

# 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 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)		11/2/2021	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2023	12/31/2023	
A. Amount Brought Forward From Last Report	\$	1244.22	<p>2024 JAN 31 AM 4:13</p> <p>PA STATE ELECTIONS DIVISION</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)	\$	504.22	
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 Maciniewicz*  
Signature of Person Submitting report  
*Heather Maciniewicz*  
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

31<sup>st</sup> day of January 2024

*Angela L. Watson*  
Signature

My Commission expires 12/02/2026  
MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Member, Pennsylvania Association of Notaries  
My commission expires December 2, 2026  
Commission number 1425503  
Erie County  
Commonwealth of Pennsylvania - Notary Public  
Angela L. Watson, Notary Public

*Aubrea Hagerty-Haynes*  
Signature of Candidate  
*AUBREA HAGERTY-HAYNES*  
Printed Name  
814 460-9922  
Area Code Daytime Telephone Number



**Pennsylvania Department of State**

Bureau of Campaign Finance & 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) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

**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 Statements. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Friends of Aubrea Hagerty-Haynes				
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 checked="" 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 statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.**

Heather Maciulewicz  
Signature of Treasurer, Candidate, or Lobbyist

Heather Maciulewicz  
Printed Name

1/31/2024  
Date (MM/DD/YYYY)

Erie PA USA  
Location (City/State/Country)



**Pennsylvania Department of State**

Bureau of Campaign Finance & Lobbying Disclosure

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

***Part II - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.***

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Statement is true and correct.**

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Location (City/State/Country)

**SCHEDULE I**  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	
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<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 <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>	\$	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																			
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										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.)

Filer Identification Number:	
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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.**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>

**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)**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							



## 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**

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

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

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

<b>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)</b>	\$	
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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>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>Description of Contribution</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>Description of Contribution</b>								

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			

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

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Friends of Peta Sala			Date [MM/DD/YYYY]	\$	100.00
					2/15/2023		
House #		Street Address					
City		State		Zip Code			
Description of Expenditure							
Donation							
<b>To Whom Paid</b>		Barber National Institute			Date [MM/DD/YYYY]	\$	50.00
					3/8/2023		
House #		Street Address					
City		State		Zip Code			
Description of Expenditure							
Donation							
<b>To Whom Paid</b>		Polish Falcons			Date [MM/DD/YYYY]	\$	100.00
					4/3/2023		
House #		Street Address					
City		State		Zip Code			
Description of Expenditure							
Donation							
<b>To Whom Paid</b>		Committee to elect Elizabeth Hirz DA			Date [MM/DD/YYYY]	\$	100.00
					4/12/2023		
House #		Street Address					
City		State		Zip Code			
Description of Expenditure							
Donation							
<b>To Whom Paid</b>		Erie Crawford CLC			Date [MM/DD/YYYY]	\$	100.00
					5/2/2023		
House #		Street Address					
City		State		Zip Code			
Description of Expenditure							
Donation							
<b>To Whom Paid</b>		McDowell Hockey			Date [MM/DD/YYYY]	\$	100.00
					7/19/2023		
House #		Street Address					
City		State		Zip Code			
Description of Expenditure							
Advertising							
<b>To Whom Paid</b>		Kyle Foust for Controller			Date [MM/DD/YYYY]	\$	20.00
					8/17/2023		
House #		Street Address					
City		State		Zip Code			
Description of Expenditure							
Donation							
<b>To Whom Paid</b>		McDowell			Date [MM/DD/YYYY]	\$	75.00
					8/21/2023		
House #		Street Address					
City		State		Zip Code			
Description of Expenditure							
Hockey Donation							

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

Filer Identification Number:	
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<b>To Whom Paid</b>	Erie Crawford CLC Picnic	<b>Date [MM/DD/YYYY]</b>	\$	20.00
		8/2/2023		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Donation	
<b>To Whom Paid</b>	Polish Falcons	<b>Date [MM/DD/YYYY]</b>	\$	75.00
		8/21/2023		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Fundraiser	
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</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.**

<b>Filer Identification Number:</b>	
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<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]		\$	1309.10		
					3/16/2021						
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509						
<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</b> [MM/DD/YYYY]		\$	489.06		
					3/30/2021						
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509						
<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</b> [MM/DD/YYYY]		\$	110.00		
					3/30/2021						
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509						
<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</b> [MM/DD/YYYY]		\$	149.05		
					4/16/2021						
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509						
<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</b> [MM/DD/YYYY]		\$	100.00		
					5/20/2021						
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509						
<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</b> [MM/DD/YYYY]		\$	44.96		
					7/3/2021						
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16509						
<b>Description of Debt</b>											
Loan to Committee (Candy for parade)											

**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>	
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<b>Name of Creditor</b>							<b>Aubrea Hagerty-Haynes</b>		<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>							<b>Aubrea Hagerty-Haynes</b>		<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>							<b>Aubrea Hagerty-Haynes</b>		<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>							<b>Aubrea Hagerty-Haynes</b>		<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>							<b>Aubrea Hagerty-Haynes</b>		<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>							<b>Aubrea Hagerty-Haynes</b>		<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)										



**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:	
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Name of Creditor						Aubrea Hagerty-Haynes						Outstanding Balance of Debt			
House #		Street Address	630 Edgevale Drive				DATE DEBT INCURRED [MM/DD/YYYY]				\$	35.40			
						10/8/2021									
City		Erie		State		PA		Zip Code		16509					
Description of Debt														Sand bags for campaign signs	

Name of Creditor						Aubrea Hagerty-Haynes						Outstanding Balance of Debt			
House #		Street Address	630 Edgevale Drive				DATE DEBT INCURRED [MM/DD/YYYY]				\$	58.18			
						10/7/2021									
City		Erie		State		PA		Zip Code		16509					
Description of Debt														Wood for Campaign signs	

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

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

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

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