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

Filer Identification Number			Repo (Mai	rt Filed I rk X)	Ву	Candida	ite		Committ	ee	X	Lobbylst
Name of Filing Committee, Candidate or Lobbyist			Friends of Aubrea Hagerty-Haynes									
Street Address			630 E	dgevale	Drive							
City	Erie					State	PA		Zip Code	16509		-
Type of Report (Place												
1.6 th Tuesday 2. ; Pre-Primary Pre	2 nd Friday -Primany	3- 30 Day Post Primary		Tuesday lection		Friday lection	6-30 Da	2754 : 12-446 : 2-45	7- Annua	l Special Pre-Ele	2 nd Friday ction	Special 30 Day Post-Election
Date Of Election			Year				Amendr	nent		Termin	ation	
(MM/DD/YYYY)		11/2/2021			20)23	Report			Report	1000 and 100 are a line of the control of	
Summary of Receipt Expenditures	s and	From Date		To Dat	ė				errajenikasi e Gendin Gergi	or Office Us	ie Only	
un proper e prope		1/1/2023		12	2/31/202	3			ynduntuu Hein Brûn			
A. Amount Brought	Forward F	rom Last Repor	t \$		1244.22	!					20 - 10 m	iv-
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D. Total Expenditure	**************************************		\$		740.00						52	
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(Subtract Line D from F. Value of In-Kind C		ons Received	\$		0.00						transal	10 m
(From Schedule II) G. Unpaid Debts and	i Obligatio	ons	\$		2644.03	1. 1.	1				(1) Alae	C)
(From Schedule IV)						idavit Se	etion					
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My Commission expires							814			392	-620	18
	MO.	DAY YR.			·		Area Code			Daytime Tele	pnone Num	uer .
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 my kno												
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My Commission expires	MO.	DAY YR.	∠ ciation		tary	_	Area Code	_		aytime Telep	hone Numb	 per
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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 • 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	Name of Filing Committee, Candidate, or Lobbyist						
	Friends of Aubrea Hagerty-Haynes						
Reporting Cycle	Name .						
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 4	☐ Cycle 5			
6 th Tuesday	2 nd Friday	30 Day	6 th Tuesday	2 nd Friday			
Pre-Primary	Pre-Primary	Post Primary	Pre-Election	Pre-Election			
·		. Para biblios d					
☐ Cycle 6	Cycle 7	☐ Cycle 8	e e e e e e e e e e e e e e e e e e e	cle 9			
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	al Election 30 Day Po	st-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.

Signature of Treasurer, Candidate, or Lobbyist

Printed Name

1 / 3 / / 202 /
Date (MM/DD/VVV)

Date (MM/DD/YYYY)

Location (City/State/Country)

io PA 115A

DSEB-503S Updated 1/5/2022



Pennsylvania Department of State

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www.dos.pa.gov/campaignfinance • 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)
 Description of the second section of the section of the	· ·

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Nur			

1. Unitermized Contributions and Receipts-\$50:00 or Less per Contributor		
Total for the reporting period (1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part 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
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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 B)	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.

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		Amount
Full Name of Contributing	Date [MM/DD/YYYY] \$	
Committee		
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Contributing	Date [MM/DD/YYYY] \$	
Committee	1.00	
House # Street Address	Date [MM/DD/YYYY] \$	
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House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	
	1911	

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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		State	Zip Code	Date [MM/DD/YYYY]	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

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City State Zip Code Date MM/DD/YYYY S	contributing committee		
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City Date [MM/DD/YYYY] \$			
	City Zip Code Zip Code	Date [MM/DD/YYYY] \$	

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 : 1	Date [MM/DD/YYYY] \$	
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	. 1	Date [MM/DD/YYYY] \$	
House # Street Address		Date (MIM/DD/YYYY) \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	the section of the se	Occupation	
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor		Date [MM/DD/YYYY]\$	
House # Street Address		Date [MM/DD/YYYY] \$	
Section 1 and 1 an	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/DB/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	POLYGOGOGO PHI INTERNATIONAL PROPERTY OF THE P	Occupation	

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 Numb	èr:					
Full Name						
	Stre	et Address				
City			State	Žip	Date [MM/DD/YYYY]	\$
Receipt Description				Code		
Full Name						
	Stre	et Address				
City			State	Zip	Date [MM/DD/YYYY]	\$.
Receipt Description		<u></u>		Code		
Full Name			Lance			
House #	Stree	et Address		and the second	(
City			State	Zip Code	Date [MM/DD/YYYY]	5 .
Receipt Description						
Full Name				and a committee of the control of	to the control of	
	Stree	et Address				
City		-1114 - 5146 	State	Zip	Date [MM/DD/YYYY]	4
			i i i i i i i i i i i i i i i i i i i	Code		
Receipt Description Full Name						
	Street	et Address				
City		24 (4) (2)	State	Z(p)	Date [MM/DD/YYYY]	5
				Code		
Receipt Description						, % F
Full Name House #	C+	et Address				
City	otre	ECAGGES	State	Zip	Date [MM/DD/YYYY]	\$
e Sale I (re) kali ili madi				Code	1	
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 SLIMMARY PAGE

	DETAILED 3	OUNINARY PAGE	
Filer identification Number:			
1. UNITEMIZED IN-KIND CONTRIBUTION TOTAL for the reporting period	ONS RECEIVED VALUE OF S	SSUID OR LESS PER CONTRIBUTOR	A SUMMERLINE
2. IN-KIND CONTRIBUTIONS RECEIVED			
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED	-VALUE OVER \$250.00 (FRO	OMPART G).	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS D PERIOD (Add and enter amount totals from b on Page 1, Report Cover Page, Item F)		\$\frac{\\$\chi_2\}{\chi_2\}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	n a lingt		1 - 2 - 1
	in the second se		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

VALUE OF \$30.01 TO	J2J0
Flier-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/XYYY) \$

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	The Labor Section Control of the Con	Date [MM/DD/YYXY] \$
C(Ey	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		en e
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State 21p 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/MYW)
House # Street Address		Date (MM/DD/YYYY) \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	(本語) 1	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] \$
Etty :	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal		Occupation Description
Place of Business		of Contribution
Full Name of Contributor		Date (MM/DD/YYYY)
House # Street Address		Date [MM/DD/YYYY) \$
CID III	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation :
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

Eilar Islandidirahian Kumakani			
Filer Identification Number:			

To Whom Paid		Date [MM/DD/YYYY] \$
	Friends of Peta Sala	2/15/2023
House #	Street Address	Description of Expenditure
City	State Zip Code	Donation
To Whom Paid	Barber National Institute	Date [MM/DD/YYYY] \$ 50.00
		3/8/2023
House #	Street Address	Description of Expenditure
City	State Zip Code	Donation
To Whom Paid	Polish Falcons	Date MM/DD/AYYYI \$
		4/3/2023
House #	Street Address	Description of Expenditure
City	State Zip Code Code	Donation
To Whom Paid	Committee to place Flimaheth Line DA	Date [MM/DD/YYYY) \$
	Committee to elect Elizabeth Hirz DA	4/12/2023
House #	Street Address	Description of Expenditure
City	State Zip Code	Donation
To Whom Paid	Erie Crawford CLC	Date [MM/DD/YYYY]
House #	Street Address	Description of Expenditure
City	State Zip Code	Donation
To Whom Paid	McDowell Hockey	7/19/2023 \$ 100.00
House #	Street Address	Description of Expenditure
City	State Zip Gode	Advertising
To Whom Paid	Kyle Foust for Controller	Date [MM/DD/YYYY] \$ 20.00
House #	Street Address	Description of Expenditure
City	State Zip Gode	Donation
To Whom Paid	McDowell	Date [MM/DD/YYYY] \$ 75.00
House #	Street Address	Description of Expenditure
City	State Zip Code	Hockey Donation

Statement of Expenditures

	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	***	
Filer Identification Number:			
SEIC NOCHERCOUURS IN HUCKS			

To Whom Paid	Fd- 0	lanta				\$ 20.00
	Erie Crawford CLC P	ICRIC			8/2/2023	
House #	Street Address				Description of Expendit	ure
City		State	Zip Code		Donation	
To Whom Paid	Polish Falcons				Date [MM/DD/YYYY] 8/21/2023	\$ 75.00
House #	Street Address				Description of Expenditi	ure
City		State	Zip Code		Fundraiser	
To Whom Paid					Date [MM/Jdb/AXXX]	\$ 0
House #	Street Address		**		Description of Expendite	vie .
City		State	Zip Code	i		
To Whom Paid					Date [MM/DD/YYYY]	.
House #	Street Address				Description of Expendit	ure
City		State	Zip Code		10 Mg - 10 Mg	
To Whom Paid					Date [MM/DD/YYYY]	.\$
House #	Street Address		:		Description of Expendit	ure
City:		State	Zip Code	•		
To Whom Paid			er er geleg i e		Date [MM/DD/YYYY]	\$
House #	Street Address	· .			Description of Expendit	ure
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code			and the second
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address	00000000000000000000000000000000000000	P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Description of Expendit	ure
City	·	State	Zip Code	·		
To Whom Paid					Date [MM/DD/YYYY]	(\$
House #	Street Address		***		Description of Expendit	ure
City:		State	Zip Code			a de la companya de

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:			
Filer Identification Number:			
THE INCHEST OF THE PROPERTY OF			

Name of Creditor		Aubrea Hagerty-Haynes			Outstanding Balance of Debt
House #	Stre	et Address 630 Edgevale Drive	DATE DEBT INCUI [MM/DD/YYY 3/16/2021		\$
City		Erie State	PA Zip Code 16	509	1309.10
Description of Debt		Loan to Committee (Signs)			one mad
Name of Creditor		Aubrea Hagerty-Haynes			Outstanding Balance of Debt
House #	Stre	et Address 630 Edgevale Drive	DATE DEBT INCUI [MM/DD/YYY 3/30/2021		•
City		Erie State	Zin	6509	489.06
Description of Debt		Loan to Committee (Shirts)		Ę-za	700-69
Name of Creditor		Aubrea Hagerty-Haynes	en de estados. En la estada en en		Outstanding Balance of Debt
House #	Stree	630 Edgevale Drive	DATE DEBT INCUI [MM/DD/YYY 3/30/2021		\$
City		Erie State	7in	6509	110.00
Description of Debt		Loan to Committee (Stamps)	Day of the second		Securitarists 4
Name of Creditor		Aubrea Hagerty-Haynes	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Outstanding Balance of Debt
House #	Stre	et Address 630 Edgevale Drive	DATE DEBT INCUI [MM/DD/YYY 4/16/2021		
City		Erie State	7in	6509	149.05
Description of Debt		Loan to Committee (Wood for signs)			
Name of Creditor		Aubrea Hagerty-Haynes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Outstanding Balance of Debt
House #	Stre	et Address 630 Edgevale Drive	DATE DEBT INCUI [MM/DD/YYY 5/20/2021		
City		Erie State	7in	6509	100.00
Description of Debt		Water for AKT Run Donation	***************************************		
Name of Creditor		Aubrea Hagerty-Haynes	A SHARE AND A SHARE		Outstanding Balance of Debt
House #	Stre	et Address 630 Edgevale Drive	DATE DEBT INCUI [MM/DD/YYY 7/3/2021		
City		Erie State	7in	6509	44.96
Description of Debt		Loan to Committee (Candy for parade)	■ To the entry of the State of		

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:	<u> </u>		
- I NCL INCHANGERON (YMINDWI)	4		
	a a contract of the contract o		
	GI .		
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	<i>8</i>		
	A		

House # Street Address Gao Edgevale Drive State PA Zig Gode 16509 117.00	House #	OCCU MAILESS	orn č
Description of Debt Loan to Committee (Candy for parade)		630 Edgevale Drive 7/4/2021	1 1
Name of Creditor Aubrea Hagerly-Haynes DATE DEST. INCURRED MM/DD/YYY 87/7/2021 76.28 76	City	TENA DA LES MARIES	117.00
Street Address Street Address Street Address State PA Zip T6.28	Description of Debt	Loan to Committee (Candy for parade)	100000
B30 Edgevale Drive State PA Zip 16509 76.28	Name of Creditor		
City Erie State PA Zip Code 16509 76.28	House #	630 Edgevale Drive [MM/DD/YYY	
Name of Creditor Aubrea Hagerty-Haynes Date Destriction of Debt		State DA Zip 1	6509 76.28
House # Street Address 630 Edgevale Drive 9/12/2021 Gity Erie State PA Zip 16509 35.72 Description of Debt Loan to Committee (Bubbles for parade) Name of Creditor Aubrea Hagerty-Haynes DATE DEBT INCURRED [MM/DD/YYYY] 8/5/2021 City Erie State PA Zip 16509 21.18 Description of Debt Loan to Committee (Bubbles for parade) Name of Creditor Aubrea Hagerty-Haynes 5.118 Description of Debt Loan to Committee (Bubbles for parade) Name of Creditor Aubrea Hagerty-Haynes 5.118 Description of Debt Code 16509 21.18 Description of Debt Street Address 630 Edgevale Drive 8/5/2021 City Erie State PA Zip 18509 5.118 DATE DEBT INCURRED [MM/DD/YYYY] 8/5/2021 City Erie State PA Zip 18509 13.48	Description of Debt	Loan to Committee (Candy for parade)	
G30 Edgevale Drive State PA Zip 16509 35.72	Name of Creditor	the state of the control of the cont	
Description of Debt Loan to Committee (Bubbles for parade)	House #	630 Edgevale Drive	
Loan to Committee (Bubbles for parade) Name of Creditor	City	State Zio	35.72
House # Street Address 630 Edgevale Drive	Description of Debt		
Gity Erie State PA Zip 16509 21.18 Description of Debt Loan to Committee (Bubbles for parade) Name of Creditor Aubrea Hagerty-Haynes DATE DEBT INCURRED [MM/DD/YYYY] 630 Edgevale Drive 8/5/2021 City Erie State PA Zip 16509 City Erie State PA Zip 16509 Description of Debt 13.48	Name of Creditor	Aubrea Hagerty-Haynes	
City Erie State PA Zip 16509 21.18 Description of Debt Loan to Committee (Bubbles for parade) Name of Creditor Aubrea Hagerty-Haynes DATE DEBT INCURRED 5 [MM/DD/YYYY] 630 Edgevale Drive 8/5/2021 City Erie State PA Zip 16509 13.48 Description of Debt	House #	630 Edgevale Drive	
Loan to Committee (Bubbles for parade) Name of Creditor Aubrea Hagerty-Haynes DATE DEBT INCURRED Street Address 630 Edgevale Drive Bescription of Debt Loan to Committee (Bubbles for parade) Outstanding Balance of Debt MM/DD/YYYYI 8/5/2021 13.48	City	State PA Zip 1	6509 21.18
House # Street Address 630 Edgevale Drive 8/5/2021 City Erie State PA Code 16509 DATE DEBT INCURRED \$ [MM/pD/YYYY] 8/5/2021 13.48	Description of Debt	Loan to Committee (Bubbles for parade)	
630 Edgevale Drive	Name of Creditor	financial control of the second control of t	
City Erie State PA Zip 16509 13.48	House #	630 Edgevale Drive [MM/DD/YYY	
Description of Debt Loan to Committee (Bubbles for parade)	City	State DA Zip	6509 13.48
	Description of Debt	Loan to Committee (Bubbles for parade)	
Name of Greditor Aubrea Hagerty-Haynes Outstanding Balance of Debt	Name of Creditor		
House # Street Address DATE DEBT INCURRED \$ 630 Edgevale Drive 9/17/2021	House #	630 Edgevale Drive [MM/DB/YYY	
City Erie State PA Zip 16509 84.62		State DA Zip	6509 84.62
Description of Debt. Loan to Committee (Candy for parade)	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 Numbe		
Name of Greditor	Aubrea Hagerty-Haynes	Outstanding Balance of Debt
	treet Address 630 Edgevale Drive DATE DEBT INCURRED [MM/DD/YYYY] 10/8/2021	\$
City	Erie State PA Code 16509	35.40
Description of Debt	Sand bags for campaign signs	Feet #12523
Name of Creditor	Aubrea Hagerty-Haynes	Outstanding Balance of Debt
House # S	treet Address 630 Edgevale Drive DATE DEBT INCURRED [MM/DD/YYYY] 10/7/2021	
City	Erie State PA Zip Code 16509	58.18
Description of Debt	Wood for Campaign signs	en addied
Name of Creditor		Outstanding Balance of Debt
House #	treet Address DATE DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Gode	
Description of Debt		图 经强
Name of Creditor		Outstanding Balance of Debt
House ⊭ s	treet Address DATE DEBT INCURRED	
City	State Zip Gode	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House #	treet Address DATE DEBT INCURRED [MM/DD/YYYY]	
City of the property of	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # S	treet Address DATE DEBT INCURRED [MIM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt		1995