

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number			Repo	ort Filed B rk X)	By Can	didate	ate Committee		ē	X	Lobbyist		
Name of Filing Comm Lobbyist	nittee, Ca	ndidate or	FR		os c			H	orto	<u> </u>			
Street Address			P	0 7	Box	93	3						
City	ERIC			CONTROL CONTRO	Stat	e (Д	Zip	Code				
Type of Report (Place	e x under i	report type)											
1- 6 th Tuesday 2- 2 Pre-Primary Pre-	2 nd Friday -Primary	3- 30 Day Post Primary	NEW FACES	Tuesday lection	5- 2 nd Frid Pre- Elect	MAYZOR SYLMEN	30 Day Pos ction	it 7-	Annual	Specia Pre-Ele	l 2 nd Friday ection	Special 3 Post-Elec	
Date Of Election (MM/DD/YYYY)	<u>X</u>	05/18/2021	Year		202	19672900	nendment port			Termir Report]
Summary of Receipt	STREET, AND STREET, ST	From Date		To Date	Name Proposition				For	Office U	se Only		
Expenditures					- 1-								
A. Amount Brought I		03 01 20 7		05/0	x 03 90:	71						101	
B. Total Monetary Co	ontributio	ns and Receipts	\$	У							3	1	
(From Schedule I)				84	5.00						55	- A	
C. Total Funds Availa (Sum of Lines A and			\$	TIM I									
D. Total Expenditure	CEANONS AND LICE TO A		\$			-1					000	2	
(From Schedule III)				27	4.70		PH 2: 04 STRATION						
E. Ending Cash Balan			\$		10.30								
(Subtract Line D from F. Value of In-Kind Co	The state of the s	ns Received	\$	2/	<i>M</i>	\exists							
(From Schedule II)					φ						مراعه	4	
G. Unpaid Debts and	Obligatio	ns	\$		X	1							1
(From Schedule IV)					Affiday	t Section							
Part 1- If this is a Comm	ittee repor	t, treasurer sign h	ere. If th	nis is a Can			ate sign here	2.					
I swear (or affirm) that t	No.		ched sch	nedules on	paper, is to	the best o	of my knowle	edge an	d belief t	rue, corre	ct and complet	te.	
Sworn to and subscribed	d before me	e this				-	771			. 4			}
day of	***************************************	20	-	1			1agua	M	Jan	nitting rep	ort .		j
14			_	-			TATIA	WA	BAI	UET	<u>7</u>		
Signa	ture			. 1					nted Nam				1
My Commission expiresMO. DAY YR.				S / Area C	de de			792- ytime Tele	7 <i>731</i> phone Numbe	er			
Part II- If this is a report	of a Candid	ate's Authorized	Commit	tee, candi	date shall si	n here.		**********				-	
I swear (or affirm) that t amended.							ot violated a	ny prov	isions of	the Act of	June 3, 1937 (P.L. 1333, N	O.320) as
Sworn to and subscribed	d before me	e this					I	į.		1	,		
day of20				\mathcal{L}	nelle	gnature	of Candi	tovi date	or	_			
Signature Printed Name													
My Commission expires	MO.	DAY YR.	_	. T		Area C	ode		Day	772 time Telep	-/23c	2_	



Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. 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.** This form must be signed by hand where a signature is required.

Name of Filing (Reporting Cycle		didate, or Lobby	ist		
□ Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 Juesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election			cle 9 est-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.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Tadians builts

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

TATIANA BARNETT

Printed Name

Display 1 ERIE / PA | ERIE |
Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

V	andie R. Horton	5/7/2021
	Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
	Printed Name	Location (City/State/Country)

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)	\$ 445.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ Ø
All Other Contributions (Part B)	\$ 400.00
Total for the reporting period (2)	\$ 400.00 * 400 .0
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ Q
All Other Contributions (Part D)	\$ Ø
Total for the reporting period (3)	\$ Ø
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ Ø
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 845.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

					Amount
Full Name of Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	is		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	;		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				80	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identificatio	in Number:					
Full Name of Co				Date [MM/DD/YYYY]	\$	
	Cha	rles C	oleman	03/05/304		200.00
House #	Street Address	-22 b0	01.1	Date [MM/DD/YYYY]	\$	
City		State	ontmare Blud.	Date [MM/DD/YYYY]	\$	
THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	216	PA	1650	4		
Full Name of Co	AGE SANSON LOSS SERVICES	0	1	Date [MM/DD/YYYY]	\$	400 00
House #	Street Address	nne S	Dewell	04 15 2021 Date [MM/DD/YYYY]	\$	200.00
		2275 1	Monroeville Rd Zip Code			
City	211	State PA	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	nroeville		1514	Date [MM/DD/YYYY]	Ś	
				400 mars - 100 mars -		
House #	Street Address			Date [MM/DD/YYYY]	\$	
Ciny		16.	are a rate a rate a handan			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					٧	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	Jucet Address			Date [Min/DD/1111]	7	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Data (MAA (DD (MAA))		
run Name of Col	inalibator			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	

State

Zip Code

Date [MM/DD/YYYY]

City

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.

	AND SACROTAGE WAYES				AND AND DESIGNATION OF THE PERSON OF THE PER	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	ommittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
					1 1	
City		State	Zip Code	Data (SASA/DD/VVVV)		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	Smmittee					
House #	Street Address	is		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
) -			-	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	ommittee			bate (min, 25)	-	
House #	Street Address	s		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of		Desire the second second second	CONTRACTOR OF THE PARTY OF THE	Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee			A SECTION AND ADDRESS OF THE PARTY OF THE PA		
House #	Street Address			Date [MM/DD/YYYY]	\$	
Tiouse ii	Street Mudiess	A		Date (IMM) DO(1111)	3	
		<u> </u>				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co				Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee			1/17/2017/39 19/		
House #	Street Address	s	-	Date [MM/DD/YYYY]	\$	
		A				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
				Data (m.,, 22, ,		
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee			Date (Minipos) 1.11	3	
House #	Street Address			Date [MM/DD/YYYY]	\$	
		A				
City	The same and the s	State	Zip Code	Date [MM/DD/YYYY]	\$	
				A CONTRACTOR OF THE PARTY OF TH		

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)

ENGLISHED STREET, STRE					
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	8	- Live South Market	Logo de la companya d	Occupation	T-MOSPA 1
Employer Maili					
Principal Place	THE RESIDENCE OF THE PARTY OF T				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address		Contraction of the contraction o	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					4 1
Employer Name	9			Occupation	
- 1					
Employer Maili Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		Julie	2.p code	Date [MIM/DD/1111]	1 1
Employer Name		Laccountry		Occupation	
Employer Mailir	og Addross /			in the first of the second	
Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Supplied Sup	State	Zip Code	Date [MM/DD/YYYY]	\$
aty		State	zip code	Date [MM/DD/TTTT]	3
mployer Name				Occupation	
				Occupation	
mployer Mailin Principal Place o					
endeinai Viaco A	I MISINASS				

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

CONTRACTOR OF THE PARTY OF THE	Charles Comment of the Comment of th	MARKET AND AND AND ASSESSMENT	Shirt Brathagan Shirt Shirt	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	un	STATE OF THE STATE		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	an l			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n	I Washington I		Total Control of the
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n	Line and the second		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	n			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	O OO OB LESS BED CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	M PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

7.7

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address		Y	Date Issue (DD brook)	
House # Street Address			Date [MM/DD/YYYY]] \$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		Transcription processors and		Language I
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

State of the state

SCHEDULE II Part G

In-Kind Contributions Received

		VALUE OVER \$250	<u></u>
Filer Identification Number:			
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			Description
Place of Business			of
T. W. M			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Street Address			Date [ivivi/DD/1111]
City	State	Zip Code	Date [MM/DD/YYYY] \$
	July	Zip coas	Date [www/DD/1111]
Employer Name		The state of the s	Occupation
Employer Mailing Address / Principal		,	Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
			Date (min) DD/1111.)
House # Street Address			Date [MM/DD/YYYY] \$
			-
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal			Description
Place of Business			of Contribution
Full Name of Contributor			Contribution
Full Maine of Contributo.			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
			Date [MM/DD/1111]
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal	4		Description
Place of Business	A		of
	A		Contribution

Statement of Expenditures

THE RESIDENCE OF THE PERSON OF	
Filer Identification Number:	
The fuel unicauvii Humber.	

To Whom Paid				JANO MENURIAS			
10 Whom Fala	2000	1/	0 .			Date [MM/DD/YYYY] \$	11-
House #	Street Address	an	Prin-	nna		04/26/2021	265.00
	Street Address	1919	Peac	h 3	4 .	Description of Expenditure	
City ERIE		State	PA	Zip		1.0 1 0 6	
To Whom Paid			F/4	Code	16502	Window Sign	S
to whom Paid	Ant RI	ue				Date [MM/DD/YYYY] \$	0 2 6
House #	Street Address -					Description of Expenditure	9.32
	Sircet Address	60 B	OX 44	11141	P	Description of Expenditure	
Son	perville	State	MA	Zip Code	02144	PROCESSING Fee.	S
To Whom Paid	1-1-21					Date [MM/DD/YYY/] \$	_
	Act Blu	e			2	05/61/2021	, 38
House #	Street Address	20 Ba	× 44	1146		Description of Expenditure	
Som	erville	State	MA	Zip Code	02144	PROCESSING FE	e
To Whom Paid					March Several Constitution	Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	an a
City	Personal Property of the Proper	State		Zip Code			
To Whom Paid			Book of the second			Date [MM/DD/YYYY] \$	
						Jace (IMMA/DD/TTT)] 3	
House #	Street Address					Description of Expenditure	
City	375335819.30334814814	State		Zip Code			
To Whom Paid				code		Date [MM/DD/YYYY] \$	
						Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City		State		Zip			
To Whom Paid				Code			
	·					Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City		State		Zip			
				Code			
To Whom Paid	1					Date [MM/DD/YYYY] \$	
House #	Street Address		-,			Description of Expenditure	
City		State		7:- I			
		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Credi	itor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credi	itor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt		1,000,000,000	
lame of Credit	tor			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
iity		State	Zip Code	
Description of	Debt			
lame of Credit	tor			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of I	Debt			
ame of Credit	or			Outstanding Balance of Debt
ouse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of [Debt	Formation and State of State o		TWO STATES
ame of Credit	or			Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip	
			Code	