

	- FATHATETT		
			A CONTRACTOR OF THE PARTY OF
		Print Fo	
Reset Form			
HARMAN P. N. June 1911	1 3 5 5 5 T		100 A

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed (Mark X)	By Candida	ine	Committee	X	Lolibyist
Name of Filing Committee, Candidate or Lobbyist	Friend	ds of A	tubrea H	agerty-	Haynes	
Street Address			le Drive		· · · · · · · · · · · · · · · · · · ·	
ch Eric		State	PA	Zip Code	16509	
Type of Report (Place x under report type	<u>, </u>					
1-6 th Tuesday 2-2 th Friday 3-30 Day Pre-Primary Pre-Primary Primary	Post 4-6 th Tuesday Pre-Election	/ 5-2 nd Friday Pre- Dection	6-30 Day Post Election	T- Annual	Special 2" Friday Pre-Bection	Special 30 Day Post-Election
				X		
Date Of Bection (M:M/DD/YYYY) 1\ 2	21	2024	Amendment Report		Termination Report	
Summary of Receipts and From Dat Expenditures	2024 12			For	Office Use Only	
A. Amount Brought Forward From Last R		14.22				
B. Total Monetary Contributions and Rec (From Schedule1)	eipts S	0.00	1		S	202
C. Total Funds Available (Sum of Lines A and B)	5 12	.44.22				2025 JAN 3 I
D. Total Expenditures (From Schedule III)		740.00			Phi Fra	$\frac{\pi}{\omega}$
E. Ending Cash Balance (Subtract Line D from Line C)	A	504.00			The second second	<u> </u>
F. Value of In-Kind Contributions Receive (From Schedule II)		0.08	•			Ç.
G. Unpaid Debts and Obligations (From Schedule IV)	⁵ 26	44.03			Market Market Market Market	
Fant 1- If this is a Committee report, treasurer:	des Sense (Oliviale Com. Co	AffidavitSe meletate majorit es				
I swear (or attion) that this report, including th					rue, correctand comple	<u>ት</u> ር.
9ණාන හා නෙස් නාර්යෝම්පේ පිත්තාහණ සමය			ب <i>ا</i> . المـ	4	.,.	
day of		_	Heath Heath	of Person Subs	civilenicz	<u>cr</u>
Sgnature			Cut	Printed Nan		
My Commission expires MO. BAY	5 7.		819 Prescode	<u> </u>	99 <u>2 – 0298</u> yeme Telephone Numb	
Partill- if this is a report of a Candidate's Autilia	sized Committee. can	<u>ශ්රුලං ක්</u> සමින්නෙ බ	ere.			· · · · · · · · · · · · · · · · · · ·
I sweet (or althro) that to the best of my knowledge.				w provisions of	Sie Act of June 3, 1987	(P.L. 1888, MOLBZO) 25
Swarm to and subscribed before one මයි						
dayof20	1	_		paning ya sakatan di	deta	
Spreture	·	i	AUBREA	meaure of Candi HAGOR Printed Name	TY-HAYNES	·
My Commission expires	, ļ		814	4	60-9922	
MO. DAY	ਲ. -	,	krea Gode	nei	erseka nemerinemis isang	

SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Files id entities alon Number		
	•	
	•	
A CONTRACT OF THE PROPERTY OF		

Total for the reporting period (1	S	0.00
2. Contributions of \$50.01 to \$250.00 (From Part & and Part 6)		
Contributions Received from Palitical Committees (Part A)	Ş	0.00
All Other Contributions (Part B)	5	0.00
Total for the reporting period (2	5	0.00
3. Contributions Over \$250.00 (From Part C and Part C)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	5	0-00
) <u>\$</u>	0.00
Total for the reporting period (3		
Total for the reporting period (3 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4)	 \$	0.00

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 id entification Rumbe				
La Companya di Sala di Markina.		· · · · · · · · · · · · · · · · · · ·	·····	^រ កាទម្យនាវិ
Full Name of Contribution Committee	ng		Date [MM/DD/YYYY] \$	
House d S	irren Addres		Date [MM/DD/YYYY] S	
City	State	ZpCode	Date [MM/DD/YYYY] 5	
Full Name of Contribution			Date [MM/DD/YYYY] 5	
	treet Address		Date [MM/DD/YYYY] S	
	5tate	ZpCede	Date [MM/DD/YYYY] S	
Full Name of Contribute			Date [MM/DD/WYY] \$	
Committee				
Hose B S	ir eet Address		Date [MM/OD/YYYI] \$	
City	Sidité	ApCode	Date (MM/DD/YYYY) S	
Full Name of Contribution Committee	ng:		DESIRE [MANANDID/AMAAI] 2	
Hase V S	hreet Address		Date [MM/DD/YYYY] S	
City	State	ApCode	Date [MM/DD/YYYY] 'S	
Full Name of Contribution Committee	TE.	Laurente de Salabor, en rajación (La Constantina de	Date [MM/DD/WYY] \$	
House # S	treet Address		Date [MM/DiD/YYYY] \$	
	Saire	ZipCode	Date [MM/DD/YYYY] \$	
Full Name of Contribute Commattee			Date [MM/DD/MYY] \$	
House #	treet Address		Date [MOM/DD/YYYY] 5	
City	State	ZipCode	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.)

			•	
Full Marine of Contribution			Pare Ikum (CO) WWW	5
House # Street Address				*
		Pares county and size-work	Consect Contract A Brings in the left in the September To Area and well with Party I	
101g	State	Zp Code	Cate MM/CD/XXXXI	
SUB Margie of Contributor			ED TO MINIMUS ALAMIE	
Hosse # Suree: Address				5.34
30.66. 44.01				
	State	Zap Code	Pacinn Polynyi	5 5
ST here and conductors	Description	[CHICAN CHANGE CHANGE CHANGE CAN		
House's Street Address			(Catellill/CD/AIAA(S)	
	Sahe	2. 1 <u>9.0.</u> 2		
ETHER CHEOMOREUM			Date MM/00/0000	
Hoself Side/Sides				
E 7		An cone	112002 [HIH] [111] (HIH) [3	-
lar i I malecialettar ender				
House Since (Minimes	-		SUBSTER MANAGEMENT AND	(S
		r peria		
851 (A) (C. C. C				
Sacration Sacration			·	
(C), (C)	<u>श्चाट</u>	Aplense .		

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 ld entific allon Number:				
				<u> </u>
Full Hame of				S
Cork relating Contains thee				
House II. Street Address			DECE THINK DID VALVAL	
	A sea house described to the season (1997).			
	State:	⊼ p Code	Date (MM/DD/MYY)	
Full Name of				
Contributing Committee				
Hone Street Address			Date MAY/DD/AAAA	.
	State	Zip Coste	Care INTM CONTROL	F 7
(al Najpeli) (Correspond Correspond			DESCRIPTION OF THE SECOND	F50
TOUGHE Street Address			TOSTE (MIM/OD/MYN)	
(E_1)	Salte	Zp Code		
ISO Hamilton Conditioning Committee			Pargalmmy/en/manals	S
Housel' Street Malaires			Recommend by	
(ET)	55C	77-(67-7-2-8)	Templication of the state of th	
(SUPERCO) Condition (Commisses)			State (MM/DD/MA/) is	
Hosev Street Addition				E
	Since	7-7(8-1-5)	302031110311120311	
SU hanseoù Confris dennañ es				8
(House) Sines (Asidines				
(En)	State	Apendo		

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.

Full Name House Street Address State Zip Date MM/DD/YYYY State Code Receipt Description Full Name	
City State Zip Date[MIM/00/YYYY] \$ Code Recept Description	
Recept Description	
Receipt Description	
Holse W. Street Address	-
City State Zip Date [MM/DD/YYYY] \$	
Recept Description	
Füß Märne	
Hosse # Street Address	
City State Zip Date (MM/DD/YYYY) 5	
Code	
Researt Description	
Form Marrie House's arment Address	
Conte	
(Read of Company)	
Edd Name	
Hods: # Street Arbre &	
State Zip Date[MM/DD/YY/Y] ≤ Code	
Receipt Description	
FAIR NAME OF THE PARTY OF THE P	
House # Street Address	
City . State Zio Date MM/00/YM/1 . State Code	
Receipt Description	

Files of earthic whom bear

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)

Liu Neine di Controlliu	Date (MM/DD/WY/) \$
	Service Control of the Control of th
House's Address	Dene (MM/DO/YYY) 3
Tony State Zap Code :	TOTHE IMMODIFY IN 15
Employer Name	Occupation
Englisher Malang Address / Principal Place of Business	
Full Hanne of Commission	Care IMMOONAND S
House W Street Address	Dane DAMA/DID/Annol (1)
Criy State (Ap) Code	Depe (MM/DD/XXXII) 7.5
Employer Name	O ccupation
Janaphoyes Marking Adultess/ Janappal Place of Business	
# U Mansaul Control (10)	
::::::::::::::::::::::::::::::::::::::	Cate MM/Cic/YrY1 15
Cui). (Ap Coole	foare(MMVDC/MAXI)
Smployer Maner D	(Carronion)
Eng ployer (Walting (Abbines) / Engrouped (Hace of Abbines) /	
(នា (<u>ស្រាច</u> ្រៅ(មហ្មណ៍) ប្រហុ	NONTERINAMENTE SE
Transfe Security Security	OREMANDONANIE S
(On), Sale (D), code	SPate (MM/PD/MAI)
Eria pilonger i Mismose	(Licapelion)
lan ployen for ing Addition/ (Anniagai) i be sind Columbia	

SCHEDULE !]

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORTALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

	2.20		
Res destrication Number:			44.00
1. Uniterized in aind contr	IKU IKINS KELEWED-VA	LUE OF \$50 00 OR LPSS PER CO	NI INBU CA
TOTAL for the reporting period	[1]	4	
2. IN-KIND CONTRIBUTIONS RE	Derved-Wallie de \$500	1 TO SZSODO (FROM PARTF)	and the state of t
TOTAL for the reporting period	(2)	5	
3. IN XIND CONTRIBUTION REC			
.3. IM-AMPUNATRIBUTIONINEL	a	Daugenom (mina ici)	Section 1
TOTAL for the reporting period	(E)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTE	CONS PHONING THE DEPC	RTING ISI	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)			
ಾಣ ಕ ಪ್ ರ 1° ಆದ್ರೋ ಗ್ರಾಂಥ ಒಪ್ಪಡ್ ಕಣಾಣ ಪ್ರ			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer lel emitika azio di Riumber:	
Full Hame of Contributor	IDate [MAY/00/YYYY] \$
HOUSE W Speet Address	Date MM/QD/YYYY S
Hose # Speet Address	
Criy State Zip Code	Date[MM/DD/YYYY]
Description of Contribution.	[SASS]
	Description of the second seco
Full Hame of Contributor	Date (MM/OD/AMA)
Hore II Speer Address	Date (MM/00/YYYY) 15
City: State Zip Code:	Date [MM/OD/YYYY] S.
Description of Contribution	
tu lan istema soc	COLUMN CONTRACTOR SE
Historia Spreet Address	DateDMM/DD/AMAI \$
EUCECT MODIES	
(City State Zac Ende C	Pare MANACOVANANTE
Description of Emeritation	
FU Consolution	
FORE II Succi Addres	
(City) State Zin Cool :	Sustephin/00/Avvv see
Cry State	
Designation (of Contribution)	
HT II. TO LEATER THAT I	DESCRIMATED AND THE STREET
Hose Social Addres	(Date(MM/00//2004) \$3
	TOWN THE PROPERTY OF THE PROPE
Li-caronicalia	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Files let entitie also in Riven best:	
Full Name of Contributor	Date[MM/DO/YYYY] S
House W. Street Address	Date[MM/DD/YYYY] \$
Gity State Zp Code	Date[MMVDQ/YYYY] 5
Employer Name	Occupation
Employer Mailing Address / Windipal Place of Bitamess	DE SCRIPTION OF Contribution
Fig Name of Contributor	Date[MM/DO/YYY] \$
House il Sheet Address	Date[MM/DD/YYYY] \$
City State Zpp Code	
Era ployer Name	Compation
Employer Mailing Address / Primapal Place of Business	De Sargetion Of Constitution A constitution and
Fill Manue of Commissuov	<u>Sustannion/vvvij</u> as
HOBE # Spect Address	Ceelan/Coltai \$
City State Ap Code	
Employer Name.	(Program)
Eriphoyer Malitine Address / Primo pali Place of Business	Personation) (of Commission)
Full frame, of Contributor	SEE MW/DD/WYYE S
Nouse i Street Autres	Space (Man/po/mm) 2 5
City State Zo Code	Date MM/DD/MMT
Employer/Rame	(Decupation)
Employer Mailing Address / Principal / Place of Business	Personal Control of Co

(Hoite et

SCHEDULE III

Statement of Expenditures				
Filer to emilikasion	kintse!			
To Among PS et	58			
		,		The state of the s
Hoese B	Social Address			Description of Expenditure
en e	EddShir 700 die vollekkanga satistee, oo ee ee	State	Zip Chielle	A STATE AND STATE AND AND AND ADDRESS COMMENT OF THE PROPERTY AND ADDRESS AND
To Wham Paid				OSHE [MHI/DIO/MYY] S
House U	Street Address			Description of Expenditure
Eng	150 topotal Maries Mobile stress appropries	State	<u>Code</u>	1-Administration of management of the second
To Whom Paid				Date[MM/DD/YYYY] \$
Hose II	Since Address			Description of expendentie
		State *	Zp Gode	
To Whom (Paid)				JOSKE IMM/DID/M/Y/E
#10.00.018 # 10.00.018	Siree (Adoresa	- 110079		Description of Expenditure S
		State	Ap Codle	
To Chiom (Calde		· ·		STOP DE THURNDONATALITY IŞ
	Siree: Address		Free wasonicitys (Description of Expenditure
(<u>2.57)</u>		Spate	Code:	
ajothicanttaide				SCHETWW/DOVITALIST
(Rosell)	Sur-Alleria	Service and Control of the Control o	The second section is	(Description of Expenditure)
leit)		State	Chile)	
				Specification (5)
u process de	SinesAddress		1 400 mars 2014 2015 2015 2016 2	Description of Expenditure
<u>187</u> 1		S-0-0-	(Inde	
io Chemistic				

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:					
i partire di la companya di la comp La companya di la co					
Name of Creditor Aubrea Hagerty-Haynes	Outstanding Balance of Debt				
House # Street Address	DATE DEBT INCURRED \$				

Name of Creditor	Aubrea Hagerty-Haynes	· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt
House # Str	eet Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 3/16/2021	\$
City and remaining and market and the market of the SAM	Erie	PA Zip 16509	1309.10
Description of Debt	Loan to Committee (Signs)	English and the state of the st	[Seesand]
Name of Creditor	Aubrea Hagerty-Haynes		Outstanding Balance of Debt
House # Stri	eet Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 3/30/2021	\$
City	Erie State	PA Zip 16509	489.06
Description of Debt	Loan to Committee (Shirts)	The second secon	Diseasor
Name of Creditor			Outstanding Balance of Debt
House # Stre	et Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 3/30/2021	\$
City requests the second state of the second	Erie State	PA Zip 16509	110.00
Description of Debt	Loan to Committee (Stamps)		Social Control of the
Name of Creditor	Aubrea Hagerty-Haynes		Outstanding Balance of Debt
House#	et Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 4/16/2021	5
City of the second seco	Erie State	PA: Zip 16509	149.05
Description of Debt	Loan to Committee (Wood for signs)	Parameter and a second a second and a second a second and	Personal
Name of Creditor	Aubrea Hagerty-Haynes	2552021	Outstanding Balance of Debt
House # Stre	et Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 5/20/2021	\$
City	Erie State	PA Zip Code 16509	100.00
Description of Debt	Water for AKT Run Donation		Pandamon _
Name of Creditor	Aubrea Hagerty-Haynes	WWW.1071	Outstanding Balance of Debt
House # Stre	et Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 7/3/2021	\$
City	Erie	PA Zip 16509	44.96
Description of Debt	Loan to Committee (Candy for parade)	「	**************************************
		A Part of the Control	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations	s which are outstanding	at the end of the reporting period.
Filer Identification Number:		
Name of Creditor Aubrea Hagerty-Haynes		Outstanding Balance of Debt

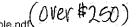
Name of Creditor	Aubrea Hagerty-Haynes		Outstanding Balance of Debt
House # Stre	et Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 7/4/2021	5
City 1972 The process of the control	Erie State		117.00
Description of Debt	Loan to Committee (Candy for parade)		Promision
Name of Creditor	Aubrea Hagerty-Haynes		Outstanding Balance of Debt
House # Stre	et Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 8/7/2021	\$
Citý	Erie State	Toleran Management and Control of the Control of th	76.28
Description of Debt	Loan to Committee (Candy for parade)		
Name of Creditor	Aubrea Hagerty-Haynes		Outstanding Balance of Debt
House # Street	et Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 9/12/2021	5.
City	Erie 3 Mars 19-1 y . 38		35.72
Description of Debt	Loan to Committee (Bubbles for parade)		
Name of Creditor	Aubrea Hagerty-Haynes	.76/2021	Outstanding Balance of Debt
	et Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 8/5/2021	
Gity 12 Company of the company of th	Erie State	PA Zip 16509	21.18
Description of Debt	Loan to Committee (Bubbles for parade)		
	Aubrea Hagerty-Haynes	3772.61	Outstanding Balance of Debt
House# Stree	et Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 8/5/2021	S 19 1 A
	Erie State	PA Zip 16509	13.48
Description of Debt	Loan to Committee (Bubbles for parade)		
Name of Creditor	Aubrea Hagerty-Haynes	्रा विकास सम्बद्धित स्थापना । । । । । । । । । । । । । । । । । । ।	Outstanding Balance of Debt
House# Stree	rt Address 630 Edgevale Drive	DATE DEBT INCURRED [MM/DD/YYYY] 9/17/2021	\$ 14 14
and the second second second	Erie	PA Zip 16509	84.62
Description of Debt	Loan to Committee (Candy for parade)		3
		科学教 证	

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:		
Name of Creditor	Aubrea Hagerty-Haynes	Outstanding Balance of Debt
House # Stre	Tet Address 630 Edgevale Drive DATE DEBT INCURRED [MM/DD/YYYY] 10/8/2021	\$.
City Language Control of the Control	Erie State PA Zip Code 16509	35.40
Description of Debt	Sand bags for campaign signs	
Name of Creditor	Aubrea Hagerty-Haynes	Outstanding Balance of Debt
House # Strei	tet Address 630 Edgevale Drive 630 Edgevale Drive 630 Edgevale Drive 10/7/2021	\$
City	Erie State PA Zip Code 16509	58.18
Description of Debt	Wood for Campaign signs	
Name of Creditor		Outstanding Balance of Debt
House # Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	8
City	State Zip Code	
Description of Debt		
Name of Creditor	1075.001	Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$ \$ 1
City	State Zíp Gode	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DB/YYYY]	
City	State Zip Gode	
Description of Debt		
Name of Creditor	ruf a. Dad ar may till a land a	Outstanding Balance of Debt
House # Stre	et Address [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		en e





Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure 500 North Office Building, Hemisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance * 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				
☐ Cycle 1 6th Tuesday Pre-Primary	Cycle 2 2ººº Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	Cycle 4 6° Tuesday Pre-Election		Cycle 5 2 ^{cd} Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		Cycle 9 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.

DSEB-502R Updated 1/5/2022



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 500 North Office Building, Hamsburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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

Printed Name

01/31/2025

Date (MM/DD/YYYY)

ERIE PAJUS.

Location (City/State/Country)