

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	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist <i>Mary E. Schaeff</i>				
Street Address <i>5109 Watson Road</i>				
City <i>Eric</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)	Year	Amendment Report	Termination Report					
<i>11/05/2019</i>	<i>2019</i>	<input type="checkbox"/>	<input type="checkbox"/>					

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
A. Amount Brought Forward From Last Report	<i>10/21/2019</i>	<i>11/25/2019</i>	\$	<i>11,650.46</i>
B. Total Monetary Contributions and Receipts (From Schedule I)			\$	<i>0</i>
C. Total Funds Available (Sum of Lines A and B)			\$	<i>11,650.46</i>
D. Total Expenditures (From Schedule III)			\$	<i>360.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)			\$	<i>12,010.46</i>
F. Value of In-Kind Contributions Received (From Schedule II)			\$	<i>0</i>
G. Unpaid Debts and Obligations (From Schedule IV)			\$	<i>0</i>

2019 DEC -3 PM 1:58
 ERIE COUNTY
 VOTER REGISTRATION
OK

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]* Signature of Person Submitting report: *[Signature]*
 Printed Name: _____ Printed Name: *MARY E. SCHAEFF*

My Commission expires *08* MO. *05* DAY. *2019* YR. Area Code: *814* Daytime Telephone Number: *451-6367*

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: _____ Signature of Candidate: _____
 Printed Name: _____ Printed Name: _____

My Commission expires _____ MO. _____ DAY. _____ YR. Area Code: _____ Daytime Telephone Number: _____

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)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
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 <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>		\$	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

To Whom Paid		Sample News Group			Date [MM/DD/YYYY]	\$	360.00
House #	Street Address				Description of Expenditure		
39	South Lake ST.						
City	State	Zip Code					
North East	PA	16428					

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					

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					

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					

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					