

# 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 <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 checked="" type="checkbox"/>	<input 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)		5/20/2025	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2025	5/5/2025	
A. Amount Brought Forward From Last Report	\$	59.22	<p style="text-align: center;">ERIE COUNTY VOTER REGISTRATION 2025 MAY -9 PM 3:54</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	15,295.00	
C. Total Funds Available (Sum of Lines A and B)	\$	15,354.22	
D. Total Expenditures (From Schedule III)	\$	6,448.40	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	8,905.82	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,644.03	

## 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.

Heather Macinkewicz  
Signature of Person Submitting report  
Heather Macinkewicz  
Printed Name

814 392-6248  
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 amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My Commission expires \_\_\_\_\_

MO. DAY YR.

Aubrea Hagerty-Haynes  
Signature of Candidate  
AUBREA HAGERTY-HAYNES  
Printed Name  
814 460-9922  
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)	\$	175.00
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**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)	\$	100.00	
All Other Contributions (Part B)	\$	1700.00	
Total for the reporting period	(2)	\$	1800.00

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

Contributions Received from Political Committees (Part C)	\$	300.00	
All Other Contributions (Part D)	\$	13,020.00	
Total for the reporting period	(3)	\$	13,320.00

**4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)**

Total for the reporting period	(4)	\$	0.00
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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>	\$	15,295.00
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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.

Filer Identification Number											
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										Amount			
Full Name of Contributing Committee					Committee To Elect Carl Anderson					Date [MM/DD/YYYY]	\$	100.00	
										4/30/2025			
House #					Street Address					Date [MM/DD/YYYY]	\$		
					C/O 3830 Parade Blvd.								
City		Erie			State		PA		Zip Code		16504	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.)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
Kathleen Fatica					2/28/2025	\$	100.00
<b>House #</b>		<b>Street Address</b>	4623 Southern Drive		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
Thomas S. Talarico					4/24/2025	\$	100.00
<b>House #</b>		<b>Street Address</b>	230 West 6th Street		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16507	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
Damon Hopkins					4/24/2025	\$	100.00
<b>House #</b>		<b>Street Address</b>	333 State Street		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16507	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
Patricia Kennedy					04/08/2025	\$	100.00
<b>House #</b>		<b>Street Address</b>	8663 Maplecrest Drive		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	McKean	<b>State</b>	PA	<b>Zip Code</b>	16426	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
LPAC Erie					4/1/2025	\$	200.00
<b>House #</b>		<b>Street Address</b>	120 W. 10th Street		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
Nicholas Pagliari					04/7/2025	\$	100.00
<b>House #</b>		<b>Street Address</b>	5670 Winthrop Drive		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16506	<b>Date [MM/DD/YYYY]</b>	<b>\$</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.)

Filer Identification Number:	
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Full Name of Contributor					Kenneth J. Gamble		Date [MM/DD/YYYY]	\$	100.00
							4/30/2025		
House #		Street Address	947 W. 32nd Street		Date [MM/DD/YYYY]	\$			
City	Erie	State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Sam Talarico		Date [MM/DD/YYYY]	\$	100.00
							4/24/2025		
House #		Street Address	4120 Harvard Road		Date [MM/DD/YYYY]	\$			
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Tammi L. Elkin		Date [MM/DD/YYYY]	\$	200.00
							4/30/2025		
House #		Street Address	143 East Main Street		Date [MM/DD/YYYY]	\$			
City	North East	State	PA	Zip Code	16428	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					James Depalma		Date [MM/DD/YYYY]	\$	100.00
							4/30/2025		
House #		Street Address	537 Shenley Drive		Date [MM/DD/YYYY]	\$			
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Janice H. Sitter		Date [MM/DD/YYYY]	\$	100.00
							4/30/2025		
House #		Street Address	6006 Longwood Drive		Date [MM/DD/YYYY]	\$			
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Kathleen Fatica		Date [MM/DD/YYYY]	\$	100.00
							4/30/2025		
House #		Street Address	4623 Southern Drive		Date [MM/DD/YYYY]	\$			
City	Erie	State	PA	Zip Code	16506	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 Jessica Fiscus					Date [MM/DD/YYYY] 4/10/2025	\$ 100.00
House #		Street Address 3970 South Hill Road			Date [MM/DD/YYYY]	\$
City McKean		State PA	Zip Code 16426		Date [MM/DD/YYYY]	\$
Full Name of Contributor Brendan Sala					Date [MM/DD/YYYY] 4/30/2025	\$ 100.00
House #		Street Address 1723 West 45th Street			Date [MM/DD/YYYY]	\$
City Erie		State PA	Zip Code 16509		Date [MM/DD/YYYY]	\$
Full Name of Contributor Lynn Halasz					Date [MM/DD/YYYY] 4/24/2025	\$ 100.00
House #		Street Address 3420 Lancaster Road			Date [MM/DD/YYYY]	\$
City Erie		State PA	Zip Code 16506		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]		\$	
Committee to Elect Elizabeth Hirz DA						04/08/2025		\$	300.00
House #	Street Address		Date [MM/DD/YYYY]		\$				
	PO Box 295				\$				
City	State	Zip Code	Date [MM/DD/YYYY]		\$				
Fairview	PA	16415			\$				
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					Chad Vilushis		Date [MM/DD/YYYY]		3/13/2025		\$		1000.00		
House #		Street Address		6009 Lakeshore Drive		Date [MM/DD/YYYY]				\$					
City		Erie		State		PA		Zip Code		16505		Date [MM/DD/YYYY]		\$	
Employer Name					McCormick & Vilushis LLC					Occupation		Attorney			
Employer Mailing Address / Principal Place of Business					1514 Liberty Street, Erie PA 16502										

Full Name of Contributor					Eric Barry		Date [MM/DD/YYYY]		4/30/2025		\$		500.00		
House #		Street Address		11064 S. Shore Avenue		Date [MM/DD/YYYY]				\$					
City		North East		State		PA		Zip Code		16428		Date [MM/DD/YYYY]		\$	
Employer Name					Action Bail Bonds					Occupation		Bail Bondsman			
Employer Mailing Address / Principal Place of Business					11064 S. Shore Avenue, North East PA 16428										

Full Name of Contributor					Jane Earll		Date [MM/DD/YYYY]		4/10/2025		\$		500.00		
House #		Street Address		1509 Pasadena Drive		Date [MM/DD/YYYY]				\$					
City		Erie		State		PA		Zip Code		16505		Date [MM/DD/YYYY]		\$	
Employer Name					Retired					Occupation					
Employer Mailing Address / Principal Place of Business															

Full Name of Contributor					Andrew Sisinni Esq		Date [MM/DD/YYYY]		4/21/2025		\$		500.00		
House #		Street Address		1314 Griswold Plz		Date [MM/DD/YYYY]				\$					
City		Erie		State		PA		Zip Code		16501		Date [MM/DD/YYYY]		\$	
Employer Name					Sisinni Legal					Occupation		Attorney			
Employer Mailing Address / Principal Place of Business					1314 Griswold Plz, Erie PA 16501										

**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					Charbel Latouf		Date [MM/DD/YYYY]	4/9/2025	\$	750.00
House #	Street Address				2409 State Street		Date [MM/DD/YYYY]		\$	
City	Erie				State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$
Employer Name					Latouf Law Firm			Occupation	Attorney	
Employer Mailing Address / Principal Place of Business					2409 State Street, Erie PA 16503					

Full Name of Contributor					Joseph Conti		Date [MM/DD/YYYY]	4/7/2025	\$	750.00
House #	Street Address				7498 Water Street		Date [MM/DD/YYYY]		\$	
City	Fairview				State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$
Employer Name					Joseph P. Conti Attorney			Occupation	Attorney	
Employer Mailing Address / Principal Place of Business					456 West 6th Street, Erie PA 16507					

Full Name of Contributor					Eric Mikovch		Date [MM/DD/YYYY]	4/8/2025	\$	500.00
House #	Street Address				10290 Ivarea Road		Date [MM/DD/YYYY]		\$	
City	Cranesville				State	PA	Zip Code	16410	Date [MM/DD/YYYY]	\$
Employer Name					Quinn Law Firm			Occupation	Attorney	
Employer Mailing Address / Principal Place of Business					2222 West Grandview Blvd., Erie PA 16506					

Full Name of Contributor					Eric Hackwelder		Date [MM/DD/YYYY]	4/4/2025	\$	500.00
House #	Street Address				137 E. 13th Street		Date [MM/DD/YYYY]		\$	
City	Erie				State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$
Employer Name					Sebald, Hackwelder, & Knox			Occupation	Attorney	
Employer Mailing Address / Principal Place of Business					137 E. 13th Street, Erie PA 16503					

**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					Stephen Sebald		Date [MM/DD/YYYY]		\$	500.00	
							4/3/2025				
House #	Street Address				137 E. 13th Street		Date [MM/DD/YYYY]		\$		
City					Erie	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$
Employer Name					Sebald, Hackwelder, & Knox			Occupation	Attorney		
Employer Mailing Address / Principal Place of Business					137 E. 13th Street, Erie PA 16503						

Full Name of Contributor					Eric Purchase		Date [MM/DD/YYYY]		\$	750.00	
							4/2/2025				
House #	Street Address				82 Gibson Street		Date [MM/DD/YYYY]		\$		
City					North East	State	PA	Zip Code	16428	Date [MM/DD/YYYY]	\$
Employer Name					Purchase, George, & Murphey, P.C.			Occupation	Attorney		
Employer Mailing Address / Principal Place of Business					2525 West 26th Street, Erie PA 16506						

Full Name of Contributor					Craig Murphey		Date [MM/DD/YYYY]		\$	750.00	
							4/1/2025				
House #	Street Address				3631 Winthrop Drive		Date [MM/DD/YYYY]		\$		
City					Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Employer Name					Purchase, George, & Murphey, P.C.			Occupation	Attorney		
Employer Mailing Address / Principal Place of Business					2525 West 26th Street, Erie PA 16506						

Full Name of Contributor					Timothy George		Date [MM/DD/YYYY]		\$	750.00	
							4/7/2025				
House #	Street Address				1488 Elleway Ct.		Date [MM/DD/YYYY]		\$		
City					Fairview	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$
Employer Name					Purchase, George, & Murphey, P.C.			Occupation	Attorney		
Employer Mailing Address / Principal Place of Business					2525 West 26th Street, Erie PA 16506						

**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:

<b>Full Name of Contributor</b>		John Carlson		<b>Date [MM/DD/YYYY]</b>		4/3/2025		\$ 750.00	
<b>House #</b>		<b>Street Address</b>		821 State Street		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>		Attorney John B. Carlson				<b>Occupation</b>		Attorney	
<b>Employer Mailing Address / Principal Place of Business</b>		821 State Street, Erie PA 16501							
<b>Full Name of Contributor</b>		Roger Richards		<b>Date [MM/DD/YYYY]</b>		4/3/2025		\$ 750.00	
<b>House #</b>		<b>Street Address</b>		230 West Sixth Street		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16507	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>		Richards & Associates				<b>Occupation</b>		Attorney	
<b>Employer Mailing Address / Principal Place of Business</b>		230 West Sixth Street, Erie PA 16507							
<b>Full Name of Contributor</b>		Gene Placidi		<b>Date [MM/DD/YYYY]</b>		4/2/2025		\$ 750.00	
<b>House #</b>		<b>Street Address</b>		502 W. 7th Street		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>		MP2 Placidi & Parini				<b>Occupation</b>		Attorney	
<b>Employer Mailing Address / Principal Place of Business</b>		502 W. 7th Street, Erie PA 16502							
<b>Full Name of Contributor</b>		Joseph DePalma		<b>Date [MM/DD/YYYY]</b>		4/21/2025		\$ 770.00	
<b>House #</b>		<b>Street Address</b>		365 E. 37th Street		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16504	<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>		McCormick & Vilushis LLC				<b>Occupation</b>		Attorney	
<b>Employer Mailing Address / Principal Place of Business</b>		1514 Liberty Street, Erie PA 16502							

**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					Matthew Pirrello		Date [MM/DD/YYYY]		\$	750.00
							4/3/2025			
House #	Street Address		3123 Contessa Lane		Date [MM/DD/YYYY]		\$			
City	Erie	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$			
Employer Name					Pirrello Enterprises		Occupation		Record Management	
Employer Mailing Address / Principal Place of Business					721 Parade Street, Erie PA 16503					

Full Name of Contributor					Douglas McCormick		Date [MM/DD/YYYY]		\$	750.0
							3/28/2025			
House #	Street Address		4820 Highview Blvd.		Date [MM/DD/YYYY]		\$			
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$			
Employer Name					McCormick & Vilushis LLC		Occupation		Attorney	
Employer Mailing Address / Principal Place of Business					1514 Liberty Street, Erie PA 16502					

Full Name of Contributor					Kenneth Bickel		Date [MM/DD/YYYY]		\$	750.00
							4/1/2025			
House #	Street Address		1900 Greentree Drive		Date [MM/DD/YYYY]		\$			
City	Erie	State	PA	Zip Code	16509	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								
---------------------	--	--	--	--	--	--	--	--

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:	
------------------------------	--

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$ 0.00

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART E)</b>		
TOTAL for the reporting period	(2)	\$ 0.00

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$ 0.00

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)		\$ 0.00
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**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
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<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>Description of Contribution</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>Description of Contribution</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>Description of Contribution</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>Description of Contribution</b>							

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	
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	
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	
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	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

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

Filer Identification Number:

<b>To Whom Paid</b>		United States Postal Service			<b>Date [MM/DD/YYYY]</b>	4/17/2025	<b>\$</b>	73.00
<b>House #</b>		<b>Street Address</b>	3607 Poplar Street		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Stamps for Fundraiser Invites		
<b>To Whom Paid</b>		Erie County Elections			<b>Date [MM/DD/YYYY]</b>	3/10/2025	<b>\$</b>	100.00
<b>House #</b>		<b>Street Address</b>	140 W. 6th Street		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	Filing Fee		
<b>To Whom Paid</b>		DeSantis Signs			<b>Date [MM/DD/YYYY]</b>	4/18/2025	<b>\$</b>	1241.50
<b>House #</b>		<b>Street Address</b>	540 West 18th Street		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502	Yard Signs		
<b>To Whom Paid</b>		The Brewerie at Union Station			<b>Date [MM/DD/YYYY]</b>	4/30/2025	<b>\$</b>	1450.00
<b>House #</b>		<b>Street Address</b>	123 West 14th Street		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501	Fundraiser Event		
<b>To Whom Paid</b>		UPS Store 5271			<b>Date [MM/DD/YYYY]</b>	4/30/2025	<b>\$</b>	125.35
<b>House #</b>		<b>Street Address</b>	3411 Peach Street		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Sign for Host Committee		
<b>To Whom Paid</b>		Polish Falcons			<b>Date [MM/DD/YYYY]</b>	4/10/2025	<b>\$</b>	150.00
<b>House #</b>		<b>Street Address</b>	431 East 3rd Street		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Bowling Tournament/ Dyngus Day		
<b>To Whom Paid</b>		UPS Store 5271			<b>Date [MM/DD/YYYY]</b>	4/16/2025	<b>\$</b>	174.90
<b>House #</b>		<b>Street Address</b>	3411 Peach Street		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Invites/Envelopes for Fundraiser Event		
<b>To Whom Paid</b>		UPS Store 5271			<b>Date [MM/DD/YYYY]</b>	4/15/2025	<b>\$</b>	580.56
<b>House #</b>		<b>Street Address</b>	3411 Peach Street		<b>Description of Expenditure</b>			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Invites/Info Cards for Fundraiser Event		

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

File Identification Number:

<b>To Whom Paid</b>		Act Blue Fees			<b>Date [MM/DD/YYYY]</b>	\$	3.93
					4/14/2025		
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Online Donation Fee		
<b>To Whom Paid</b>		ErieBank Checking Account Fees			<b>Date [MM/DD/YYYY]</b>	\$	24.00
					4/30/2025		
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Account Fees		
<b>To Whom Paid</b>		Act Blue Fees			<b>Date [MM/DD/YYYY]</b>	\$	1.16
					3/4/2025		
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Online Donation Fee		
<b>To Whom Paid</b>		United States Postal Service			<b>Date [MM/DD/YYYY]</b>	\$	146.00
					4/18/2025		
<b>House #</b>		<b>Street Address</b>	3607 Poplar Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Stamps for Invites for Fundraiser	
<b>To Whom Paid</b>		A.F. Dobler Hose			<b>Date [MM/DD/YYYY]</b>	\$	125.00
					4/9/2025		
<b>House #</b>		<b>Street Address</b>	37 Walnut Street		<b>Description of Expenditure</b>		
<b>City</b>	Girard	<b>State</b>	PA	<b>Zip Code</b>	16417	Donation	
<b>To Whom Paid</b>		Tops Market			<b>Date [MM/DD/YYYY]</b>	\$	65.06
					2/8/2025		
<b>House #</b>		<b>Street Address</b>	712 West 38th Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Supplies for Fundraiser event	
<b>To Whom Paid</b>		Target			<b>Date [MM/DD/YYYY]</b>	\$	55.10
					2/23/2025		
<b>House #</b>		<b>Street Address</b>	6700 Peach Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Supplies for Fundraiser event	
<b>To Whom Paid</b>		Dollar Tree			<b>Date [MM/DD/YYYY]</b>	\$	18.55
					2/26/2025		
<b>House #</b>		<b>Street Address</b>	2211 West 12th Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	Supplies for Donation Baskets	

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

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

<b>To Whom Paid</b>		Dollar General				<b>Date [MM/DD/YYYY]</b>	\$	5.30
		2/23/2025						
<b>House #</b>		<b>Street Address</b>	5051 Peach Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Fundraiser Event Supplies		
<b>To Whom Paid</b>		DeSantis Signs				<b>Date [MM/DD/YYYY]</b>	\$	200.00
		4/2/2025						
<b>House #</b>		<b>Street Address</b>	540 West 18th Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16502	Yard Signs		
<b>To Whom Paid</b>		VFW Post 470				<b>Date [MM/DD/YYYY]</b>	\$	321.00
		2/28/2025						
<b>House #</b>		<b>Street Address</b>	1808 West 26th Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Fundraiser Event		
<b>To Whom Paid</b>		Committee to Elect Jeremy Lightner				<b>Date [MM/DD/YYYY]</b>	\$	100.00
		3/21/2025						
<b>House #</b>		<b>Street Address</b>	PO Box 132			<b>Description of Expenditure</b>		
<b>City</b>	Fairview	<b>State</b>	PA	<b>Zip Code</b>	16415	Donation - Fundraiser Event		
<b>To Whom Paid</b>		Polish Falcons				<b>Date [MM/DD/YYYY]</b>	\$	100.00
		4/30/2025						
<b>House #</b>		<b>Street Address</b>	431 East 3rd Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Raffle Donation		
<b>To Whom Paid</b>		Amazon				<b>Date [MM/DD/YYYY]</b>	\$	464.06
		3/3/2025						
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Parade Supplies		
<b>To Whom Paid</b>		Kirklands				<b>Date [MM/DD/YYYY]</b>	\$	52.93
		2/7/2025						
<b>House #</b>		<b>Street Address</b>	600 Millcreek Mall			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16565	Supplies for Raffle Baskets		
<b>To Whom Paid</b>		Kirklands				<b>Date [MM/DD/YYYY]</b>	\$	45.05
		2/9/2025						
<b>House #</b>		<b>Street Address</b>	600 Millcreek Mall			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16565	Supplies for Raffle Baskets		

SCHEDULE III  
**Statement of Expenditures**

Filer Identification Number:

<b>To Whom Paid</b>		Dollar Tree				<b>Date [MM/DD/YYYY]</b>	\$	37.72
						4/25/2025		
<b>House #</b>		<b>Street Address</b>	3708 Liberty Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Basket Donation Supplies		
<b>To Whom Paid</b>		Dollar General				<b>Date [MM/DD/YYYY]</b>	\$	36.90
						4/24/2025		
<b>House #</b>		<b>Street Address</b>	5051 Peach Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Basket Donation Supplies		
<b>To Whom Paid</b>		Tops				<b>Date [MM/DD/YYYY]</b>	\$	150.00
						2/25/2025		
<b>House #</b>		<b>Street Address</b>	712 West 38th Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Lottery Tickets for Raffle Basket		
<b>To Whom Paid</b>		Amazon				<b>Date [MM/DD/YYYY]</b>	\$	74.15
						4/15/2025		
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Basket Donation Supplies		
<b>To Whom Paid</b>		Tops				<b>Date [MM/DD/YYYY]</b>	\$	150.00
						3/15/2025		
<b>House #</b>		<b>Street Address</b>	712 West 38th Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Lottery Tickets for Raffle Baskets		
<b>To Whom Paid</b>		Kirklands				<b>Date [MM/DD/YYYY]</b>	\$	187.85
						2/13/2025		
<b>House #</b>		<b>Street Address</b>	600 Millcreek Mall			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16565	Basket Donation Supplies		
<b>To Whom Paid</b>		Dollar General				<b>Date [MM/DD/YYYY]</b>	\$	58.30
						4/27/2025		
<b>House #</b>		<b>Street Address</b>	5051 Peach Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509	Supplies for Signs		
<b>To Whom Paid</b>		Wine & Spirits				<b>Date [MM/DD/YYYY]</b>	\$	131.03
						2/17/2025		
<b>House #</b>		<b>Street Address</b>	3702 Liberty Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Bottles for Donation Baskets		

**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:

<b>Name of Creditor</b>		Aubrea Hagerty-Haynes				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
				3/16/2021			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509		1309.10
<b>Description of Debt</b>		Loan to Committee (Signs)					
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
				3/30/2021			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509		489.06
<b>Description of Debt</b>		Loan to Committee (Shirts)					
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
				3/30/2021			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509		110.00
<b>Description of Debt</b>		Loan to Committee (Stamps)					
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
				4/16/2021			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509		149.05
<b>Description of Debt</b>		Loan to Committee (Wood for signs)					
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
				5/20/2021			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509		100.00
<b>Description of Debt</b>		Water for AKT Run Donation					
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
				7/3/2021			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509		44.96
<b>Description of Debt</b>		Loan to Committee (Candy for parade)					

**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:

<b>Name of Creditor</b>		Aubrea Hagerty-Haynes				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	35.40
				10/8/2021			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509		
<b>Description of Debt</b>		Loan to Committee (sand bags for campaign signs)					

<b>Name of Creditor</b>		Aubrea Hagerty-Haynes				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	58.18
				10/7/2021			
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509		
<b>Description of Debt</b>		Loan to Committee (wood for campaign signs)					

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

<b>Name of Creditor</b>		Aubrea Hagerty-Haynes					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	117.00	
				7/4/2021				
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509			
<b>Description of Debt</b>		Loan to Committee (Candy for parade)						
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	76.28	
				8/7/2021				
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509			
<b>Description of Debt</b>		Loan to Committee (Candy for parade)						
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	35.72	
				9/12/2021				
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509			
<b>Description of Debt</b>		Loan to Committee (Bubbles for parade)						
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	21.18	
				8/5/2021				
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509			
<b>Description of Debt</b>		Loan to Committee (Bubbles for parade)						
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	13.48	
				8/5/2021				
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509			
<b>Description of Debt</b>		Loan to Committee (Bubbles for parade)						
<b>Name of Creditor</b>		Aubrea Hagerty-Haynes					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	630 Edgevale Drive		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	84.62	
				9/17/2021				
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509			
<b>Description of Debt</b>		Loan to Committee (Candy for parade)						



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto: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				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 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

5-9-2025  
Date (DD/MM/YYYY)

Heather Maciulewicz  
Printed Name

Erie PA USA  
Location (City/State/Country)



**Pennsylvania Department of State**

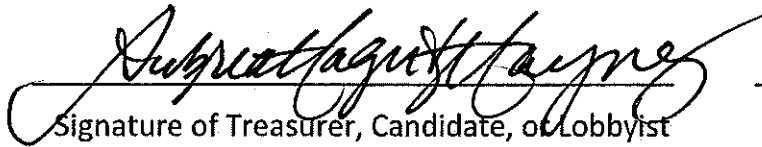
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**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

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

09/05/2025  
Date (DD/MM/YYYY)

AUBREA HAGERTY-HAYNES  
Printed Name

Erie/PA/USA  
Location (City/State/Country)