

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Kathleen A. Schaaf								
STREET ADDRESS 2437 East 43rd St.								
CITY Erie			STATE PA		ZIP CODE 16510			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION ANNUAL REPORT <input checked="" type="checkbox"/>							MO. DAY YEAR 11 07 2017	
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 1 01 18 TO 12 31 18				FOR OFFICE USE ONLY ERIE COUNTY PA REGISTRATION JAN 31 PM 3:43 DAX		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0						
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0						
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 30th DAY OF JANUARY 2019
 LAURIE A WATSON
 SIGNATURE
 MY COMMISSION EXPIRES 2-2-19
 MO. DAY YR.

Kathleen A. Schaaf
 SIGNATURE OF PERSON/SUBMITTING REPORT
 Kathleen A. Schaaf
 PRINTED NAME
 814 897-6310
 AREA CODE DAYTIME TELEPHONE NUMBER
 881-5362

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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
 31st DAY OF JANUARY 2019
 LAURIE A WATSON
 SIGNATURE
 MY COMMISSION EXPIRES 2-2-19
 MO. DAY YR.

Kathleen A. Schaaf
 SIGNATURE OF CANDIDATE
 Kathleen A. Schaaf
 PRINTED NAME
 814 897-6310
 AREA CODE DAYTIME TELEPHONE NUMBER
 881-5362

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 LAURIE A WATSON
 Notary Public
 CITY OF ERIE, ERIE COUNTY
 My Commission Expires Feb 2, 2019