

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

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 Sue Sheffield SIGNATURE MY COMMISSION EXPIRES 12-02-2025 MO. DAY YR.	Aubrea Hagerty-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 _____