

# 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 Andre Horton							
Street Address	P O Box 1933							
City	Erie	State	PA	Zip Code	16507			

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11/3/2019		Year	2024		Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2024	12/31/2024	
A. Amount Brought Forward From Last Report	\$	602.12	<p style="text-align: center;">ERIC HORTON VOTER REGISTRATION 2025 JAN 28 PM 3:06</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	602.12	
D. Total Expenditures (From Schedule III)	\$	267.12	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	335.00	
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 of paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

28 day of January 20 25  
 Signature of Lauren E. Thayer

My Commission expires 12-20-2028  
 MO. DAY YR.

Notary Public  
 Lauren E. Thayer, Notary  
 Erie County  
 Commission expires December 20, 2028  
 Commission number 1455865

Signature of Person Submitting report  
 TATIANA BARNETT  
 Printed Name

814 392-7731  
 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 report, including the attached schedules of paper, 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

28 day of January 20 25  
 Signature of Lauren E. Thayer

My Commission expires 12-20-28  
 MO. DAY YR.

Notary Public  
 Lauren E. Thayer, Notary Public  
 Erie County  
 Commission expires December 20, 2028  
 Commission number 1455865

Signature of Candidate  
 Andre HORTON  
 Printed Name

Area Code Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$
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>		\$

**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																			
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												Amount		
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]	\$		
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:	
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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]	\$
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: _____									
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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]		\$
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:	
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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											
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:	
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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							

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)

\$

**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 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)**

\$



**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**

**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:	
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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:	
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<b>To Whom Paid</b>		Squarespace, Inc			<b>Date [MM/DD/YYYY]</b>		\$		267.12	
		2/10/2024								
<b>House #</b>		<b>Street Address</b>	225 Varick Street, 12th Floor			<b>Description of Expenditure</b>				
<b>City</b>	New York		<b>State</b>	NY	<b>Zip Code</b>	10014		<b>Website</b>		
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</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>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>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>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>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>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>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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							