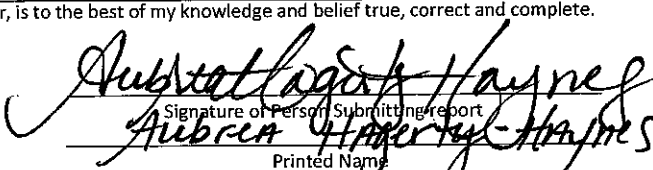


Commonwealth of Pennsylvania - Campaign Finance Report

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

| | | | | | | | | |
|---|---------------------------------------|----------------------------------|--|--|-------------------------------------|-------------------------------------|---|------------------------------|
| Filer Identification Number | | Report Filed By (Mark X) | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | 11/02/2021 | Year | 2021 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> | <input type="checkbox"/> |
| Summary of Receipts and Expenditures | | From Date | To Date | For Office Use Only | | | | |
| | | 10/19/2021 | 11/22/2021 | | | | | |
| A. Amount Brought Forward From Last Report | | \$ | 3807.09 |  Signature of Person Submitting report Aubrea Hagerty-Haynes Printed Name 814 Area Code 460.9922 Daytime Telephone Number | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ | 940.00 | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ | 4747.09 | | | | | |
| D. Total Expenditures (From Schedule III) | | \$ | 2489.51 | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ | 2257.58 | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$ | 0.00 | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ | 0.00 | | | | | |
| 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. | | | | | | | | |
| 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 | | Signature of Candidate | | | | | | |
| | | Printed Name | | | | | | |
| My Commission expires _____ MO. DAY YR. | | Area Code | | Daytime Telephone Number | | | | |

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) | \$ 40.00 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | | \$ 350.00 |
| All Other Contributions (Part B) | | \$ 550.00 |
| Total for the reporting period | (2) | \$ 900.00 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | | \$ 0.00 |
| All Other Contributions (Part D) | | \$ 0.00 |
| Total for the reporting period | (3) | \$ 0.00 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period | (4) | \$ 0.00 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ 940.00 |

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.

| | | | | | | | | | | | |
|-------------------------------------|--|----------------|-------|------------------------------|----------|-------|-------------------|-------------------|----|--------|--|
| Filer Identification Number | | | | | | | | | | | |
| | | | | | | | | | | Amount | |
| Full Name of Contributing Committee | | | | Committee to Elect Kim Clear | | | | Date [MM/DD/YYYY] | \$ | 100.00 | |
| | | | | | | | | 10/28/2021 | | | |
| House # | | Street Address | | 6060 Briar Drive | | | | Date [MM/DD/YYYY] | \$ | | |
| City | | Erie | State | PA | Zip Code | 16506 | Date [MM/DD/YYYY] | \$ | | | |
| Full Name of Contributing Committee | | | | AFSCME Council 13 | | | | Date [MM/DD/YYYY] | \$ | 250.00 | |
| | | | | | | | | 10/28/2021 | | | |
| House # | | Street Address | | 4031 Executive Park Drive | | | | Date [MM/DD/YYYY] | \$ | | |
| City | | Harrisburg | State | PA | Zip Code | 17111 | Date [MM/DD/YYYY] | \$ | | | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | \$ | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | | | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | \$ | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | | | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | \$ | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | | | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | | | | | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | \$ | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | | | |

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 Identification Number: | |
|------------------------------|--|

| | | | | | | | | | | |
|--------------------------|------|----------------|----|----------|--|-------------------|-------------------|------------|----|--------|
| Full Name of Contributor | | | | | Sean Su | | Date [MM/DD/YYYY] | 11/1/2021 | \$ | 200.00 |
| House # | | Street Address | | | 5367 Frazier Street | | Date [MM/DD/YYYY] | | \$ | |
| City | Erie | State | PA | Zip Code | 16510 | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | Marian Schmitt Wolford & Matthew Wolford | | Date [MM/DD/YYYY] | 10/25/2021 | \$ | 100.00 |
| House # | | Street Address | | | 638 W. 6th Street | | Date [MM/DD/YYYY] | | \$ | |
| City | Erie | State | PA | Zip Code | 16507 | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | Andrew J. Sisinni | | Date [MM/DD/YYYY] | 10/29/2021 | \$ | 250.00 |
| House # | | Street Address | | | 1314 Griswold Plz | | Date [MM/DD/YYYY] | | \$ | |
| City | Erie | State | PA | Zip Code | 16501 | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | |

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: | |
|-------------------------------------|--|

| | | | | | | | |
|--|--|-----------------------|--|-----------------|--------------------------|--------------------------|----|
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |

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

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.

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | | |
|---------------------|--|----------------|-------|--|----------|--|-------------------|----|
| Full Name | | | | | | | | |
| House # | | Street Address | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | | |
| Full Name | | | | | | | | |
| House # | | Street Address | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | | |
| Full Name | | | | | | | | |
| House # | | Street Address | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | | |
| Full Name | | | | | | | | |
| House # | | Street Address | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | | |
| Full Name | | | | | | | | |
| House # | | Street Address | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | | |

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: | |
|------------------------------|--|

| | | |
|---|----|---|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period (1) | \$ | 0 |

| | | |
|--|----|---|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period (2) | \$ | 0 |

| | | |
|--|----|---|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period (3) | \$ | 0 |

| | | |
|---|----|---|
| 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) | \$ | 0 |
|---|----|---|

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| | |
|-------------------------------------|--|
| 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] | \$ |
| | | | | | | | | |
| 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 | | | | | | | | |

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

| | |
|-------------------------------------|--|
| 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 Place of Business | | | | | 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] | | \$ | |
| | | | | | | | | |
| Employer Name | | | | | Occupation | | | |
| | | | | | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | 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] | | \$ | |
| | | | | | | | | |
| Employer Name | | | | | Occupation | | | |
| | | | | | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | 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] | | \$ | |
| | | | | | | | | |
| Employer Name | | | | | Occupation | | | |
| | | | | | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| | | | | | | | | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | |
|---------------------|------|---------------------------------------|----------------------|-----------------|-----------------------------------|-------------------------------------|---------|
| To Whom Paid | | Silkscreen Unlimited | | | Date [MM/DD/YYYY] | \$ | 392.30 |
| | | 10/22/2021 | | | | | |
| House # | | Street Address | 1702 West 8th Street | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16505 | Campaign Shirts | |
| To Whom Paid | | Erie Times News | | | Date [MM/DD/YYYY] | \$ | 1530.00 |
| | | 10/27/2021 | | | | | |
| House # | | Street Address | 205 W. 12th Street | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16534 | Advertising | |
| To Whom Paid | | Kelly Synergy Printing Solutions, LLC | | | Date [MM/DD/YYYY] | \$ | 220.48 |
| | | 11/9/2021 | | | | | |
| House # | | Street Address | 3802 West Lake Road | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16534 | Business/Information Campaign Cards | |
| To Whom Paid | | Erie Times News | | | Date [MM/DD/YYYY] | \$ | 345.00 |
| | | 11/9/2021 | | | | | |
| House # | | Street Address | 205 W. 12th Street | | Description of Expenditure | | |
| City | Erie | State | PA | Zip Code | 16534 | Advertising | |
| To Whom Paid | | Act Blue Fees | | | Date [MM/DD/YYYY] | \$ | 1.73 |
| | | 11/9/2021 | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | Online Donation Fees | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | 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.

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|---------------------|--|----------------|----------|------------------------------------|--|-----------------------------|--|
| 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 | | | | | | | |
| 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)

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, Candidate, or Lobbyist | | | | |
|---|--|--|--|---|
| Friends of Aubrea Hagerty-Haynes | | | | |
| 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 4 6 th Tuesday Pre-Election | <input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election |
| <input checked="" type="checkbox"/> Cycle 6 30 Day Post-Election | <input type="checkbox"/> Cycle 7 Annual Report | <input type="checkbox"/> Cycle 8 2 nd 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

11/30/2021
Date (DD/MM/YYYY)

Heather Maciulewicz
Printed Name

Erie PA USA
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)

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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.

Aubrea Hagerty-Haynes
Signature of Treasurer, Candidate, or Lobbyist

11/30/2021
Date (DD/MM/YYYY)

Aubrea Hagerty-Haynes
Printed Name

Erie, Pa USA
Location (City/State/Country)