

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	84-285039Z	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	ELLEN SCHAUERMAN							
Street Address	1820 MILLFAIR RD.							
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11-26-19		Year	12-31-20		Amendment Report	Termination Report	

Summary of Receipts and Expenditures	From Date	To Date
		11-26-19
A. Amount Brought Forward From Last Report	\$	38.21
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-
C. Total Funds Available (Sum of Lines A and B)	\$	38.21
D. Total Expenditures (From Schedule III)	\$	-
E. Ending Cash Balance (Subtract Line D from Line C)	\$	38.21
F. Value of In-Kind Contributions Received (From Schedule II)	\$	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	

For Office Use Only

2021 JAN 22 PM 1:07
ERIE COUNTY
VOTER REGISTRATION

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

_____ day of _____ 20____

Signature

My Commission expires _____ MO. DAY YR.

James M. Howida
Signature of Person Submitting report
JAMES M. HOWIDA
Printed Name

814 Area Code
873-8327 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

My Commission expires _____ MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
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www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

*Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect.** This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.*

Name of Filing Committee, Candidate, or Lobbyist			
Reporting Cycle Name			
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 9 30-Day Post Special Election

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

James M. Heroda
Signature of Treasurer, Candidate, or Lobbyist

1-22-21
Date

JAMES M. HERODA
Printed Name

814-873-8327