

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	1. <input checked="" type="checkbox"/> COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Aubrea HAGERTY-HAYNES</i>							
STREET ADDRESS <i>630 Edgerale Drive</i>							
CITY <i>Erie</i>		STATE <i>Pa.</i>	ZIP CODE <i>16509</i>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <i>Clerk of Records</i>		DISTRICT NO.	PARTY <i>D</i>		DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY	1.						MO. DAY YEAR <i>05 20 2025</i>
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY	
30 DAY POST-PRIMARY	3.	MO. DAY YEAR <i>01 01 25</i> TO <i>05 05 25</i>				2025 MAY -9 PM 3:59 ERIE COUNTY VOTER REGISTRATION	
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>					
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>					
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?		YES	<input checked="" type="checkbox"/> NO		
ANNUAL REPORT	7.	TERMINATION REPORT?		YES	<input checked="" type="checkbox"/> NO		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 8 DAY OF May 2025

Sue Sheffield
 SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR. 12-02-2028

Aubrea Haynes
 SIGNATURE OF PERSON SUBMITTING REPORT

Aubrea HAGERTY-HAYNES
 PRINTED NAME

814 460-9922
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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. _____

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER