

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

2021 JAN 19 PM 2: 38

Unsworn Statement in Lieu of Sworn Statement for ION 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 Joseph Schember									
Reporting Cycle Cycle 1 6th Tuesday Pre-Primary	Name Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election				
☐ Cycle 6 30 Day Post-Election	☑ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special 8	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

Date (DD/MM/YYYY)

Joseph Schember

Erie, PA, USA

Printed Name

Location (City/State/Country)



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	81-	4840274		ort Filed	Ву	Candid	ite /	X	Committee			Lobbyist	
Name of Filing Com Lobbyist	mittee, Car	ndidate or	Joseph Schember				<u> </u>	and a second sec					
Street Address	7.2	And A	504	Frontier D	rive			••••					
Gity	Erie	And the second s	<u></u>			State	PA		Zip Code	16505			<u></u>
Type of Report (Place	e x under r	eport type)					•			<u> </u>			
1-6 th Tuesday 2-2 Pre-Primary Pre	2 nd Friday Primary	3-30 Day Pos Primary		Tuesday Election		^d Friday Election	- Prof. 000000000 V . V . V . V .	294 Jobs - Bron C. 5 Co	7- Annual	Special 2 nd Pre-Election		Special 3 Post-Ele	
			T.	To be bond of the second of th					X]
Date Of Election (MM/DD/YYYY)		<u>L</u>	Year		2	2019	Amendr Report	nent		Termination Report	on .]
Summary of Receipts	sand	From Date		To Date	9				For	Office Use O	nly	5 76	<i>0</i> /=
Expenditures :	Alexandria Alexandria	01/01/2020	- 1	12	/31/20)20	1	d.				v V	
A. Amount Brought's	100			·	0.00	7.1.		2.10.50.00					
B. Total Monetary Co (From Schedule I)		s and Receipts	\$ \$		0.00								
C. Total Funds Availa (Sum of Lines A and I	в)		\$	i	0								
D. Total Expenditure (From Schedule III)	1		\$		0								
E. Ending Cash Balan (Subtract Line D from			\$		0								
F. Value of In-Kind Co (From Schedule II)	ontribution	s Received	\$		0								
G. Unpaid Debts and (From Schedule IV)	Obligation	is 2	\$		0								
Part 1- If this is a Commi	ittaa ranast	tronger you also b	16.1		A	ffidavit Sec	tion						
I swear (or affirm) that t	his report, ir	ncluding the atta	ched sc	hedules on	paper	, is to the	ndidate sign pest of my k	nere. nowled	ge and belief tr	ue, correct an	d complet	e.	
Sworn to and subscribed	i before me	this					1	4	0 1)	1		i
day of		20	-	1		_	(foref	nature o	of Person Subm	Mrs.	7	_	
Signat	ure		_	<u> </u>			Joseph Sc					_	
My Commission expires_				, 1		8	14			: 2-0996			
	MO.	DAY YR.	_			A	rea Code	_	Day	time Telephon	e Number		i
Part II- If this is a report of	of a Candida	te's Authorized	Commi	ttee, candi	date sh	nall sign he	re.		·	· <u>-</u>			
I swear (or affirm) that to amended.	the best of	my knowledge a	nd beli	ef this poli	tical co	mmittee h	as not viola	ted any	provisions of ti	ne Act of June	3, 193 <mark>7 (</mark> P	.L. 1333, NO	0.320) as
Sworn to and subscribed	before me t	this											
day of		20	_	1		_						_	
			_					Signa	ature of Candid	ate			
Signati	ure			, [F	rinted Name	·		-	
My Commission expires_	MO. D	DAY YR.	-				02 Co-l-	-			-1	_	
	P	(IV				Ar	ea Code		Daytii	ne Telephone	Number		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number					
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		1000115			
	70				
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)	_ x x. \comp	\$)		
All Other Contributions (Part B)		\$			
Total for the reporting period	(2)	\$			
3. Contributions Over \$250.00 (From Part C and Part D)					建 数
Contributions Received from Political Committees (Part C)		\$	· 数 · 题 图		
<u> </u>					
All Other Contributions (Part D)		\$			
Total for the reporting period	(3)	\$			
.4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	3.0				
	7,74		and the second of		
Total for the reporting period	(4)	\$		1 2 - 11 - 2 - 1 A SOURCE - 1 MINISTER	has have been the Highland
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, Rej	port	\$			

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 Contributing			Date [MM/DD/YYYY] \$	
Committee 100 1			Particular to the control of the con	
House # Street Address	Š		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			A market of the contract of th	
Committee 49			Date [MM/DD/YYYY] \$	
House # Street Address			The state of the s	
STOUS A			Date [MM/DD/YYYY] \$	_
Relivas	State			
	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	——————————————————————————————————————
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
	2 S S S S S S S S S S S S S S S S S S S		Control of the second of the s	
ECITY TO STATE OF THE PROPERTY	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	
Clly	State	Zip Code	Date [MM/DD/XYYY] 4 \$	
Particular of the Control of the Con				
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
			### (### ### ### ### ### ### ### ### ##	
House # Street Address			Date [MM/DD/YYYY] \$	
GIT AND				
Glby	State	Zip Code	Date MM/DD/YYYY) \$	
Full Name of Contributing	2011			
Committee			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
			Figure 1997 Control of the Control	
City 12	State	Zip Code	Date [MM/DD/YYYY] S	

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	atra				·
1-7					
Full Name of Contribute	Ör			Date [MM/DD/YYYY]	3.7
House:#		.,,			
riouse:a	Street Address			Date [MM/DD/YYYY]	
(City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributo					
				Date [MM/DD/\\YY]	
	Street Address			Date [MM/DD/YYYY]	
Gity T		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributo				Date [MM/DD/YAA4]	
House #	Street Address			Date [MM/DD/YYYY]	
Chy		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributo				Date [MM/DD/YYYY]	5
House # # 5	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Göde	Date (MM/DD/YYYY)	*\$
Full Name of Contributo		A Common of Comm	Park or Section and Park or Section 2.	Date (MM//Db//YYY)	
House #	treet Address			Date [MM//DD/YYYY]	
City		State	Zip.Code	Date [MM/DD/YYYY]	
Full Name of Contributor					\$
	treet Address			Date [MM/DD/YYYY]	\$
City	Į.	State	Zip Code		\$

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:

Full Name of F			Date (MM/DD/AYYY)	
Contributing Committee			Date Hanal on Free	
House # Street Address			Date [MM/DD/YYYY]	
City	State	ziji Code		
	State	Zipicoge	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Communication Control of the Control	Date [MM/DD/YYYY]	\$
House # Street Address				
76.			Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		7 7	Date MM/DD/YYYY	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Name of			Date [MM/DD/AYYY]	S.
Contributing Committee			pare into postario	
House # Street Address	-		Date [MM/DD/YYYY]	* ti
City ,,,	State	Zip Code	Pake [MM/DD/YYYY]	5
Full Name of	1-0		Date [MM/DD/YYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$.
City	State	Zip Code:	Date [MM/DD/YYYY]	\$
Full Name of	- Langelta		Date: [MM/Db/YY/Y/	
Contributing Committee				
House # Street Address			Date [MM/DD/XYYY]	\$
City. 3	State	Zip Code	Date [MM/DD/XYYY]	

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:

Full Name of Contributor			Date [MIM/DD/YYYY] \$
一种 在 基 上 。	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code:	Date [MM//DD/YYYY] \$
Employer Name Employer Mailing Address /		72 72 100	Occupation
Principal Place of Business Full Name of Contributor			
			Date (MM/DD/YYYY): \$
	Address		Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY]\$
Employer Name // Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor			Date [MM/DD/YYYY] \$
House #8 Street A	ddress		.Date [MM/DD/YYYY]\$
Çity : 1	State ² .	Z[p:code	Date [MM/pp/YYYY] **
Employer Name		## 1 Y - 7 2 5 5 1	Occupation
Employer Mailing Address / 22 Principal Place of Business	ive.		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Ac	dress		Date [MM/DD/AYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY]
Employer Mailing Address /	170	The state of the s	Occupation
Principal Place of Business	ALL THE		

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 Nur	nber:			
Full Name				
House#	Street Address			
City	Ste	ite Zjp	Date [MM/DD/YYYY]	50
City The State of	n.A.	Code	7 / 1	
Receipt Description				
Full Name				
House #				
Land Market	THE TANK TO SEE THE TANK TO SE THE TANK TO SE			
City	Sta	te∞ Code	Date [MM/DD/YYYY]	3 2
Receipt Description				
Full Name				
House #	Street Address			
City E	Sta		Date [MM/DD/YYYY] 5	
B A State of the		Code		
Receipt Description		建		
Full Name: , //				
House #				
	Street Address			
Cly :	Stat		Date [MM/DD/YYYY] \$	
		(Code ==		
Receipt Description				
Full Name				
House#	Street Address			
City /	Stat	e Zip	The LANGING MANNEY SEE	
		Code	Date [MM/DD/YYYY] \$	
Receipt Description				
Full Name	%************************************			
A Company of the Comp				
7 7 7 2	Street Address			
City 4	State		Date [MM/DD/YYYY] S.	71
Receipt Description		Code		
Mecerpt Description				

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			
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Ex. SINICINIZEDINERING CON INI	DO LIGINO MECEIVED-VA	UE OF \$50,00 OR LESS PER CONTRIBUTOR	· · · · · · · · · · · · · · · · · · ·
TOTAL for the reporting period	(1)	\$	ACCUMULATION OF THE PROPERTY O
	-		
2. IN KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0:	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$250	OD (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)	NS DURING THIS REPOI om boxes 1, 2, and 3; a	TING \$ so enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

	·			
Full Name of Contributor			Date (MM/DD/AYAA)	
			Moste Initition Working	
House # Street Address			Date MM/DD/YYYY	}-: -\$ <u>*</u>
City	State	Zip Code	Date [MIM/DD/YYYY]	.
Description of Contribution	A. A.			
100 100 100 100 100 100 100 100 100 100				
Full Name of Contributor			Date [MM/DD/YYY]	\$
House # Street Address		· · · · · · · · · · · · · · · · · · ·		(A.)
Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/Y/YY]	\$.
77 20 18 18 18 18 18 18 18 18 18 18 18 18 18 1	ĥ.			
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YXY4]	\$
House # Street Address			Date [MM/DD/YYYY]	\$.
City	State	Zip Code#	Date [MM/DD/YYYY]	.\$
	4 44			e ^r
Description of Contribution				
Full Name of Contributor			Date [MM/DD/WWY]	\$
House # Street Address	 ,			
Pinet Audiess				
City":	State	Zip Code		
Description of Contribution	[a.,]			\$5.51
Description of Contribution				
Full Name of Contributor			Date (MIX/OD)AWY	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYXX]	
Description of Contribution	33.50	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
I AND NOTE OF THE PERSON OF TH				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Numbers			
Full Name of Contributor			Date [MM/DD/YYYY] \$
	t Address		Date [MM/DD/YYYY]
City	State	Zip Code:	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /			Occupation Description
Place of Business			of . Contribution
Full Name of Contributor			Date [MM/DD/XYYY] \$
	: Address		Date [MM/DD/YYYY] \$
City :	State	Zip Code 13.2	Date [MM/DD/MMM] \$
Employer Name Employer Mailing Address / I	Princidaj		Occupation Description
Place of Business			of \$\\ \\ Contribution;
Full Name of Contributor			Date (MM/DD/YYYY)
	Address		Date (MM/DD/YYYY) \$.
city	State	Zip Gode	Date [MM/DD/YYY] \$
Employer Name			Occupation
Employer Mailing Address / P Place of Business	rincipal*		*Description of ** Contribution.**
Full Name of Contributor			Date (MM/DD/MYY)
	Address		Date [MM/DD/XYYX]
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Malling Address / P	Historia		Occupation
Place of Business	area area		Description of Of Contribution

Statement of Expenditures

Filer Identification Number:		 	

T- When not do	****				
To Whom Paid				Date MM/DD/AYYY	
- W					
House #	Street Address				
	acreec Address			Description: of Expenditure	
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City		State	Zip		
I .		. <u>4</u>	Code #		
To Whom Paid				Date MM/DD/YWY \$	·
				Date [MM/DD/YYY] \$	
			*	<u> </u>	
House #	Street Address			Description of Expenditure	
	4.5				
City	537	State	74-02	¥	1 4 4
ja ja		State	Zip		
			≅Code	<u>.</u>	
To Whom Paid		·		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	1 ⁽⁴⁾ 1 ⁽³⁾
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City	· · · · · · · · · · · · · · · · · · ·	State	Zip	1974 (1974) (1975, 1871)	
24		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Code		
To Whom Paid 🚁		(C)	7.75		
				Date [MM/DD/YYYY] \$	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				27	
House #	Street Address				
4. 2	1864 B 1844			Description of Expenditure	A ALAS
Place 1	40.00	VIII			
City		"State	Zip '		
A-RA			Code .	İ	
			01224 = 505	I	
To Whom Paid				MARIO CALIMACINA CARRA C	
To Whom Paid				*Date (MM/DD/YYYY) \$	
				*Date [MM/DD/YYYY] = \$	
House#	Street Address				
House #	Street Address			Date [MM/DD/YYYY] \$ Description of Expenditure	
House #	Street Address	State	Zin		
	Street Address	State	Zip		
House #	Street Address	State	Zíp Code	Description of Expenditure	
House #	Street Address	State			
House #	Street Address	State		Description of Expenditure	
House # City To Whom Paid		State		Description of Expenditure Date [MM/DD/YYYY] \$	
House #	Street Address Street Address	State		Description of Expenditure	
House # City To Whom Paid House #		A state of the sta	Code	Description of Expenditure Date [MM/DD/YYYY] \$	
House # City To Whom Paid		State	Code Zip	Description of Expenditure Date [MM/DD/YYYY] \$	
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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.

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Name of Greditor		Outstanding Balance of Debt
House #		BTINCURRED \$
(1)		
City	State Zip	o rde, a
Description of Debt:		Tablisms
Name of Creditor		Outstanding Balance of Debt.
House #		BT INCURRED \$ (DD/YYYY)
		- 743
· 大學教學生	State: Zip	de de
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House #		ST INCURRED \$
A) A)		DD/YYYY)
City,	State Zip	do do
Description of Debt		16
Name of Creditor		Outstanding Balance of Debt
House #		ST INCURRED \$ DD/YYYY]
City		
City Description of Debt	State Zip Cod	de
Description of Deut		
Name of Creditor		Outstanding Balance of Debt
House #		T _K [NCURRED \$\frac{\pi}{\pi}\]
Gity		
	State Zip	ie i
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House #		TINCURRED \$
		N
Gity.	State Zip.	
Description of Debt		
1 1 1		