Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report File (Mark X)	d By Candid	ate	Committee	X	Lobbyist	
Name of Filing Committee, Candi Lobbyist	date or Friends of A	Andre Horton					
Street Address	P O Box 19	33					
City Erie		State	PA	Zip Code 16	5507		
Type of Report (Place x under repo	ort type)						
1-6 th Tuesday 2-2 nd Friday 3-	. 김 경우·4·1·3 청중하다임 원드의 LCD, 인기, 기기 기계 13년 , 2세2의			al Charlett at his make the fold that the	ecial 2 nd Friday e-Election	Special 30 Day Post-Election	
Pre-Primary Pre-Primary Pr	imary Pre-Election	n Pre-Election	Trible		- C-Clection		
	1	000//					
Date Of Election (MM/DD/YYYY) #/	3/2019 Year	2034	Amendment Report		ermination eport		
alabert der tall for his following file file of the fi	rom Date To D	ate		For Offic	ce Use Only		
Expenditures	01/01/2024	12/31/2024					
A. Amount Brought Forward Fron	n Last Report \$	602.12			_		
B. Total Monetary Contributions : (From Schedule I)	and Receipts \$	0	1		*	2025	
C. Total Funds Available	\$	602.12			74 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
(Sum of Lines A and B) D. Total Expenditures	\$					N)	
(From Schedule III) E. Ending Cash Balance	\$	267.12	-			00	
(Subtract Line D from Line C)		335.00			T-15	<u> </u>	
F. Value of In-Kind Contributions (From Schedule II)	Received \$	0.00				$\dot{\varphi}$	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00					
		Affidavit S					
Part 1- If this is a Committee report, tr I swear (or affirm) that this report, incl	easurer sign here. If this is a luding the attached schedule	Candidate report, s of paper, is to the	andidate sign here. best of my knowled	dge and belief true, o	correct and comple	rte.	
Sworn to and subscribed before me th	is	` 라 8 늌					
28 gy of January	20 25	Lauren E. Lauren E. Commission Commiss Commiss nber, Pennsy	JOSLANA Signature	Paul of Person Submittin	g report		
- daven Th	ayer ;	그러움 이 끄러워	TATIA	NA BARI Printed Name			
12.1	20-2028	As As	814	392	7-7731		
My Commission expires MO.	DAY YR.	Notary Notary Inty Decem Der 14! Sociatio	Area Code	Daytime	Telephone Number	er	
Part II- If this is a report of a Candidate	e's Authorized Com mitte e, ca	and a seshall eles	nere.				
I swear (or affirm) that to the best of n amended.	a 3		has not violated an	y provisions of the A	Act of June 3, 1937 ((P.L. 1333, NO.320) as	
Sworn to and subscribed before me th	amended. Sworn to and subscribed before me this Sworn to and subscribed before me this						
28 day of January	~~~ 51 % o	in 등	andr	e R.	Horlor		
Ramentiho	mmission expires December 20. Commission number 1455865 Commission number 1455865 Commission number 1455865 Penneyvania Association of N	Pering	Anolre Sign	nature of Candidate			
Signature	Associ	sylvania- Notary		Printed Name			
My Commission expires 10 - 00 MO. DA	AV YR. Watton to		Area Code	Daytime '	Telephone Number	 r	
WIC. DF	Association of Nota	- Notary Public	nica Couc	Dayume	тегерноне миние!		
		<u> </u>			·····		

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
POPULATION SALES COMMISSION	 	

		50000-0000	
1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	administration of the Market state of the Mark
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	ALL AND THE STATE OF THE STATE
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$	
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, R Cover Page, Item B)		\$	

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.

page on the control of the Cont					Amount
Full Name of Cor	ntributine			Date [MM/DD/YYYY]	Amount \$
Committee				Common Co	
House #	Street Address		44.44	Date [MM/DD/YYYY]	
House #	ou eet Address			-35-1000/DO/TELT]	
Cincol		MC1 - Laborat	1914 Park 1919	Date lease for trace	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor	1fthuting	[28:67/24]		Date [MM/DD/YYYY]	
Full Name of Cor Committee	posturije			Pare [MIM/DD/XXXX]	
House #	Street Address			Date [MM/DD/YYYY]	
City	PERSONAL PROPERTY OF THE PROPE	State	Zip Code	Date [MM/DD/YYYY]	
					### A P
Full Name of Cor	ntributing		-	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	Ş
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	
				The second seco	
Full Name of Cor	ntributing	- mark 1975	and the Health and th	Date [MM/DD/YYYY]	
Committee	1 m				[824] [826]
House #	Street Address			Date [MM/DD/YYYY]	s
City		State	Zip Code	Date [MM/DD/YYYY]	\$
h - 55 (1)		100 mg/m27 24 200 comes		and the second s	
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
				The second secon	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				The second secon	
Full Name of Con	ntributing	100 get (\$156)		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	E	State	Zip Code	Date [MM/DD/YYYY]	S
				<u> </u>	
		<u></u>		1	0.03

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 Co	ntributor		***	Date [MM/DD/YYYY]	\$
and the second s					
House#	Street Address		- Land to the state of the stat	Date [MM/DD/YYYY]	\$
				The same of the sa	
Concrete d		- Carrier	Zip Code	Date [MM/DD/YYYY]	\$
City.		State	- Lip code	Jac manazina	
Full Name of Co	Technology (第 条数 第		Date [MM/DD/YYYY]	5
FULL NATITE OT CO	na natol				
university (1990) (1991) (1996) Constanting the Constanting (1996)				THE PART AND ADDRESS	\$
House #	Street Address			Date [MM/DD/YYYY]	
				Annual Spinish of Marian Conference of the Confe	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
NATE STORY				Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	_		Date [MM/DD/YYYY]	**************************************
House #	Street Address			Date [MM/DD/YYYY]	S
City	(47)(48)(48)(27)(27)(38)(48)(48)(48)(48)	State	Zip Code	Date [MM/DD/YYYY]	\$\$.
Full Name of Co	ntributor	Provide the second	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Date [MM/DD/YYYY]	\$
	To the same			engan mengangkan menancan di angkan di sebagai Singan di Angkan di Angkan di Angkan di Angkan di Angkan di Ang	
House #	Street Address			Date [MM/DD/YYYY]	85
110436.77	Juect Addiess				
		<i>8</i> - 1 ≤ 2 ≤ 3 ≤ 1	72632	Date [MM/DD/YYYY]	[5]
City		State	Zip Code	Pate [laval/20/11.11]	
Full Name of Co	er en pape de val			Date [MM/DD/YYYY]	\$
run name of Co	nanoawie				
	Parameter San Anna Bart Maria				() () () () () () () () () ()
House #	Street Address			Date [MM/DD/YYYY]	\$
			-		
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
	1.00				
House #	Street Address			Date [MM/DD/YYYY]	\$
	A. A				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		2016.00			
■8次要數定等等多数		をおけるであります。 1	[45] 新春秋江初游五年节泽镇[£	\$85 V,757 1

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	1.Number:				
Full Name of				Date [MM/DD/YYYY]	E\$
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY]	Š
∤City		State	Zip Code	Date [MM/DD/YYYY]	45
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	WARRING TO STATE OF THE STATE O	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	Š
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	5
House#	Street Address			Date [MM/DD/YYYY]	55
City		State	Zip Code	Date [MM/DD/YYYY]	Ś
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	
House #	Street Address	<u>,</u>		Date [MM/DD/YYYY]	\$
City	[C2555384 234544362844.2]	State	Zip Code	Date [MM/DD/YYYY]	is
Full Name of Contributing Co	mnittee			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
Gity		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 Identificatio	n Number:		
	7700 SALVARA	· · · · · · · · · · · · · · · · · · ·	
Full Name of Co	ontributor		Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Maili			Occupation
Principal Place Full Name of Co	of Business		Date [MM/DD/YYYY] \$
ruii Name of Co			
House#	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Maili			Occupation
Principal Place	of Business		
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Maili Principal Place	ng Address / of Business		
Full Name of Co			Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	10000000	#CONTRACTOR STREET	Occupation
Employer Maili Principal Place			Pringer of the conjugate seat of the conjuga

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 Numb	oer:				
Full Name	F				
House #	Street #	Address			
City	<u> </u>		State	Zip	Date [MM/DD/YYYY] \$
	100 S			Code	
Receipt Description					
Full Name					
House#	Street A	Address			
City		and Anthony And Collin	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			1.00		
Full Name			:		
House #	Street A	Address			and which are the state of the
City		· Yester (Christian) (A. 30)	State	Zip Code	Date [MM/DD/YYYY] \$
ne sa sa sa paga sa		A single			
Receipt Description					
Full Name	821	· 			
House #	Street A	Address			
City		F 100 100 100 100 100 100 100 100 100 10	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	4° 8.48				
	(3), (<u>3</u>),				
Full Name					
House #	Street A	Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Face and Control of 1	Processor Section Co.	
Full Name					
House #	Street A	Address			
City Carlotte		and the second of the second o	State	Zìp Code	Date [MM/DD/YYYY] \$
Receipt Description		, , , , , , , , , , , , , , , , , , ,			
TATA 1866年 图10 - 图10 1960日 1960年 1970年 1970年	40 专				

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:			
	NITION CINECINARIO		
1. UNITEMIZED IN-KIND CONTRII	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONT	I KIBU UK
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250:00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	ngga an minengan an anggan 18 mineng kalanan na anggan ki na minengan pana a mining an manah mining
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250):00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIO	NS DURING THIS REDO	RTING \$	
PERIOD (Add and enter amount totals front Page 1, Report Cover Page, Item F)		1 ' 1	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

				,	
Filer Identification I	Number:				
Full Name of Con	iriliistor		·	Date [MM/DD/YYYY] \$	
				Date Intol Date 11 A	
House#	Street Address			Date [MM/DD/YYYY] \$	
nyuae m	Street Address			Pace faith NDV 11.11	
City		State	Zip Code	Date [MM/DD/YYYY] S	
		2 (46) 12 1 /4. Sy 186 42	And the second s		
Description of Co	ntribution				
Full Name of Cont	tributor			Date [MM/DD/YYYY] \$	
Marie 1990 de grande de la companio de la companio La companio de la co					
House #	Street Address			Date [MM/DD/YYYY) \$	
City	[16] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ntribution		To consideration of security		
Full Name of Cont	kributor	<u>~~1</u>		Date [MM/DD/YYYY] \$	
ing of the second of the secon					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	.Date [MM/DD/YYYY] \$	
Description of Co	ntribution				
Full Name of Cont	ributor	020		Date [MM/DD/YYYY] \$	
House #	Street Address	**************************************		Date [MM/DD/YYYY] \$	-
City	Public apparent of the control of th	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cor	itribution				
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address	·		Date [MM/DD/YYYY] \$	
City.	Lancin Section Section (Asset Section	State	Zip Code	Date [MM/DD/YYYY] \$	
		Control Control (Control			
Description of Cor	itribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

		VAL	7E 0 V E1(7E30	
Filer Identification	n Number:			
Full Name of C	ontributer	-	Date [MM/DD/	(YYY) \$
			The control of the co	
House #	Street Address		Date (MM/DD/	(YYY) \$
City		State Zip C	ode Date [MM/DD/	MM1 \$
Employer Nam	e		Occupation	
	ing Address / Principal		Description	· · ·
Place of Busine	:SS		of Contribution	
Full Name of Co	ontributor	3 ^r ≪s - 4	Date [MM/DD/	YYY] \$
House #	Street Address		Date (MM/DD/	(YYY)
City		State Zip Ci	ode Date [MM/DD/	<u> </u>
Employer Nam			Occupation	
Employer Maili Place of Busine	ing Address / Principal		Description of	
			Contribution	
Full Name of Co	ontributor	· ····	Date [MM/DD/	(YYY) \$
	Mila Mark			
House #	Street Address		Date [MM/DD/	mmi s
Service Control		State Zip C	de Date (MM/DD/	mm 5
City		Jate Zipc	Date (WIN/OD)	
Employer Nam			Occupation	
granical and a	ing Address / Principal		Description	
Place of Busine			of	
			Contribution	
Full Name of C	ontributor		Date [MM/DD/	<u>mm] </u> \$
House #			Date (MM/DD/)	ryry \$
Tiouse #	Street Address		Date Italia/DD/	
City		State Zip C	de Date [MM/DD/	^^^] \$
Employer Nam	e		Occupation	p 10. Ti
	ing Address / Principal		Description	
Place of Busine	ess.		of Contribution	
可用用的物质、内容等的、多种等等的。或者可能等的。	100、1000年中央工作的1000年中共1000年前1000年间,被1000年间1000年前	5 (25)3(21)	[64] The state of	

Statement of Expenditures

Filer Identification Number:		
TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		

To Whom Paid				Date [MM/DD/YYYY] \$	ā
	Squarespace,Inc			2/10/2024	267.12
House #	Street Address 22	25 Varick Street,12th Flo	or	Description of Expenditure	
City		State	Zip		
New York		NY	Code 10014	Website	
To Whom Paid				Date [MM/DD/YYYY] \$	
Tracione especial					Comment of a standard of the s
House #	Street Address			Description of Expenditure	participation of the second
City	Responsible and Transfer and Tr	State	Zip Code		
To Whom Paid		227 25 25 25 25 25 25 25	Charles for the part	Date [MM/DD/YYYY] \$	
					# #
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid	·	Posterios atenti	[mage2.c.(1)]	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
			II.		
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		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	12 -AP-		Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip		
\$40,450		754445 <u>.</u>	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 N	lumber:	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City	PERSONAL PROPERTY OF THE PROPE	State Zip Code
Description of Deb	of a	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of Deb	ot:	Distriction of Section 1999 and 1999 an
Name of Creditor		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City City		State Zip Code
Description of Deb	oft .	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City	The matter and the first of the district of th	State Zip Code
Description of Deb	bt .	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
City	Processor Control of the Control of	State Zip Code
Description of Deb	St	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City.	[State Zip Code
Description of Deb	ot	, part 1 part 1