

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed (Mark X)	By Candid	ate 1	Committee		Lobbyist
Name of Filing Committee, Cal Lobbyist	Friends of Aubrea Hagerty-Haynes						
Street Address		630 Edgevale D	Prive				
City Erie			State	PA	Zip Code	16509	
Type of Report (Place x under r	eport type)						
1-6 th Tuesday 2- 2 nd Friday.		1			7- Annual	Special 2 nd Friday	
Pre-Primary Pre-Primary	Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
	\times						
Date Of Election (MM/DD/YYYY)	05/18/2021	Year Teach	2021	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date	To Da	te 💮 🖨		For	Office Use Only 2	A SAME AND A
expenditures -	5/4/2021		6/7/2021				S S S S S S S S S S S S S S S S S S S
A. Amount Brought Forward F	rom Last Report	t \$	2,099.28				
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$	1,030	1			
C. Total Funds Available		\$	3,129.28	e sit i je sit.		$\left(\left(\left(\frac{1}{2}, \frac{1}{2}, \frac{1}{2}, \frac{1}{2}, \frac{1}{2} \right) \right) \right) = 0$	
(Sum of Lines A and B) D. Total Expenditures		\$	1,960		ស្រាស់ក្រុម ស្មានជា ពេក ស្រាស់ក្រុម ស ពេក្សសាស្រាស់ក្រុម	The state of the second of the	1
(From Schedule III) E. Ending Cash Balance		\$	1,960				Period State Pe
(Subtract Line D from Line C)		** Carrier (**) **Carrier (**	;1,169,28 _{(***ay} †) ≀			Straight Angele Straight Strai	To the day processor of the control
F. Value of In-Kind Contributio (From Schedule II)	ns Received	\$	r 0			and the second s	OT
G. Unpaid Debts and Obligatio (From Schedule IV)	ns —	\$	100	76	r be regular. Care comment a str	- 1	form and the state of the state
	-2/		Affidavit Se	ection	r	1 1 1 1 1 1 1 1 1 1	and the same of th
Part 1- If this is a Committee report							
I swear (or affirm) that this report, Sworn to and subscribed before me	=	cnea scheaules o	on paper, is to the	e best of my knowled	age and belier tr	ue, correct and compi	ete.CD
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day of	20	- 	_		of Person Subm	itting report	3
Signature		- [11111	treate	Printed Nam	e e	
My Commission expires		• •		814	Free	392-62	48
MO.	DAY YR.	_	6,1100:	Area Code	Day	time Telephone Numb	per
Part II- If this is a report of a Candid	late's Authorized	Committee, can	didate shall sign h	ere.			
I swear (or affirm) that to the best of amended.	of my knowledge a	and belief this po	olitical committee	has not violated an	y provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me	s this		a Cla		Λ		
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day of	20	- ļ,	- Hr (7	Aubri	nature of Candid	late	ends (
Signature		-	1,14().	0	Printed Name		
My Commission expires,		_		814		HeD-9922	
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SCHEDULE I

Contributions and Receipts Detailed Summary Page

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1. Unitemized Contributions and Receipts-\$5	60:00 or Less per Contributor	- ₹ - 4		
	Total for the reporting period	(1)	\$	30
=2-Contributions of \$50.01 to \$250.00 (Fron				3 0
Part A and Part B)				
Contributions Received from Political Commi	ittees (Part A)		\$	0
All Other Contributions (Part B)			\$	100
	Total for the reporting period	(2)	\$	100
SEContributions Over \$250.00 (From Part C	and Past D		. 100	
			100000 100000 100000	
Contributions Received from Political Commi	ittees (Part C)		\$	
All Other Contributions (Part D)	. DARA		\$	900
	Total for the reporting period	(3)	\$	900
	Returned Checks, ETG: (From Part E	L sp	Į.	
	Total for the reporting period	(4)	\$	
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Total Monetary Contributions and Receipts d enter amount totals from Boxes 1, 2, 3 and 4;			\$	Electrometra esta en el escolo de el escentra en la travella en el el escolo de el e
Cover Page, Item B)				1,030
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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)

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Full Name of Contributor	Date MM/DD/YX	YY1=== \$	

Full Name of Contributor		Date [MM/DD/YYYY] \$
	Tammi Elkin	06/04/2021
House# Stre	et Address	Date [MM/DD/YYYY] \$
	143 East Main Street ;	
City North East	State Zip Code # PA 16428	Date [MM/DD/YYYY] \$
	TA 10428	
Employer Name	County of Erie	Occupation Department Head
Employer Mailing Address Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
	William Elkin/Sandra Elkin	06/04/2021 400
House # Stre	et Address	Date [MM/DD/YYYY] \$
	65 S Lake Street பிர்ந்த விறையில் பெருவில்	
City North Foot	State PA ZIP Code 16428 1111 1111 1111 1111 1111 1111 1111 1	Date [MM/DD/YYYY] \$
North East	PA PA 16 PA	ani la 4 m t
Employer Name	William D. Elkin Funeral Home	Occupation Funeral Director
Employer Mailing Address Principal Place of Business	65 S Lake Street, North East PA 16428	and the modern section of the sectio
Full Name of Contributor		Date [MM/DD/YYYY] 5
		679 (200)
House # Stree	et Address	Date [MM/DD/YYYY] \$
City	State Zip Code:	Date [MM/DD/YYYY] . \$
Employer Name		Occupation :: resolution
Employer Mailling Address / Principal Place of Business	P. 1780.	Parameter manufacture and the second
Full Name of Contributor		Date (MM/DD/YYYY) \$
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House # Stree	et Address	Date [MM/DD/YYYY] \$
City	State: Air Code	Date [MM/DD/YYYY] 2 \$
Employer Name	Twin:	Occupation The Factor of the State of the St
Employer Mailing Address /		
Principal Place of Business		The stage of the s

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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.)

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Full Name of Contributor		······································	Date [MM/DD/YYYY]	**************************************
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House # Street Address			Date [MM/DD/YYYY]	. 315
	4611 Covert Circle			
City	State	Zip Code	Date [MIM/DD/YYYY]	\$
Erie	PA PA	16509		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	•		Date [MIM/DD/YYYY]	\$:
House # Street Address			pare (miny acy 1711)	
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Full Name of Contributor			Date [MM/DD/YYYY]	\$
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House # Street Address			Date [MM/DD/YYYY]	<u>\$</u>
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SCHEDULE III Statement of Expenditures

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House#	Street Address	4823 Peach Street	 		:	Description	of Expend	liture		
City Erie	Paradicipality (1)	State PA	Zip Code	16509	Ev	ent				
To Whom Paid	Flagsthip Multimed	ia, Inc.			1	Date [MM/ 06/01/		. \$	550	
House #	Street Address	2637 Lakeside Drive	i		I	Description		lture	2-118 2-118 1-118	
City Erie		State.	Zip Ji Code	16511	Ac	dvertising	-			-
To Whom Paid						Date [MM/	DD/YYYY]			
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City		State	Zip Code	ij.	!!					
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House #	Street Address			**************************************	, it	Description		iture		
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House#	Street Address	State	"Žip			escription		ture		
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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.

Filer Identification Numb	er: 4						- <u>-</u>		
Name of Creditor				· · · · · · · · · · · · · · · · · · ·			O ntsta	nding Balance	of Debt
· · · · · · · · · · · · · · · · · · ·	Aubrea Har Street Address			13.00	DATE DEBT		\$		5/16
100 (100 (100 (100 (100 (100 (100 (100		630 Edgevale Drive			[MM/DD 5/20/2				
CItY	Erie	in the second se	S	tate F	A Zip	16500	100		
Description of Debt	Water for A	AKT Run Donation			<u> </u>				
Name of Creditor							Outsta	oding Balance	of Debt
House#	Street Address			100 ds 1	DATE DEBT	NCURRED /YYYY]	\$		
City			S	ate:	Zip Ecode				
Description of Debt			6300 X X and	are pure of controls			0000000000		
Name of Creditor			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	digita 26. Bijih iyot		-	Outsta	nding Balance	of Debt
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Description of Debt	4 2 2 2 2 2 3					11777717			
Name of Creditor							.,	iding Balance	of Debt
House #	Street Address				DATE DEBT		\$		
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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

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	Committee, Can	didate, or Lobby	/ist			
Friend	1s of Au	brea Hag	erty	Hayne	25	
Reporting Cycle						
☐ Cycle 1	☐ Cycle 2	Cycle 3		Cycle 4	☐ Cycle 5	
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday	
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8	1 12 113 113 135	□ Су	cle 9	
30 Day Post-Election	Annual Report	2nd Friday Pre-Special Election 30 Day		30 Day Po	Post-Special Election	
	nalty of perjury u nying Campaign F		ne Comn	nonwealth		
The state of the participant						
Heather		leury		06 / ate (DD/M	10/2021	
Signature of Trea	surer, Candidate,	or Lobbyist	D	ate (DD/M	IM/YYYY)	
Heather	Maciwle inted Name	wicz!		Erie	County, Pt	
Pr	inted Name		Locat	ion (City/S	tate/Country)	
	to a manager	er ar erkan arke e ergin arkan så		or (166 p.)	DSFB-502	

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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.

Signature of Treasurer, Candidate, or lobbyist	હિ (O)મ Date (DD/MM/YYYY)
Aubrep Hagerly-Haynes	Eric County, PA
Printed Name A to the object of the second	Location (City/State/Country)
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