

#### Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787(92β0 (0ption 4))

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

PM 2: 38

OTERIE COUNTY

# Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

	Committee	didate, or Lobby to Elect Joseph	Scher		
Reporting Gycle  Cycle 1  6 <sup>th</sup> Tuesday  Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	Cycle 3 30 Day Post Primary	☐ (6 <sup>th</sup> T	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☑ Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special	Election	•	cle 9 st-Special Election

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

REBECCA HOVEL

Printed Name

Date (DD/MM/YYYY)

Erie, PA, USA

Location (City/State/Country)



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

01/15/2021

Date (DD/MM/YYYY)

JOSEPH V. SCHEMBER

**Printed Name** 

Erie, PA, USA

Location (City/State/Country)



## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

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Filer Identification Number	L.	-4840274		Report ( Mark		By Ca	andida	ite a if		Committ	ee Julija	X	Lobby	/ist
Lobbylst	The state of the s			ph Sc	hember									
Street Address			4 50	PO Box	927						·			
city .	Erie					St	ate	PA		Zip Code	16512			<u></u>
Type of Report (Place	x under ı	eport typ	e}											
1-6 <sup>th</sup> Tuesday 2-2	<sup>nd</sup> Friday	3- 30 Da	y Post	1- 6 <sup>th</sup> Tu	esday	5- 2 <sup>nd</sup> Fi	riday	6-30 D	ay Post	7- Annua	l Special 2	2 <sup>nd</sup> Friday	Specia	al 30 Day
Pre-Primary Pre-	Primary	Primary	J	re- Elec	tion	Pre- Ele	ction	Election	144		Pre-Elec	tion	Post-I	Election
		<u></u>	1,000-04-0		]	2000 A 100 A			]					
Date Of Election (MM/DD/YYYY)				Year		2020	<u>.</u> D	Amend Report	) ment		Termina Report	tion		
Summary of Receipts		Franco.						mepose					L	
Expenditures	anu	From Da	ate		o Date					Fig.	or Office Use	Only		
	16.5	-	L/ <b>20</b> 20		12,	/31/2020							į V	(0,1)
A. Amount Brought P	orward Fi	om Last I	Report	\$	29	9,842.16							A	
B. Total Monetary Co (From Schedule I)	ntributio	ns and Re	celpts	\$	44	4,650.00								
C. Total Funds Availa (Sum of Lines A and E	Management Charles & A. C. Color			\$	74	1,492.16								
D. Total Expenditures (From Schedule III)	D. Total Expenditures (5)													
E. Ending Cash Baland (Subtract Line D from				\$	69	 9,384.97								
F. Value of In-Kind Co (From Schedule II)		ns Receiv	ed	\$		0.00								
G. Unpaid Debts and (From Schedule IV)	Obligation	ns		\$		0.00								
in the second se			IIX.	ar,		Affida	vit Sec	tion						
Part 1- If this is a Commi	ttee report	, treasurer	sign her	e. If this i	s a Can	didate rep	ort, car	ndidate sig	n here.					
I swear (or affirm) that the Sworn to and subscribed			ne attach	ed sched	ules on	paper, is t	to the b	est of my	knowledį ⁄)	ge and belief	f true, correct a	and comple	ete.	
15 M day of	en	20 Å	./					$\mathcal{E}$	lue	read	Tour)	)		
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Signati	ure		<del></del>				_	Rebeco	a Hover	Printed Na	ıme		<u></u>	
My Commission expires				•	•		8	14			150-0119			
, communion expires_	MO.	DAY	YR.					rea Code	_		aytime Teleph	one Numb	 er	
Part II- If this is a report of	f a Candid:	ate's Autho	orized Co	mmittee	candie	late shall :	ion ha	ro			· ·			
I swear (or affirm) that to amended.	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						1			1	,		
day of		20	<del></del>	•	ı			frep	M/	Schon	shiff	1	<del></del>	
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Signatu	ıre				1		-		Р	rinted Name				
My Commission expires_	MO	DAV	<u></u>					14	-		392-0996			
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#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number 81-4840274				
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# F 4 4940274	Algentitication:Number: =			
	- R1_484027/			
	017070217			
			_	

1.Unitemized Contributions and Receipts-\$50,00 or Less per Contributor	F	
Total for the reporting period	(1)	\$ 0.00
2. Contributions of \$50,01 to \$250,00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 1,650.00
Total for the reporting period	(2)	\$ 1,650.00
3. Contributions Over \$250.00 (From Part C and Part D)	1	
Contributions Received from Political Committees (Part C)		\$ 21,500.00
All Other Contributions (Part D)		\$ 21,500.00
Total for the reporting period	(3)	\$ 43,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	, 18	
Total for the reporting period	(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, Rep Cover Page, Item B)	port	\$ 44,650.00

#### 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

	81-484	40274 No report			
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Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
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Committee					
House #	Street Address	<u> </u>			
				Date [MM/DD/YYYY]	
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City		State	Zip Code	Date [MM/DD/YYYY) \$	
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Full Name of Co Committee	intributing		·	Pate MM/DD/YYYY	
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Full Name of Co	ontributing	2.25 No. 12	A company of the comp	Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address	, <del></del>		Date [MM/DD/YYYY] \$	
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		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
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House #	Street Address	 [		Date [MM/DD/YYYY] S	
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City	Company of the stage toget	State	Zip Code	Date [MM/DD/YYYY] = \$	
				Date [MM/DD/YYYY] 5	
Full Name of Con	ntributing			TENEDON ADOMINIO	
Committee				Date [MM/DD/YYYY]	
House #	Street Address				
				Date [MM/DD/YYYY] \$	
City		Total Control Control	Lample College Control		
		State	Zip Gode	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:	
Filer identification Number:	
81-4840274 Please see attached report	
Filer Identification Number: 81-4840274 Please see attached report	

Full Name of Contributor			The state of the s	
			Date [MM/DD/YYYY]	<b>.\$</b>
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City	State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Contributor			Date [MM/DD/YYYY]	Ś
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City	State:	Zip Code	Date [MM/DD/YYYY]	<u> </u>
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Full Name of Contributor			Date [MM/DD/YYYY]	\$ £7
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	4.17	<u> </u>		
City	State	Zip Code	Date MM/DD/YYYY]	<b>5</b> .
(4) (4)				
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Full Name of Contributor	[ ]			
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City		a rear second	<b>1</b>	
	State	Zip Code	Date [MM/DD/YYYY] \$	
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Deposit Date	Amount	Contributor	Street Address	City	State	Zip code
2/7/2020	\$100.00	STEPHEN DANCH	933 HILLTOP ROAD	ERIE	PA	16509
2/7/2020	\$250.00	ROBERT SOKOLSKI	204 Pamela Drive	Warren	PA	16365
2/15/2020	,	DOUGLAS MURPHY	5 NIAGARA PIER	ERIE	PA	16507
2/15/2020		DEBORAH MURPHY	5 NIAGARA PIER	ERIE	PA	16507
2/15/2020		RICHARD SUMINSKI	1508 WEST 6TH STREET	ERIE	PA	16505
2/15/2020	,	RUTH WEHRER	3701 STERRETTANIA RD	ERIE	PA	16506
3/3/2020	,	JAMES TOOHEY	2222 W GRANDVIEW BLVD	ERIE	PA	16506
4/15/2020		JAMES GARVEY	3914 TRASK AVENUE	ERI <i>E</i>	PA	16508
12/29/2020	\$200.00	JOHN HILL	310 CONNECTICUT DRIVE	ERIE	PA	16506

TOTAL

\$1,650.00

#### 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 identification Number:	
81-4840274 Please see attached repo	rt
D'AITHTE	
Full Name of	Date [MM/DD/YYYY] 5
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House # Street Address	Date [MM/DD/YYYY] = \$
City State: Zi	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House #/ Street Address	Date [MM/DD/YYYY] \$#
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City State Zi	Code Date MM/DD/YYYY) \$
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Full Name of Contributing Committee	Date (MM/DD/AYYY) \$
Street, Address	Date [MM/DD/YYYY] × \$
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City State Zip	Code Date [MM/DD/Yxxyy] \$
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Contributing Committee	Date [MM/DD/YYYY]
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House # Street Address	Date [MM/DD/YYYY] \$
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Full Name of	
Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	
Street Address	Date [MM/DD/YYYY] \$
City State 70	
State Zip.	Code Date [MM/DD/YYYY]
Full Name of	
Contributing Committee	Date [MM/DD/AAAA]
ouse# Street Address	
Street Address	Date [MM/DD/MM] \$
ity State: Zip.	
	Date [MM/DD/YYYY] \$
- AL	

1/14/2020 2/15/2020 2/15/2020 2/26/2020 2/26/2020 2/26/2020 3/7/2020 4/15/2020	Date
\$5,000.0 \$2,500.0 \$1,500.0 \$5,000.0 \$5,000.0 \$1,500.0 \$1,000.0	Amount
\$5,000.00 ERIE INSURANCE PAC \$2,500.00 LPAC ERIE \$1,500.00 NFG PAPAC \$5,000.00 PLUMBERS LOCAL #27 \$5,000.00 STEAMFITTERS LOCAL UNION 449 \$1,500.00 AFSCME COUNCIL 13 \$1,000.00 Erie Fire Fighters PAC	Contributor
PO BOX 1699 120 W 10TH STREET 1100 STATE STREET 1040 MONTOUR W. IND. PARK 1517 WOODRUFF STREET 4031 EXECUTIVE PARK DR PO Box 3576	Street Address
ERIE ERIE CORAOPOLIS PITTSBURGH HARRISBURG ERIE	City
PA P	State
16530 16501 16501 15108 15220 17111 16508	Zip code

TOTAL \$21,500.00

#### 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: 81-4840274 Please see attached report			
Rull Name of Contributor	Date [MIM/DID/\^\\)		
House # Street Address	Date [MM/DD/YYYY] \$		
Citý State Zip Code Employer Name	Oate [MM/OD/YYYY] \$		
Employer Mailing Address /- Principal Place of Business			
Full Name of Contributor	Date [MM/DD/YYYY] \$		
House # Street Address  City State Zin Code	Date [MM/DD/WYYY] \$		
Employer Name / // // // // // // // // // // // //	Date [MM/(DD/YYYY] \$ .		
Employer Mailing Address / Principal Place of Business (1997)			
Füll Name of Göntributor	Date [MM/DD/YYYY] \$		
City State Zip Code	Date [MM/DD/YYYY] \$		
City State Zip Code :	Date [MM/DD/YYYY] \$		
Employer Mailing Address / Principal Place of Business	A to second of the control of the co		
FulliName of Contributor	Date [MM/DD/YYYY] \$		
House # Street Address	Date [MM/DD/YYYY] \$		
City State Zip Code	Date [MM/DD/YYY) \$		
Employer Mailing Address / Principal Place of Business:	Occupation		

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l	01112020	3/7/2020	3/3/2020	2/26/2020	2/26/2020	2/21/2020	2/21/2020	2/15/2020	2/15/2020	2/15/2020	2/7/2020	2/7/2020	2/7/2020	2/7/2020	2/7/2020 /
	Socioo oxoce NEXN	\$500.00 CATHLEGEN FISHER	\$3 500 00 CATHI SEEN SIGNED	\$500 00 TRICIA MAHONEY	\$1.500.00 NOOEN NICHARDS	\$5,000,00 CANE NICOLIA	\$500 OO CARL MICCOLA \$500 OO WILDWAY GEOGRAPHY	\$500 DO WILLIAM CLOSKIED	\$500 OD CLEMONIA VICTIM	\$1,000,00 IOHN AI BERSTAINT IR	\$500 00 IACOHELINE SCHERRIER	CANCEL IN THE STATE OF COLOR	\$500.00 MICHAEL MILANO	\$500 00 WILLIAM DELICA	Amount Contributor
	1091 DUTCH ROAD	3411 WEST 10TH STREET	151 HIDDEN LANE	191 UDDGG CREDK	230 WEST SIXTH STREET	SZZ3 CLINION STREET	120 SHAWNEE DRIVE	3700 DREXEL DRIVE	2200 DELICE SERVICE COURT	33/13 GEORGIANI COLINT	SECULATION OF DRIVE	441 CINCULN AVE	SZUŁ ANNENDALE DRIVE	PO BOX 10905	Street Address
	FAIRVIEW	ERIE	NORTH EAST	Erie	ERJE	ERE:	ERIE	ERJE	EXIE	E E	ERIE	ERIE	ERIE	ERIE	City
	PA	PA	PΑ	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	State
	16415 CA CURTZE COMPANY	16505 LOESEL-SCHAAF INS AGENCY INC.	16428 MERCYHURST UNIVERSITY	16505 INSURANCE MANAGEMENT CO	16507 ROGER RICHARDS, ATTORNEY	16509 PS ENERGY	16505 SEPCO CORPORATION	16506 EE AUSTIN & SON, INC	16506 MCDONALD ILLIG JONES	16501 AMERICAN TINNING & GALVANIZING	16506 PALERMO DEVELOPMENT CORP	16505 MILANO CONCRETE	16506 ERIEBANK	16514 CUSTOM ENGINEERING	Zip code Employer Name
	1717	3537	501	123	230	152	2306	1919	100	552	2500	183	203	2800	Ęmp

TOTAL

\$21,500.00

Employer Mailing Address
2800 MCCLELLAND AVE, ERIE, PA 16510
2035 EDINBORO ROAD, ERIE, PA 16509
1832 W 8TH ST, ERIE, PA 16506
2500 PALERMO DRIVE, ERIE, PA 16506
552 W 12TH ST, ERIE, PA 16507
1919 REED STREET, SUITE 700, ERIE, PA 16507
1919 REED STREET #2, ERIE, PA 16503
2306 PENINSULA DRIVE, ERIE, PA 16501
152 WEST 12TH ST, ERIE, PA 16501
230 WEST SIXTH ST, ERIE, PA 16501
501 EAST 38TH STREET, ERIE, PA 16506
3537 WEST 12TH ST, ERIE, PA 16506

#### **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 Num	nber:	81-4840274 No report				
Full Name						
House #	<b>A</b> . 1	eet Address				
City City		- <del>1</del>	State	Zjp	Date [MM/DD/YYYY] \$	
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Receipt Description						
Full Name						
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.City		and the second s	State	Zip Cade∴	Date [MM/DD/YYYY] \$.	
Receipt Description				224.05		
Full Name	4.					
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City .	, , , , , , , , , , , , , , , , , , ,	Market and	State	-4jp,	Date [MM/DD/YYYY] \$	
Receipt Description		73	i diff	COOL	and the second s	
46.						

#### 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 Number: 81-4840	274		
1 JURANIZEM JEN IN ZINIO ZONITOL	DHIVANG DECAMBAYUA	ALUE OF \$50.00 OR LESS PER CONTRIBUTOR	F-W-
TOTAL for the reporting period	(1)	\$ 0.00	
2. TIN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	91 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$ 0.00	i.
	IVED-VALUE OVER \$251	0.00 (FROM PART G)	THE STREET
TOTAL for the reporting period	(3)	\$ 0.00	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)			

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

NOTE OF THE PROPERTY OF THE PR	 	-	
Filer Identification Number: 81-4840274 No report			
81-4840274 No report			
01 4040274 NO Teport			

Full Name of Contribu			The second secon	
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House#	Street Address		Date [MM/DD/YYYY]	<b>\$</b>
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Description of Contrib	aution	le l	- 1	
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House #	Street Address		Date [MM/DD/YYYY]	\$1
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Description of Contrib	ution = "".		<u> </u>	
T The state of the				
Full Name of Contribu	tor		Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address		Date [MM/DD/YYYY]	• • • • • • • • • • • • • • • • • • •
City	State	Zip Code	Date [MM/DD/YYYY]	\$
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City	State	Zip Code	Date [MM/DD/YYYY] \$	<b>\$</b>
	E 6		Date Hilly, DV	
Description of Contribu	ution			1
	utlon a program	•		

## SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

81-4840274 No report	
Full Name of Contributor	Date [MM/DD/YYYY)] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYY] \$
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/YYY)
House # Street Address	Date MM/DD/YYYY] -\$
City State Zip Code	Date [MM/DD/XYYY] 7\$
Employer Name -	Occupation
Employer Malling Address / Principal Place of Business	Description of Cantribution
Full Name of Contributor	=Date [MIM/DD/YYYY]\$
House # Street Address	Date [MM/DD/YYYY]
City State Zip Code Employer Name	Date [MM/DD/AYAY]
Employer Mailing Address / Principal	Occupation
Place of Business	Description of The Contribution

## Statement of Expenditures

Filer Identification Number: 8*		
B. Filer Identification Number		
and the section of th		
19	1-4840274 Please see attached report	
A	1-4040274 Flease see allached lebon	
2 2		

To Whom Paid	Market Ma			Date WM/DD/YYYY	
House #	Street Address			Description of Expend	iture
Giv	The Mary Inc.	State	Zip.		
To Whom Paid				Date [MM/DD/YYYY]	<b>5</b> 14
House#	Street Address			Description of Expendi	
city.		State	Zip :: Code ::		
To Whom Paid	The state of the s			Date (MIX)/DD/AAAA)	
House #	Street Address			Description of Expendi	#P
Gity		State	Zip Code		
To Whom Paid	A Company of the Comp	The second secon	State	Dete (MIM/De/AAAA)	
House #	Street Address			Description of Expendi	ture II I
City		State	<b>Z</b>   <b>p</b>		
To Whom Paid			Gode; <sup>wi</sup>	Date (MM/OD/AAA)	<u>a\$</u>
#House #	Street Address		. 14 161	Description of Expendit	ture
clty		State	Zip	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
To Whom Paid			Code	Date [MM/DD/YYYY]	
House #	Street Address	<del> </del>		Description of Expendit	74 74
City,	i gas	State	<b>4</b> p.	Description on expendit	ure s
To Whom Paid			Code		
House #				Date [MM/DD/YYY)	1 447 1 447 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
<b>4</b>	Street Address		•	Description of Expendit	ure it is
fit:		CALBRE	I		
City.		State	Zip.		To the
To Whom Paid		State	Zip.	Date [MM/DD/YYYY]	\$
To Whom Paid:	Street-Address	State	Zip.	Date [MM/DD/YYYY]  Description of Expendit	

BANK SERVICE CHARGES TOTAL 2020	Year 2020 Check # To Whom 1177 VOID 1178 MARTIN LUTHER KING CENTER 1179 JOSEPH SCHEMBER 1180 US POSTAL SERVICE 1181 JOSEPH SCHEMBER 1182 FRIENDS OF JULIE SLOMSKI 1183 FLAGSHIP MULTIMEDIA, INC. 1184 JOSEPH SCHEMBER 1185 JOSEPH SCHEMBER
	Date Ar 1/2/2020 1/3/2020 1/6/2020 2/7/2020 4/14/2020 8/19/2020 9/25/2020 10/6/2020 12/23/2020
\$41.00 \$5,107.19	Amount Street Address \$0.00 \$500.00 312 CHESTNUT STREET \$1,282.92 504 Frontier Drive \$92.00 1401 STATE STREET \$418.11 504 Frontier Drive \$1,000.00 5510 MILL STREET \$500.00 1001 STATE ST, #1315 \$999.16 504 Frontier Drive \$274.00 504 Frontier Drive
	City ERIE ERIE ERIE ERIE ERIE ERIE
	PA
	Zip Code 1650 1650 1650 1650 1650 1650 1650
	e Description of Expenditure  16507 TABLE FOR ANNUAL AWARDS DINNER 16505 Reimbursement for various items 16501 RENTAL OF POST OFFICE BOX 16505 Reimbursement for various items 16505 Reimbursement for various items 16509 CONTRIBUTION TO HER CAMPAIGN 16501 HALF PAGE AD-CONGRATS A. LONCKI 16505 Reimbursement for various items

#### 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.

	•	 	<b>-</b>	 ha. 111.9 her 1041	
Filer Identification Number, 81	-4840274 No report	 		 <u>-</u>	

Name of Creditor			Outstanding Balance of Debt
	reet Address	DATE DEBT INCURRED	
City	Statë	Zip Code	
Description of Debt			
Name of Creditor		*	Outstanding Balance of Debt
House # St	reet Address	DATE DEBT INCURRED.	*
City  Description of Debt	State	Zip Code	And the second s
Name of Creditor		-	Outstanding Balance of Debt
House if St	reet Address	DATE DEBT INCURRED	<b>\$</b>
City:  Description of Debt	State	Zip Code	
Name of Creditor			Outstanding Balance of Debt
	reet Address	DATE DEBT INCURRED  [MM/DD/YYYY]	
City 1	State	Zjp ⊮Code, ,,,,⊒	
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/MYYY]	<b>5</b>
City Description of Debt	State	code	
Part of the second of the seco			
Name of Creditor			Outstanding Balance of Debt
House # Str	eet Address	DATE DEBT INCURRED	\$100
City And	State	Zip -Code	
Description of Debt		A. L. Congression - Symmetry (Sept. 1997)	and the second s