Date Of Election MIM/DD/YYYY)	11/2/2021	/ear	2021	Amendment Report	Termination Report
ummary of Receipts and	From Date		To Date		For Office Use Only
xpenditures .	11/23/2021		12/31/2021	<u> </u>	
Amount Brought Forward F	rom Last Report	\$	2257.58		
ia Total Monetary Contributio	ns and Receipts	\$	0.00		#%#
Total Funds Available Sum of Lines A and B)		\$	0.00		Section 1995
P. Total Expenditures From Schedule III)		\$.50		<u> </u>
. Ending Cash Balance Subtract Line D from Line C)		\$	2257.08		
. Value of In-Kind Contribution From Schedule II)	ns Received	\$	0.00		G. C.
6. Unpaid Debts and Obligation From Schedule IV)	ons — C	\$	2644.03	···········	. ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
				it Section	
art 1- If this is a Committee repor					dge and belief true, correct and complete.
worn to and subscribed before m		eu sche	edules on paper, is to	the best of my knowle	uge and benef true, correct and complete.
day of	20		.1	Signature	of Person Submitting report
Signature			<u>ַ</u> ד		Printed Name
//y Commission expires	DAY YR.			Area Code	Daytime Telephone Number

amended.

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)	Taylor Comment of the
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 Farned, Returned Checks, FTC. (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)	\$ 0.00

House # Street Address Date [MM/DD/YYYY] S					
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City	House # Street A	idress		Date [MM/DD/YYYY] \$	
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			TO TOWN	
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Gity 1	State	ÿZip Code - □	Date [MIVI/DD/AYYY)	<u>**</u>
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City	State	Zip Code	Date MM/DD/YYYY	\$
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City 1	State	Zip Code	Date [MM/DD/YYYY]	\$
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House if	eet Address		Date [MM/DD/YYYY]	
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House # St	eet Address		Date (MM/DD/YYYY)	5
City	State	Zip Code	Date [MM/DD/YYYY]	,\$
Füll Name of Committee			Date [MM/DD/\\\\\\]	
House # St	eet Address		Date [MM]/DD//YYXX	
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Eull Name of Contributing Committee			EDate (MIN/DD/YYYY)	4 5 .
House #7	eet Address		EDETCE (MM/DD/YYY)	\$
Citya	State	Zip Code	- pare (VIM/PD/YYYY)	\$.
Full Name of S Contributing Committee			Date (MM/DD/YYY)	*
House#	eet Address		Date [MM/DD/Y/YY]	\$

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 Addre	T.		Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address // - Principal Place of Business	Y .		
Full Name of Contributor			Date [MM/DD/YYYV] \$
House # Street Addre			Date [MM/DD/YYY/Y] \$
City	State :	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation .
Employer Mälling Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$

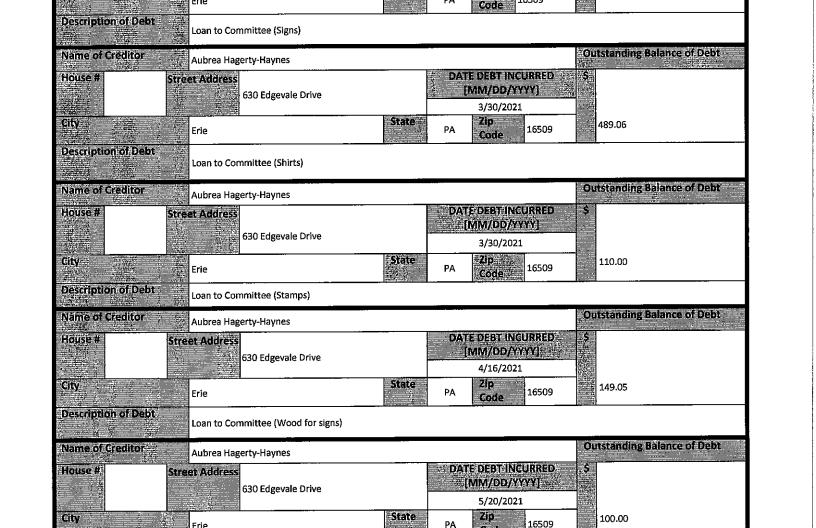
			Code		2 <u>2</u>
Receipt Description					
Full Name				•	
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Full ⁴ Name		*******			
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500	eet Address			, <u>, , , , , , , , , , , , , , , , , , </u>	
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City 1		State	Zip: # Code :	Date [MM/DD/YYYY]	
Receiot Description		FERNORS (SERVICE)	Problement - Problem - Van - Van	<u> </u>	[oppositive]

2. IN-KIND CONTRIBUTIONS RECEIVED AVAIUE OF \$50.01 TO \$25	O:00 (FROMIPARTE) A A A A
TOTAL for the reporting period (2)	\$
3. INEKIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FRO	DM PART G) 智 書 語 語 語 語 語 語 語 語 語 語 語 語 語 語 語 語 語 語
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)	r \$

City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	FIG. (605-66)	And a second sec	
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Add	iress		Date [MM/DD/YYYY] 45
City 1	State	Zip Code	Date [MM/DD/YYYY] S
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Ad			Date [MM/DD/YYYY] \$
(Gly)	State	Zip Code: 1	Date [MM/DD/YYYY)]
Description of Contribution		· <u></u>	
Full Name of Contributor			=Date [MM/DD/YYYY] \$
House# Street Ad	d :		Date (MM/DD/YYYY) \$
City :: Description of Contribution:	State	Zip Gode	Date [MM//DD/YYYY] \$
Full Name of Contributor			Date [MM/DD/YYYY] \$

Gity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	2	Occupation
Employer Mailing Address / Principal Place of Business		of Contribution.
Full Name of Contributor		Date [MM/DD/YYYY]
House # Street Address	Difference	Date [MM/DD/YYYY] \$
Cly	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] \$
Gity	State Zip.Code	Date (MM/DD/YYYY)
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business:		Description of
Full Name of Contributor		Date [MM/DD/YYYY] \$

To Whom Paid =			Date [MM/DD/YYYY]	p\$
House # Street Add	45 \$		Description of Expendi	ture
Gity.	State Zip Code			
To Whom Paid			Date [MM/DD/YYYY]	13
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City	State Zipa			
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City	State Zip.	XIX.		
To Whom Paid			Date [MM/DD/YYYY]	\$
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City	State Zip			
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House # Street Add	1956		Description of Expendi	ture
City	State Zip Code			
To Whom Paid		<u>. </u>	Date [MM/DD/AYY)	, S
			Description of Evgend	ture



Description of Debt	Loan to Committee (Candy for parade)	
Name of Creditor	Aubrea Hagerty-Haynes	Outstanding Balance of Debt
Flouse # Si	reet Address 630 Edgevale Drive 8/7/2021	\$
City	Erie State PA Zip # 16509	76.28
Description of Debt	Loan to Committee (Candy for parade)	Protested
Name of Creditor	Aubrea Hagerty-Haynes	©Gutstanding Balance of Debt
House #	DATE DEBT NCURRED	15
City 1	Erie PA Zip 16509	35.72
Description of Debt	Loan to Committee (Bubbles for parade)	Manager 1
Name of Creditor	Aubrea Hagerty-Haynes	Outstanding Balance of Debt At
House #	reet Address 630 Edgevale Drive 8/5/2021	\$
Gity S	Erie State PA Zip 16509	21.18
Description of Debt		160/sectord
Name of Creditor	Aubrea Hagerty-Haynes	Outstanding Balance of Debt
House #	Teet Address 630 Edgevale Drive 8/5/2021	
CHÝ T	Erie State PA Zip 16509	13.48

Dorotte Caratachia

	Elle		Code	Wilder Co.	
Description of Debt	Loan to Committee (sand bags for campaign	signs)			
Name of Greditor	Aubrea Hagerty-Haynes			Outstanding Balance of Debt	
House # Stro	eet Address 17.7		DEBT INCURRED /M/DD/YYYY] 10/7/2021	\$	
City.	Erie	State PA	Zip 16509	58.18	
Description of Debt	Loan to Committee (wood for campaign sign	ıs)			
Name of Creditor			·	Outstanding Balance of Debt	
House # Stre	et Address		DEBT INCURRED IM/DD/YYYY]	*	
City:		State	Zip Code		
Description of Debt			Code		
Name of Creditor				Outstanding Balance of Debt	
Höüse# Stri	eet Address		DEBT INCURRED MM/DD/YYYY]	\$	
City		State	Zip Code i		
Description of Debt				***	
Name of Creditor				Outstanding Balance of Debt.	
House # Stre	eet Address		DEBT INCURRED	*	
City 1		State	Zip		

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										
Friends of Aubrea Hagerty - Hagnes										
Reporting Cycle Name										
□ Cycle 1 6 th Tuesday Pre-Primary	□ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	□ Cycle 4 6 th Tuesday Pre-Election		☐ Cycle 5 2 nd Friday Pre-Election					
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8	☐ Cycle 9 ial Election 30 Day Post-Special Elect		:					

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.

that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Aubrea Hagery Haynes

Frinted Name

31/01/2022

Date (DD/MM/YYYY)

Este Pa USA

Location (City/State/Country)