

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	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Mary E. Schaat				
Street Address		5109 Watson Road				
City	State	Zip Code	Erie PA 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year	Amendment Report		Termination Report				
11/05/2019	2019	<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	01/01/2019	12/31/2019	2020 JAN 17 PM 1:15 ERIE COUNTY VOTER REGISTRATION	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	\$2892.72		
C. Total Funds Available (Sum of Lines A and B)	\$	\$2892.72		
D. Total Expenditures (From Schedule III)	\$	\$14.60		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	\$2878.12		
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: *Mary E. Schaat*

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

Printed Name: VICKI L. TAYLOR

Area Code: 814 Daytime Telephone Number: 440-9583

My Commission expires 08 05 2023 MO. DAY YR.

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

17th day of January 20 20

Signature: *Mary E. Schaat*

Signature of Candidate: *Mary E. Schaat*

Printed Name: MARY E. SCHAAT

Area Code: 814 Daytime Telephone Number: 835 1174

My Commission expires 08 05 2023 MO. DAY YR.

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

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)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$ 0

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)	\$ 0

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>			\$ 0

SCHEDULE III
Statement of Expenditures

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

To Whom Paid	U. S. Postal Service	Date [MM/DD/YYYY]	\$	14.60
House #	Street Address	Description of Expenditure		
2711	Legion Rd			
City	State	Zip Code		
Erie	PA	16506	STAMPS	

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		