

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist <i>Friends of Mary E. Schaaf</i>				
Street Address <i>5109 Watson Road</i>				
City <i>Erie</i>	State <i>PA</i>	Zip Code <i>16505</i>		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY) <i>11/05/2019</i>	Year <i>2019</i>	Amendment Report	Termination Report					

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
A. Amount Brought Forward From Last Report	<i>10/22/2019</i>	<i>11/25/2019</i>	2019 DEC -3 PM 1:58 ERIE COUNTY VOTER REGISTRATION <i>CR</i>	
B. Total Monetary Contributions and Receipts (From Schedule I)				
C. Total Funds Available (Sum of Lines A and B)				
D. Total Expenditures (From Schedule III)				
E. Ending Cash Balance (Subtract Line D from Line C)				
F. Value of In-Kind Contributions Received (From Schedule II)				
G. Unpaid Debts and Obligations (From Schedule IV)				

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 2nd day of December 20 19

Signature: *[Signature]*

My Commission expires 08 5 2023
MO. DAY YR.

Signature of Person Submitting Report: *Vicki L. Taylor*

Printed Name: Vicki L. Taylor

Area Code: 814 Daytime Telephone Number: 440-9583

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 2nd day of December 20 19

Signature: *[Signature]*

My Commission expires 08 05 2023
MO. DAY YR.

Signature of Candidate: *Mary E. Schaaf*

Printed Name: Mary E. Schaaf

Area Code: 814 Daytime Telephone Number: 451 6367

Commonwealth of Pennsylvania - Notary Seal
 Gregory J. Grasinger, Notary Public
 Erie County
 My commission expires August 5, 2023
 Commission number 1347356
 Member, Pennsylvania Association of Notaries

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) \$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	600.00
Total for the reporting period	(2) \$	600.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	2500.00
Total for the reporting period	(3) \$	2500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4) \$	0
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>	\$	3100.00

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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Lynette Hughes					10/25/2019	100.00
House #	Street Address			Date [MM/DD/YYYY]		\$
312	Mohawk Drive					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Erce	PA	16505				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Barbara Scott					10/24/2019	300.00
House #	Street Address			Date [MM/DD/YYYY]		\$
6755	Richardson Cir.					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Fairview	PA	16415				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Nicole SLoane					10/25/2019	100.00
House #	Street Address			Date [MM/DD/YYYY]		\$
12738	Route 6					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Corry	PA	16407				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
A.J. Hartmann Wilsm					10/24/2019	100.00
House #	Street Address			Date [MM/DD/YYYY]		\$
2636	W. 8th St.					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Erce	PA	16505				
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]		\$

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:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
Judith Alstadt				11/21/2019	2000.00
House #	Street Address		Date [MM/DD/YYYY]	\$	
328	Rosemont Ave.				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Eric	PA	16505			
Employer Name				Occupation	
				Retired	
Employer Mailing Address / Principal Place of Business					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
Christiane English				10/28/2019	500.00
House #	Street Address		Date [MM/DD/YYYY]	\$	
1050	Overlook Drive				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Eric	PA	16507			
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					

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Senior Citizens News	Date [MM/DD/YYYY]	\$	270.00
House #	Street Address	Description of Expenditure		
	P.O. Box 3056			
City	State	Zip Code		
Erie	PA	16508	Ad	
To Whom Paid	Senior Citizens News	Date [MM/DD/YYYY]	\$	340.00
House #	Street Address	Description of Expenditure		
	P.O. Box 3056			
City	State	Zip Code		
Erie	PA	16508	Ad	
To Whom Paid	ATTY. Gregory Grasinger	Date [MM/DD/YYYY]	\$	50.00
House #	Street Address	Description of Expenditure		
502	West 7th St.			
City	State	Zip Code		
Erie	PA	16502	Legal fees	
To Whom Paid	ATTY. Gregory Grasinger	Date [MM/DD/YYYY]	\$	1550.00
House #	Street Address	Description of Expenditure		
502	West 7th St.			
City	State	Zip Code		
Erie	PA	16502	Legal Fees	
To Whom Paid	Corry Journal	Date [MM/DD/YYYY]	\$	699.83
House #	Street Address	Description of Expenditure		
28	W. South St.			
City	State	Zip Code		
Corry	PA	16407	Ads	
To Whom Paid	Times News	Date [MM/DD/YYYY]	\$	1755.16
House #	Street Address	Description of Expenditure		
205	W. 12th St.			
City	State	Zip Code		
Erie	PA	16534	Ads	
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		