - Notary	Α	rea Code		Dayti	me Telephor	ie Numbe	r	
				Association of Notalies	2023	ic Seal	· P <u>-</u> · A							

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	n S		
Total for the reporting period (1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	ŕ	d	
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)	:	\$	200.00
Total for the reporting period (2	2) :	\$	200.00
3. Contributions Over \$250:00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)	1	\$	0.00
Total for the reporting period (3	3) :	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4	4) [\$	0.00
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)		\$	200.00

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

	81-48402	74			
					Amount
Full Name of Cor Committee	ntributing			// Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City .		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	ntributing			Date (MM//DD/AYYYY) \$	
House #	Street-Address			Date [MM/DD/YYYY] \$	
City		State	ZIP Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	tributing			Date [MM/DD/YYYY] 5	
House #	Street Address			Date [MM/DD/YYYY] 5	. 94-1
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee House #	tributing Street Address			Date [MM/DD/YYYY] \$	
Giv	Jueet Address	State		Date [MM/DD/YYYY] \$	
Full Name of Con	Orlandia:		Zpcoce	Date [MM/DD/YYYY] - \$	
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address		Programme and the second	Date [MM/DD/YYYY] \$	
Full Name of Con	tributing	State	ZIP Code	Date [MM/DD/YYYY] \$	
Committee House #	Street Address			Date [MM/DD/YYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·

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.)

Filer Identification Number: 81-484027		
Filer Identification Number:		
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サード - 50 - 30 - 30 R1-484027	4 pleae see attached report	
	T piece see attached report	
#2		

Full Name of Contributor			Date [MM/DD/YYYY]	_\$
House# Street Address				
JITOUSE TO STREET MANIESSA			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date MM/DD/MM	\$

Full Name of Contributor			Date [MM/Db/YYYY]	*
House # Street Address	78-201		Date [MM/DD/YYYY]	5
7. 3. 1 7. 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	• Martine registration of the second			
City	State	Zip Code	Date [MM/DD/AYAY]	\$5
Full Name of Contributor		S → grif springs	Date [MM/DD/YYYY]	
() () () () () () () () () ()				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/AYYY)	
Full Name of Contributor		Mark 1975	Date [MM/DD/YYYY]	
			Some landa on their	
House # Street Address			Date [MM/DD/YYYY]	\$
	FOR A ANALYS COMME			
City 1	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
Fig. 5	····			Alexander de la companya de la compa
Gity 3	State	yZip Code	Date [MM/DD/MMM]	
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Street Address			Date [MM/DD/YYYY]	\$
19 (p) (15)				
City	State	Zip Code	Date [MM/DD/YYYY]	

Deposit Date Amount Contributor 12/23/2021 \$200.00 JOHN HILL

Street Address 310 CONNECTICUT DRIVE City ERIE State PA Zip code 16505

TOTAL

\$200.00

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 (dentification Number)	4840274			
Full Name of			Date MM/DB/AYAA	
Contributing Committee		•		
	William Control of the Control of th		T	
House # Street A	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Full Name of	- Company Comp		Date [MIVI/DD/YYYY]	
Contributing Committee				i
House # Street A	Address	_	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date (MM//DD/AYAYA)	
Contributing Committee			# 49 PA	
94 AC				
House # Street A	Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$=	
Full Name of			Date MM/DDAAAA	
Contributing Committee				
House # Street A				
House# Street A	doress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/ĐD/YYYY] \$	
	152%	基學	25.2	
Full Name of			Date [MM/DD/AYAY] \$	
Contributing Committee				:
House # Street A	Adrace		Date [MM/DD/YYYY] \$	
	iddi E33		Date [MM/DD/YYYY] \$	
1 点 点				
City	State	Zip Code	Date [MM/DD/YYYY] S	

Zip Code

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

State

Full Name of

House #

City

Contributing Committee

Street Address

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:

Employer Mailing Address / Principal Place of Business

	81-4840274 - · · · · · · · · · · · · · · · · · · ·			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City 3	State	ZIĎ Code	Date [MM/DD/YYYY] \$	
Employer Name	200 (1 %) 1 % (1 %) 1 (1 %)		Occupation	
Employer Mailing Address Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] F\$	
Employer Name			Occupation	
Employer Mailing Address Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
Clty	State:	Zip:Code	Date [MM/DD/AYYY] \$	
Employer Name Employer Mailing Address			Occupation	
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYW] \$	
	t Address		Date [MM/DD/YYYY] \$	
City	-State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	

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.

	数	81-4840274	
	6.005-0.000.000.000 I		
Full Name			
House #		et Address	
City (1)		State Zip Dăte (MM/DD/YYYY) \$ Code	
Receipt Description	1 4 5		
Full Name			
House #	Stre	et Address	
City		State Zip Date [MM/DD/YYYY] - \$ Code	
	16.		
House #	137.4	et Address	
City	911-10	State Zip Date [MM/DD/YYYY] 5	
Receipt Description	1	[Stroppe]	
Full Name	- A		
House #	77.2	et Address	
		State Zip Date [MM/DD/YYYY] 5.	
Receipt Description	j.		
Full Name	*		
House #		et/Address	
City	A.	State: Zip Date (MM/DD/YYYY) \$ Code:	
Receipt Description		processor and pr	\neg
Full Name			
House #	Stree	et Address	\dashv
City (4	State Zip Date [MM/DD/YYYY] 5.	-
Receipt Description	-14 -16 -17	The state of the s	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Numbers 81-4840)274		
2 1 - CHMITEMIZED IN VIND CONTE	NBUTIONS RECEIVED-VAILUE OF \$5	0.00.0	ADDESCRIPTO CONTROLLATION
TOTAL for the reporting period	(1)	l s l	0.00
25 IN-KIND CONTRIBUTIONS:RE	GEIVED-VALUEIOF \$50:01 TO \$250		
TOTAL for the reporting period	(2)	\$	0.00
3 & IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250,00 (FRO)	/ PAR	
TOTAL for the reporting period	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTI		\$	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also enter		0.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 81-4840274	

Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] = S	
I TOURSE #	t Address		Date [MM/DD/YYYY] (\$\$)	
\$ T	Text			
City .	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				1
	苏			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Stree				
10026.4 27.66	t/Address		Date [MM/DD/YYYY] \$	
	A.			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
The state of the s				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
			V. # 78	
等。第一 是一点	A			
House # Stree	t Address		Date [MM/DD/MMY] \$2	
Clty	State	Zip Code	Date [MM/DD/YYYY] \$	
			200	
Description of Contribution				
Description to Community	TOPICO			
Full Name of Contributor	V - JAN - V - V - V - V - V - V - V - V - V -		Date [MM/DD/YYYY] \$	
			Table 1	
一种,费金				
House # Stree	t Address		Date [MM/DD/YYYY] \$	
	产			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	- 1 July 1			
Description of Contribution			<u> </u>	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	120 Apr. 1			
House # Stree	t Address		Date MM/DD/YWY 5	
# #	(
City	State	Zip Code	Date [MM/DD/YYYY] \$	
3 1				
Description of Contribution		· · · · · · · · · · · · · · · · · · ·	<u></u>	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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 Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Malling Address / Principal	©Description of Contribution
Full Name of Contributor	Date [MM/DD/YMYY]
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal	Occupation &
Place of Business	Description of Contribution

SCHEDULE III Statement of Expenditures

To Whom Paid				Date MIN/PD/AAA	\$
House#	treet Address		-	Description of Expendi	ture the table
Gity		State	Zip Code		
To Whom Paid				Date (MM//PD/ASSA)	
# # Fi	treet Address			Description of Expendit	Hro the fire
Gity		State	Zip		
,		d.C.	Code		
To Whom Paid				Date [MM/DD/AAAA]	
	reet Address			Description of Expendit	ure
City :		State	Code		
To Whom Paid				Date (MM/DD)/XXXX	*\$
	reet Address			Description of Expendit	Ure (Constitution of the Constitution of the C
(City)		State	≝dip : Code :::.		
To Whom Paid				Date [MM/DD/Y/Y/Y)	\$
House # St	reet Address	1-1-7-		Description of Expendit	ure * #
Gity		State:	Zip Gode :	and the second s	72-5-42-5-5
To Whom Pald				Date [MM/DD/YXYY]	§ .
House # St	reet Address			Description of Expenditi	ure
City		State:	Z[p] Code		e designation
To Whom Paid				Date [MM//DD//////()	
	reet Address			Description of Expenditi	ire
City		State	Zip:	CC TO THE STATE OF	AND THE STATE OF T
To Whom Paid				Date [MM/DD/YYM]	<u>\$</u>
92 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -					
House # St	reet Address			Description of Expenditu	Ire (1992)

Description of Expenditure	Erie Club and Khwanis dues, postage for Thank you and 6505 finance report, Lunch with business leaders, pens 6502 INV # 23183-DOMAIN RENEWAL	
Desc	Erie (6505 finar 6502 INV #	
Zip Code		
State	P P	
City	ERIE ERIE	
Street Address	\$28.98 2124 SASSAFRAS STREET	0.00
Amount	₩	\$0.00
Date	12/9/2021 12/9/2021	
Check# To Whom	1218 JOSEPH SCHEMBER 1219 ENGEL O'NEILL	ACT BLUE TOTAL 2021-REPORT 4

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:				
Since recittification rannings.			i i	
● 第二章 第二章 81-4840274				
01-40402/4				
1 C C C C C C C C C C C C C C C C C C C				
- 2 2				
		• •		

Name of Creditor	£ 3		Outstanding Balance of Debt
House #	Stre	DATE DEBT INCURRED [MM/DD/YYYY]	3
City #	2.	State Z/p Code	
Description of Debt		[Project Action Land Land Land Land Land Land Land Lan	A Parameter Control of the Control o
Name of Greditor	装		Outstanding Balance of Debt
House #	Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City: Description of Debt		State Zip Code	第 5
	11		
Name of Creditor			Outstanding Balance of Debt 2
House #	Stree	Et Address DATE DEBT INCURRED [MM/DD/YYYY]	7 / S
City Description of Debt		State Zip Code	
Name of Creditor			His Company of the Health of t
1. 集 2.	all a	et Address	Outstanding Balance of Debt
	Stree	[MM/DD/YYYY]	
City 2	450	State Zip Code	10: 10: 10: 10: 1
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
THE ST		et Address DATE DEBT INCURRED [MIM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor	ig.		Outstanding Balance of Debt.
House #	Stree	et Address DATE DEBT INCURRED [MIM/DD/YYYY]	
City		State ZIp Code	
Description of Debt	. J.		, incomments and inco