



Reset Form

Print Form

## 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		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Friends of Aubrea Hagerty-Haynes							
Street Address		630 Edgevale Drive							
City		Erie		State		PA		Zip Code 16509	

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)		05/18/2021		Year		2021		Amendment Report	
								Termination Report	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/4/2021	6/7/2021	
A. Amount Brought Forward From Last Report	\$	2,099.28	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,030	
C. Total Funds Available (Sum of Lines A and B)	\$	3,129.28	
D. Total Expenditures (From Schedule III)	\$	1,960	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,169.28	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	100	

**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.

Signature of Person Submitting report: Heather Maculewicz

Printed Name: Heather Maculewicz

Area Code: 814 Daytime Telephone Number: 392-6248

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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: Aubrea Hagerty-Haynes

Printed Name: Aubrea Hagerty-Haynes

Area Code: 814 Daytime Telephone Number: 460-9922



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) \$ 30

**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A) \$ 0

All Other Contributions (Part B) \$ 100

Total for the reporting period (2) \$ 100

**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C) \$ 0

All Other Contributions (Part D) \$ 900

Total for the reporting period (3) \$ 900

**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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B) \$ 1,030



**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)

<b>Filer Identification Number:</b>									
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
Tammi Elkin					06/04/2021		500	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
	143 East Main Street							
<b>City</b>				<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
North East				PA	16428			
<b>Employer Name</b>					<b>Occupation</b>			
County of Erie					Department Head			
<b>Employer Mailing Address / Principal Place of Business</b>								
140 West Sixth Street, Erie PA 16501								

  

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
William Elkin/Sandra Elkin					06/04/2021		400	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
	65 S Lake Street							
<b>City</b>				<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
North East				PA	16428			
<b>Employer Name</b>					<b>Occupation</b>			
William D. Elkin Funeral Home					Funeral Director			
<b>Employer Mailing Address / Principal Place of Business</b>								
65 S Lake Street, North East PA 16428								

  

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>				<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>								

  

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>				<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>								



**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.)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
Joann Werth & Janice Sitter					06/04/2021	100
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
	4611 Covert Circle					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		
Erie	PA	16509				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$		





**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number: \_\_\_\_\_

<b>To Whom Paid</b>		Firestone's			<b>Date [MM/DD/YYYY]</b>	05/18/2021	<b>\$</b>	1,410
<b>House #</b>	<b>Street Address</b>		4823 Peach Street		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	<b>Event</b>		
<b>To Whom Paid</b>		Flagship Multimedia, Inc.			<b>Date [MM/DD/YYYY]</b>	06/01/2021	<b>\$</b>	550
<b>House #</b>	<b>Street Address</b>		2637 Lakeside Drive		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16511	<b>Advertising</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				



**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 Number:	
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Name of Creditor		Aubrea Haynes				Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive		DATE DEBT INCURRED [MM/DD/YYYY]		\$	100
				5/20/2021			
City	Erie	State	PA	Zip Code	16509		
Description of Debt		Water for AKT Run Donation					

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							





**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

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## 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, Candidate, or Lobbyist				
Friends of Aubrea Hagerty Haynes				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 <sup>nd</sup> Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 <sup>nd</sup> Friday Pre-Special Election	<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.

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

Heather Maciulewicz  
Signature of Treasurer, Candidate, or Lobbyist

06/10/2021  
Date (DD/MM/YYYY)

Heather Maciulewicz  
Printed Name

Erie County, PA  
Location (City/State/Country)

DSEB-502R

Updated 1/22/2021





**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

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**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.**

*Aubrey Hagerly-Haynes*  
Signature of Treasurer, Candidate, or Lobbyist

6/10/21

Date (DD/MM/YYYY)

Aubrey Hagerly-Haynes  
Printed Name

Eric County, PA

Location (City/State/Country)

