



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.781.5280 (Option 4)

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

2021 JAN 19 PM 2: 38

ERIE COUNTY
VOTER REGISTRATION

2021 JAN 19 PM 2: 38
ERIE COUNTY
VOTER REGISTRATION

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.

Name of Filing Committee, Candidate, or Lobbyist				
Committee to Elect Joseph Schember				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-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.

Rebecca Hower

Signature of Treasurer, Candidate, or Lobbyist

REBECCA HOWER

Printed Name

01/15/2021

Date (DD/MM/YYYY)

Erie, PA, USA

Location (City/State/Country)



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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.

Joseph V. Schember
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)



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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Joseph Schember						
Street Address		PO Box 927						
City	Erie	State	PA	Zip Code	16512			

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)		Year		2020	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2020	12/31/2020	
A. Amount Brought Forward From Last Report	\$	29,842.16	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	44,650.00	
C. Total Funds Available (Sum of Lines A and B)	\$	74,492.16	
D. Total Expenditures (From Schedule III)	\$	5,107.19	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	69,384.97	
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 schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

15th day of Jan 20 21

Signature

My Commission expires

MO. DAY YR.

Signature of Person Submitting report
Rebecca Hover

Printed Name

814

Area Code

450-0119

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

Joseph Schember

Printed Name

814

Area Code

392-0996

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	81-4840274		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
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)			
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)			
Total for the reporting period		(4)	\$ 0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	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	81-4840274 No report
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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]	\$	

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:	81-4840274 Please see attached report
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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]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			

2020

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	\$250.00	DOUGLAS MURPHY	5 NIAGARA PIER	ERIE	PA	16507
2/15/2020	\$250.00	DEBORAH MURPHY	5 NIAGARA PIER	ERIE	PA	16507
2/15/2020	\$200.00	RICHARD SUMINSKI	1508 WEST 6TH STREET	ERIE	PA	16505
2/15/2020	\$100.00	RUTH WEHRER	3701 STERRETTANIA RD	ERIE	PA	16506
3/3/2020	\$200.00	JAMES TOOHEY	2222 W GRANDVIEW BLVD	ERIE	PA	16506
4/15/2020	\$100.00	JAMES GARVEY	3914 TRASK AVENUE	ERIE	PA	16508
12/29/2020	\$200.00	JOHN HILL	310 CONNECTICUT DRIVE	ERIE	PA	16506

TOTAL	<u><u>\$1,650.00</u></u>
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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 report
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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]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$

2020

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

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
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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]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
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							
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							
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							

2020									
Date	Amount	Contributor	Street Address	City	State	Zip code	Employer Name	Employer Mailing Address	
2/17/2020	\$5,000.00	THOMAS HAGEN	PO BOX 10905	ERIE	PA	16514	CUSTOM ENGINEERING	2800 MCCLELLAND AVE, ERIE, PA 16510	
2/17/2020	\$500.00	WILLIAM DELUCA	5201 ANNENDALE DRIVE	ERIE	PA	16506	ERIEBANK	2035 EDINBORO ROAD, ERIE, PA 16509	
2/17/2020	\$500.00	MICHAEL MILANO	441 LINCOLN AVE	ERIE	PA	16505	MILANO CONCRETE	1832 W 8TH ST, ERIE, PA 16505	
2/17/2020	\$2,500.00	JOSEPH PALERMO	4226 PRESTWICK DRIVE	ERIE	PA	16506	PALERMO DEVELOPMENT CORP	2500 PALERMO DRIVE, ERIE, PA 16506	
2/17/2020	\$500.00	JACQUELINE SCHEPPNER	552 W 12TH ST	ERIE	PA	16501	AMERICAN TANNING & GALVANIZING	552 W 12TH ST, ERIE, PA 16501	
2/15/2020	\$1,000.00	JOHN ALBERSTADT JR	3243 GEORGIAN COURT	ERIE	PA	16506	MCDONALD ILLIG JONES	100 STATE STREET, SUITE 700, ERIE, PA 16507	
2/15/2020	\$500.00	CLEMONT AUSTIN	3700 DREXEL DRIVE	ERIE	PA	16506	EE AUSTIN & SON, INC	1919 REED STREET #2, ERIE, PA 16503	
2/15/2020	\$500.00	WILLIAM GLOEKLER	420 SHAWNEE DRIVE	ERIE	PA	16505	SEPCO CORPORATION	2306 PENINSULA DRIVE, ERIE, PA 16506	
2/21/2020	\$500.00	CARL NICOLA	5223 CLINTON STREET	ERIE	PA	16509	PS ENERGY	152 WEST 12TH ST, ERIE, PA 16501	
2/21/2020	\$5,000.00	ROGER RICHARDS	230 WEST SIXTH STREET	ERIE	PA	16507	ROGER RICHARDS, ATTORNEY	230 WEST SIXTH ST, ERIE, PA 16507	
2/26/2020	\$1,500.00	J C BLOOMSTINE	1410 SOUTH SHORE DR	ERIE	PA	16428	MERCYHURST UNIVERSITY	123 W 9TH STREET, ERIE, PA 16501	
2/26/2020	\$500.00	TRICIA MAHONEY	191 HIDDEN LANE	NORTH EAST	PA	16505	LOESEL-SCHAAF INS AGENCY INC.	501 EAST 38TH STREET, ERIE, PA 16546	
3/3/2020	\$2,500.00	CATHLEEN FISHER	3411 WEST 10TH STREET	ERIE	PA	16505		3537 WEST 12TH ST, ERIE, PA 16505	
3/7/2020	\$500.00	BRUCE KERN	1091 DUTCH ROAD	FAIRVIEW	PA	16415	CA CURTZE COMPANY	1717 EAST 12TH STREET, ERIE, PA 16510	
TOTAL		\$21,500.00							

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 No report
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Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY]
					\$
Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY]
					\$
Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY]
					\$
Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY]
					\$
Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY]
					\$
Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY]
					\$

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**

Filer Identification Number:	81-4840274
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0.00
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	81-4840274 No report
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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							

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	81-4840274 No report
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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]	\$
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		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			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	81-4840274 Please see attached report
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To Whom Paid				Date [MM/DD/YYYY]		\$	
House #				Street Address			
City				State		Zip Code	
Description of Expenditure							
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #				Street Address			
City				State		Zip Code	
Description of Expenditure							
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #				Street Address			
City				State		Zip Code	
Description of Expenditure							
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #				Street Address			
City				State		Zip Code	
Description of Expenditure							
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #				Street Address			
City				State		Zip Code	
Description of Expenditure							
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #				Street Address			
City				State		Zip Code	
Description of Expenditure							
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #				Street Address			
City				State		Zip Code	
Description of Expenditure							
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #				Street Address			
City				State		Zip Code	
Description of Expenditure							

Year 2020

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

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:	81-4840274 No report
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of Debt						