Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Filer Identification Report Filed By Candidate Committee Lobbyist Number (Mark X) Name of Filing Committee, Candidate or Lobbyist IENDS of Andre Horton Street Address City ERIE Zip Code PA Type of Report (Place x under report type) 1-6th Tuesday 2- 2nd Friday 3-30 Day Post 4-6th Tuesday 5- 2nd Friday 6-30 Day Post 7- Annual Special 2nd Friday Special 30 Day **Pre-Primary** Pre-Primary **Primary** Pre- Election Election Pre-Election **Pre-Election** Post-Election **Date Of Election** Year Amendment Termination (MM/DD/YYYY) 2021 Report Report Summary of Receipts and From Date To Date For Office Use Only **Expenditures** A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available \$ (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- 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 gnature of Person Submitting report Signature My Commission expires_ 392-7731 MO. DAY Area Code 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 Sworn to and subscribed before me this Signature of Candidate Signature Printed Name My Commission expires DAY YR. Area Code Daytime Telephone Number

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Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

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

2021 JUN 18 PM 3:33

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.

leporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	∑ Cycle 3		Cycle 4	☐ Cycle !
6 th Tuesday	2 nd Friday	30 Day	6 th 7	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-	Election	Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Cy	cle 9
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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.

Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
Printed Name	Location (City/State/Country)

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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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■ Filer Identification Number	B		
Filer Identification Number			
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	y i	
Total for the reporting period (1)	\$	25.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	6
All Other Contributions (Part B)	\$	250.00
Total for the reporting period (2)	\$	250.00 250.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	Ø
All Other Contributions (Part D)	\$	500.00
Total for the reporting period (3)	\$	500.00 500.00
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)	\$	775.00

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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.

Section 200				Amo	unt
Full Name of C	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
				29.17	
City	2.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
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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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	Mid	chell	Hecht		Date [MM/DD/YYYY] \$	250.00)
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city Wilt	on	State	CT Zip Code	06897	Date [MM/DD/YYYY] S		
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House #	Street Address				Date [MM/DD/YYYY] \$		
City		State	Zip Code		Date [MM/DD/YYYY] 5	-	1
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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.

Filer Identification	Number:	1			
Full Name of				Date [MM/DD/YYYY] \$	_
Contributing Con	nmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Contributing Com				Date [MM/DD/YYYY] \$	
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Full Name of Contributing Com			Address Company Comp	Date [MM/DD/YYYY] [\$	_
House #	Street Address			Date [MM/DD/YYYY] \$	
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Full Name of Contributing Com	mittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Com				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] #\$	-
City	发展等等	State	Zip Code	Date [MM/DD/YYYY] \$	-
Full Name of Contributing Com				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	-
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City		State	Zip Code	Date [MM/DD/YYYY] \$	

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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)

Filer Identification Number:	`
Full Name of Contributor	Date [MM/DD/YYYY] \$
Full Name of Contributor DANNY Jones House # Street Address 527 West 7th 3dree City State PA Zip Code EMBE PA 16506	05/05/2021 250.00
House # Street Address	Date [MM/DD/YYYY] \$
527 West 14h 3dree	05/05/2021 250.00 Date [MM/DD/YYYY] \$ T 05/20/2021 250.00
City State PA Zip Code 14506	Date [MM/DD/YYYY] \$
Employer Name 76506	Occupation ()
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Principal Place of Business 18 West 94h 34, ERIE PA	16501
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	136 T
	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] *5
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	\$ 50 Miles (1980 1980 1980 1980 1980 1980 1980 1980
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Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY]
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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identification N	umber:			
Full Name	· 全国 · 对此 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 ·			
Full Name House #	Street Address			
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City			Code	Date (MINI/DD/11111)
Receipt Descriptio	n	Assistant and Section 1	[17] [2766-330-05 pt (75 few)	
Full Name				
House #	Street Address		-	
City		State	Zip Code	Date [MM/DD/YYYY] \$
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House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

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Filer Identification Number:			
3-008-02-98823 (a)			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED VAL	UE OF \$50.00 OR LESS PER CONTRIBUTOR	THE STATE OF
TOTAL for the reporting period	(1)	\$	
□ 2 IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	a 1381 - 51 - 51
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3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	OO (FROM PART G)	
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TOTAL VALUE OF IN-KIND CONTRIBUTIO	NS DURING THIS REPOR	TING \$	
PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)			

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SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

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Full Name of Contributor			Date [MM/DD/YYYY]
House # Street Address	<u> </u>	 	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
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House # Street Address			Date [MM/DD/YYYY] \$
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

		
Filer Identification Number:	•	
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Full Name of Contributor			Date [MM/DD/YYYY] \$
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House # Street Address			Date [MM/DD/YYYY] \$
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Gity	State	Zip Code	Date [MM/DD/YYYY] \$
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Place of Business			of h
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Statement of Expenditures

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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.

Name of Creditor	\$6.00 mm		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
Manager (* 180) Maria Angel		[ΜΜ/οο/γγγγ	
City		State	
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