

Reset Form

Print Form

## 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	Committee	<input checked="" type="checkbox"/>	Lobbyist
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/2/21	Year	2024	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2024	12/31/2024	
A. Amount Brought Forward From Last Report	\$	1244.22	<p style="text-align: center;">2025 JAN 31 PM 4:31 ERIE COUNTY VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1244.22	
D. Total Expenditures (From Schedule III)	\$	740.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	504.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2644.03	

## 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 Maciejewicz

Signature of Person Submitting report

Heather Maciejewicz

Printed Name

814

Area Code

392-6248

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.330) 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

Printed Name

814

Area Code

460-9922

Daytime Telephone Number

## SCHEDULE 1

**Contributions and Receipts**

Detailed Summary Page

Filer Identification Number		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 0.00
Total for the reporting period	(2)	\$ 0.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)		\$ 0.00
Total for the reporting period	(3)	\$ 0.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 0.00
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, Report Cover Page, Item 5)		\$ 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 Identification Number						Amount	
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]	\$	
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.)

File Identification Number:	
-----------------------------	--

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)	\$	
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.

Filler Identification Number:	
-------------------------------	--

Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$	
House #		Street Address		Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$	
House #		Street Address		Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$	
House #		Street Address		Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$	
House #		Street Address		Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$	
House #		Street Address		Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$	
House #		Street Address		Date (MM/DD/YYYY)	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$	
House #		Street Address		Date (MM/DD/YYYY)	\$	
City		State		Zip Code		

## 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								

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

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					
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					
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					
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					

SCHEDULE J)

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

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

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

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

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)		\$
---	--	----



## SCHEDULE II

## PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:									
------------------------------	--	--	--	--	--	--	--	--	--

  

Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City	State		Zip Code		Date (MM/DD/YYYY)	\$	
Description of Contribution							

  

Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City	State		Zip Code		Date (MM/DD/YYYY)	\$	
Description of Contribution							

  

Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City	State		Zip Code		Date (MM/DD/YYYY)	\$	
Description of Contribution							

  

Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City	State		Zip Code		Date (MM/DD/YYYY)	\$	
Description of Contribution							

  

Full Name of Contributor					Date (MM/DD/YYYY)	\$	
House #	Street Address				Date (MM/DD/YYYY)	\$	
City	State		Zip Code		Date (MM/DD/YYYY)	\$	
Description of Contribution							

## 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	Date (MM/DD/YYYY)	\$	
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	Date (MM/DD/YYYY)	\$	
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	Date (MM/DD/YYYY)	\$	
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	Date (MM/DD/YYYY)	\$	
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	Date (MM/DD/YYYY)	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number				
-----------------------------	--	--	--	--

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		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		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		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		Description of Expenditure		
City	State	Zip Code			

To Whom Paid			Date (MM/DD/YYYY)		\$
House #	Street Address		Description of Expenditure		
City	State	Zip 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 Number:	
------------------------------	--

Name of Creditor		Aubrea Hagerty-Haynes					Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive			DATE DEBT INCURRED [MM/DD/YYYY]		\$	1309.10
					3/16/2021			
City	Erie	State	PA	Zip Code	16509			
Description of Debt		Loan to Committee (Signs)						

Name of Creditor		Aubrea Hagerty-Haynes					Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive			DATE DEBT INCURRED [MM/DD/YYYY]		\$	489.06
					3/30/2021			
City	Erie	State	PA	Zip Code	16509			
Description of Debt		Loan to Committee (Shirts)						

Name of Creditor		Aubrea Hagerty-Haynes					Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive			DATE DEBT INCURRED [MM/DD/YYYY]		\$	110.00
					3/30/2021			
City	Erie	State	PA	Zip Code	16509			
Description of Debt		Loan to Committee (Stamps)						

Name of Creditor		Aubrea Hagerty-Haynes					Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive			DATE DEBT INCURRED [MM/DD/YYYY]		\$	149.05
					4/16/2021			
City	Erie	State	PA	Zip Code	16509			
Description of Debt		Loan to Committee (Wood for signs)						

Name of Creditor		Aubrea Hagerty-Haynes					Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive			DATE DEBT INCURRED [MM/DD/YYYY]		\$	100.00
					5/20/2021			
City	Erie	State	PA	Zip Code	16509			
Description of Debt		Water for AKT Run Donation						

Name of Creditor		Aubrea Hagerty-Haynes					Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive			DATE DEBT INCURRED [MM/DD/YYYY]		\$	44.96
					7/3/2021			
City	Erie	State	PA	Zip Code	16509			
Description of Debt		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:	
------------------------------	--

Name of Creditor		Aubrea Hagerty-Haynes				Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive		DATE DEBT INCURRED [MM/DD/YYYY]		\$	117.00
				7/4/2021			
City	Erie	State	PA	Zip Code	16509		

Description of Debt	Loan to Committee (Candy for parade)
---------------------	--------------------------------------

Name of Creditor		Aubrea Hagerty-Haynes				Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive		DATE DEBT INCURRED [MM/DD/YYYY]		\$	76.28
				8/7/2021			
City	Erie	State	PA	Zip Code	16509		

Description of Debt	Loan to Committee (Candy for parade)
---------------------	--------------------------------------

Name of Creditor		Aubrea Hagerty-Haynes				Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive		DATE DEBT INCURRED [MM/DD/YYYY]		\$	35.72
				9/12/2021			
City	Erie	State	PA	Zip Code	16509		

Description of Debt	Loan to Committee (Bubbles for parade)
---------------------	--

Name of Creditor		Aubrea Hagerty-Haynes				Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive		DATE DEBT INCURRED [MM/DD/YYYY]		\$	21.18
				8/5/2021			
City	Erie	State	PA	Zip Code	16509		

Description of Debt	Loan to Committee (Bubbles for parade)
---------------------	--

Name of Creditor		Aubrea Hagerty-Haynes				Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive		DATE DEBT INCURRED [MM/DD/YYYY]		\$	13.48
				8/5/2021			
City	Erie	State	PA	Zip Code	16509		

Description of Debt	Loan to Committee (Bubbles for parade)
---------------------	--

Name of Creditor		Aubrea Hagerty-Haynes				Outstanding Balance of Debt	
House #	Street Address	630 Edgevale Drive		DATE DEBT INCURRED [MM/DD/YYYY]		\$	84.62
				9/17/2021			
City	Erie	State	PA	Zip Code	16509		

Description of Debt	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.**

<b>Filer Identification Number:</b>	
-------------------------------------	--

<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>		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>		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>							


**Pennsylvania Department of State**

Bureau of Campaign Finance &amp; Lobbying Disclosure

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [re-stcampaignfinance@pa.gov](mailto:re-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 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 Macinlewicz  
Signature of Treasurer, Candidate, or Lobbyist

01/31/2025  
Date (MM/DD/YYYY)

Heather Macinlewicz  
Printed Name

Erie/Pa/U.S.  
Location (City/State/Country)

**Pennsylvania Department of State**

Bureau of Campaign Finance &amp; Civic Engagement

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [rc-stcampaignfinance@pa.gov](mailto:rc-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

01/31/2025  
Date (MM/DD/YYYY)

AUBREA HAGGERTY-HAYNES  
Printed Name

ERIE/PA/U.S.  
Location (City/State/Country)