Commonwealth of Pennsylvania - Campaign Finance Report

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

Number (Mark X)	didate Committee Lobbyist
Name of Filling Committee Candidate or EIIEN	CHAUERMAN
Street Address 1820 M	ILLFAIR RD
EKIE SA	PA 216 Code 16505
Type of Report (Place x under report type) 1. 6 th Tuesday 2. 2 nd Friday 3. 30 Day Post 4. 6 th Tuesday 5. 2 nd Frid	ayu k6+30 Day-Postil PZPAniqual e iSpecials Wanday - Special S0 Day-
Pre-Primary Pre-Primary Primary Pre-Election Pre-Elect	
Date Of Election Year	Amendment Termination
	ACReport Report
Summary of Receipts and From Date To Date Expenditures	For Office Use Only
A. Amount Brought Forward From Last Report \$	
-3249, 2	<u>S</u>
(From Schedule I)	
C. Total Funds Available \$ [Sum of Lines A and B]	5 22
D. Total Expenditures \$ (From Schedule III)	
E. Ending Cash Balance \$	
(Subtract Line D from Line C) つるい こうるより、と	
(From Schedule II)	
G. Unpaid Debts and Obligations \$ (From Schedule IV)	
Affidavi Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate repor	t Section
I swear (or affirm) that this report, including the attached screen as paper, is to	
15 - Transcal - 21	Elen Schauer
Se	Signature of Person Submitting report
My Commission expires Mo. DAY YR. Eric Count imission expire Fries on expire Fries on many days on many days on many days on expire Fries on expire Fries on many days o	Printed Name
My Commission expires MO. DAY YR.	<u>814</u> <u>392-3672</u>
n min a Fe	Area Code Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Committee F and Bate shall sign swear (or affirm) that to the best of my knowledge and beliefens political committee.	
amended.	, , , , , , , , , , , , , , , , , , , ,
Sworn to and subscribed before me this	
day of20	Signature of Candidate
Simplify	· · · · · · · · · · · · · · · · · · ·
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			
	_	_	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B).			
Contributions Received from Political Committees (Part A)	į	\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			and the first of the party of the state of t
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E))		
Total for the reporting period	(4)	\$	
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, Re		\$	

Cover Page, Item B)

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				
				Amount
Full Name of Contributin	ng i		Date [MM/DD/YYYY] \$	
House # Si	treet Address		Date [MM/DD/YYYY] \$	
City .	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing			Date [MM/DD/YYYY] - \$	
Committee			A T I I Common of the Common o	
House# S	treet Address	-	Date [MM/DD/YYYY] S	
Chy	State	Zio Code	Date [MM/DD/YYYY] \$	
Full Name of Contributin Committee		·	Date [MM/DD/YYYY] \$	
House # SI	treet Address		Date [MM//DD/YYYY] 5	
Gly	State	Zip Gode	Date [MM/DD/YYYY] \$	11738
Full Name of Contributin Committee			Date [MM/DD/WW]	
	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributin Committee		NEAR AND	Date [MM/DD/AYYY] \$1	
	reet Address		Date [MM/DD/YYYY] \$	
City at a second of the second	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributin Committee	±6)=535 641=574		Date [MM/DD/YYYY] \$	
	reet Address		Date [MM/DD/YYYY] \$	
City 1	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:

过是在确切的构构的 的现代的				
Full Name of Contributor			Date [MM/DD/YYYY]	7.) 1*
Höuse# Street Autress			Date (NIM/DD/YYYY)	
	State:	Zip Code	Date [ww//DD/YYYY]	
Full Name of Contributor			Date (MM/DD/YYYY)	
House # Street Address			Date [MM/DD/YYY4]	
	State	Zip Code	Date (WM/DD/7797)	
Full Name of Contributor			Date (MM/DD/YYYY)	
House # Street Address			pate (MM/pp/YYYY)	
Chy The Charles of th	State	Zip Cade	Date [MM/DD/YYYY]	
Full Name of Contributor			*Pate*(MM//op/AMM/)	
House # Street Address			Date [MM/DD/YYYY]	
	State	Zip Code Philippi	Dake [MM/DD/YYYY]	
Full Name of Contributor			Date (MM/DD/MY)	
House # Street Address			Date (MN/DD/YYYY)	
City.	State	/Zip Code	Date [MM/pb/yyyy]	
Full Name of Contributor			Date (MM/DD/YYYY)	
House # Street Address			Date [MM/DD/YYYY]	
GIOUTU THE	State	Zip Code	Date [MM/DD/YYY]	

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 Numbers	
	NOTICE IN INVESTIGATION OF THE PROPERTY OF THE
Full Name of Gentributing Committee	
House 4 Street Address	pate (MM/QD/YXYY) 5
City State Zip Code	Date [MM/DD/YYYY] 4
Full Name of Contributing Committee	PAGELMIM/GLD/MMM1 ::
House # Street Address	Date [MM/DD/YYYY] \$
City. State Zip Code	Date [MM/DD/YYYY] \$
Contributing committee	Date (MW/DD/WXX)
House# Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date (MIV/DB/AVYY) 3
Full Name of Committee	Date (MM/DD/YXYY) 5
House # Street Address	Date IMM/QQ/MAY) \$
City State Zip Code	Date (MAV/DD/AYYV)
Full Name of Contributes	Date (MW/DD/YYYY) \$
Street Address	Date (MM/PD/MMM) S
City State ZipiCode	Date (MM/ADD/1951) 5
tullName of Committee	Date [MM/DD/YYYY] \$
House # Street Address	(Date (MM/DD/XYM)) \$
State Zip Code	Date [MM/DD/YYYY] \$

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)

Full Name of Contributor			Dake IMM/DD/YYYY)
HDUSE# Street Address			Date [MM/DD/YYYY) 411 \$ 1
Clty	State	Zip Code	Date [MM/DD/YYYY] \$.
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address		College on a financial and the college of the colle	Date (MIW/DD/XYYY) \$
	State_	Zip Code	Date (WM/DD/YYYY) \$
Employer Name			- Occupation
Employer Mailing Address/ Principal Place of Business			
Full Name of Contributor			Date (MM/DD/YYYY) 5.
House # Street Address			Date (MM/DD/Y/YY)
	State 41 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Zip Code	Date [MW/DD/XYXY] \$
Employee Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/KYKY] S
House # Street Address			Date [MM/DD/YYYY] \$
Chy if	State :: 10.11.110 10.11.110 10.11.1111	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			

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:		·		
Full Name.	eet Aderress			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name House # Stre City Receipt Description	eet Address	State	Code	Date (MM/DD/YYYY)
House # Street	set Addiress	State	Zip Code	Date (MIM/DD/YYYY) \$
City Receipt Description	et Appress	State	Zijo	Dake (MM/DD/YYYY) S
Gly, which is the state of the state of the scription.	et Address	State	Zip Gode	Date [MM/DD/YYYY] 5
House # Stro	et Address	State	Zip Code	Date (MtM/DD/AYYY)

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

hiler dentification Numbers			
UNITEMIZED IN KIND CONTRIBUTIONS RECEI	MED WALUE OF SEULOU	OR COSS PER CONTRIBUTION	
TOTAL for the reporting period (1)	\$		
2. IN-KIND CONTRIBUTIONS RECEIVED VALUE O	DE \$50.01/70 \$250.00 (FR	ROM PART FITTE THE BUILDING TO THE STATE OF	
TOTAL for the reporting period (2)	\$	·	
3. IIN KIND CONTRIBUTION RECEIVED VALUE OF	VER \$250.00 (FROM PARI	连	
TOTAL for the reporting period (3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING TH	1 ' 1		
on Page 1, Report Cover Page, Item F)	and o, also affect		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING TH PERIOD (Add and enter amount totals from boxes 1, 2,	VER \$250.00 (PROM PAR) \$ IIS REPORTING \$	(F.G.)	

SCHEDULE II **PART F**

In-Kind Contributions Received

			VALUE OF \$50.01 TO	1 \$250
Filer identification	on Numbers			
3 C C C C C C C C C C C C C C C C C C C				Date [MM/DD/YYY] \$
House #	Street Address			Date [MM/DD/XXXX] S
City:	Contribution	State	Zip Code	Date [[MM/DD/YMY]] \$1
多沙里 医动脉丛	programme designation of the second			
Full Name of C				Date [MM/DD/YYYY] \$
House #	Street Address	ine.	Zip Code	Date [MM/DD/YYYY] \$
	Contribution ()			
建物体的 数型	在每条数字 多多数指数			
the control of the co	Gentler getter in der George Gentler getter Gentler gentler gentle			Pate (MW/QD//AYY4)
House #	Street Address		Long-time to the state of the s	Date (MM/QD/1YYY) [\$
City (1)	Contribution	State () the state () the state of the	Zip Code	Date [MM/DD/YYYY] \$
		<u></u>		
Full Name of Co	ALCHER 1994 C			Date (MM/DD/Y/M) >
House #	Street Address	L. C.		Date IMM/DD/YYYY] \$
ter 199 Millione Million Description of s	Contribution	State	i Zip Code	Date [MM/DD/YYMV] \$
	A three states and the second		. <u></u>	
Eull Name of Co and the hamble of and the district	ie 20 (15 (16 12) 1922 (18 15 (18 12)			Date IMM/DD/YYY/1 . 5
House #	Street Address	Biology Constitution (Constitution (Constitution (Constitution (Constitution (Constitution (Constitution (Cons		Date IMM/DD/PYYY1 \$
Cley 1 1 1 1 1 1 1 1 1	Contribution	State	Zip Code	Date (MM/DD/WYY) \$1

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

VALUE OVER \$2:	5U
Eller identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Cope	Date (MW/DD/MMV)
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] \$
State Zip Code	Date [MW/DD/YYYY] \$
Employer Name	Occupation.
Employer Malling Address / Principal	Description : of Contribution :
Full Name of Contributor	Date (MM/DD/YYYY) 5
Hause 7. Street Address	Date [MM/pb/YYY/] 5.
City, state Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description descri
Full Name of Contributor	Date (MM//DD/YYYY) \$
House # Street Address	Bata (MM//pb///yyy) \$
City State Zip Code:	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Malling Address / Principal	Description —

Statement of Expenditures

Filet Identification Number:		****	

To Whom Paid			Date (MM/DB/XXXX) \$1
House # Street Address	L JULIA III COM ANA		Description of Expenditure
	State:	Zip. Gode	
To When Pald			Date MM/BD/YYYY] \$
Hause # Street Address			Description of Expenditure
er.	State	Zig Code	
roiWham Paid			Date [MM/DD/YYYV] \$
House# Street Address			Description of Expenditure
City.	State	Zip Code	
rownom Paid			SPECIMINADDANIAN SE
House #, Street Address			Description of Expenditure
50ftV	State	Zip. 100 Code	
To Waam Paid			Date [MM/DD/YYYY] 5
House # Street Address			Description of Expenditure
Size Control of the C	State	Ze Code	
To Whom Paid			Date [MM/DD/YYYY] 3
House #. Street Address			Description of Expenditure
Gelty.	State	Zip ment	
Teavinom Paid.			Date (VIM/DD/AAA) 3
House# Street Address	Name and American		Description of Expenditure
	State	Zip Code	
To Whom Paid			Date (MM/DD/YYYY) S
House # Street Address			Description of Expenditure
CRY : 1 Ha	1 50ate) 1934) 1972)	Zip IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	

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	er-	· ·			
Name of Creditor					Outstanding Balance of Debt
House# Control	Street Address			E DEBT INCURRED MM/DD/YYYY] +	\$
	e trejibuoje 1825 1835	5	State :	Zip Code	_ [[]
Description of Debt		The second			
Name of Greditor	Street Address			E DEBT INCURRED	Courseanding Balance of Dabit
	eg (1941), top Partitions par		a de la	MM/DD/YYYY]	
Gity Page 1997			itate	Zip Code	
Name of Creditor					Guistaniling Balance of Debit 17
A THE SHIP SHE IS NOT	Street Address			E DEBT INCURRED MM/DD/YYYY)	\$
CHY					
Description of Debt				Zip Gode +	
Name of Creditor	306.5			e debt ingurred	Outstanding Balance of Deb
	Street Address			MM/BD/YYYYI	
Chy and the second seco		St	tate	Zip Code	
Description of Debt	514 				en Kandlo Balare lo e la legis
	Street Address		PAT	E DEBT INCURRED	
Gty Fare					
Description of Debi	. B()			Zip Cade	
Name of Creditor					Quitstanding Balance of Debt
House if	Street Address		DATE In	É DEBT INCURRED MM/3D/YYYY]	X
在表現 GBV			täte :	Zip Code	
Description of Debt				Lade	