

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	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Mary E. SchAAF					
Street Address		5109 Watson Road					
City	Erie	State	PA	Zip Code	16505		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		01/01/2020	
A. Amount Brought Forward From Last Report		\$ 12,010.46	2020 JAN 17 PM 1:11 VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 12,010.46	
C. Total Funds Available (Sum of Lines A and B)		\$ 0	
D. Total Expenditures (From Schedule III)		\$ 0	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 0	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0	

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

17th day of January 20 20

[Signature]
Signature

[Signature]
Signature of Person Submitting Report

Mary E. SchAAF
Printed Name

My Commission expires 8 5 2020

MO. DAY YR.

814 Area Code

746 1049 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

Signature of Candidate

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			
			0
Total for the reporting period		(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
			0
Contributions Received from Political Committees (Part A)			\$
All Other Contributions (Part B)			\$
Total for the reporting period		(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)			
			12,010.46
Contributions Received from Political Committees (Part C)			\$ 2,878.12
All Other Contributions (Part D)			\$ 9,132.34
Total for the reporting period		(3)	\$ 12,010.46
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
			0
Total for the reporting period		(4)	\$ 12,010.46
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>			\$ 12,010.46

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:	
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Full Name of Contributing Committee	Friends of Mary School				Date [MM/DD/YYYY]	\$	2878.12
House #	Street Address		Date [MM/DD/YYYY]		\$		
5109	Watson Road				\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Eric	PA	16505			\$		
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 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]			\$
Mary E. Schaaf		01/10/2020			9132.34
House #	Street Address	Date [MM/DD/YYYY]			\$
5109	Watson Road				
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]			\$
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					