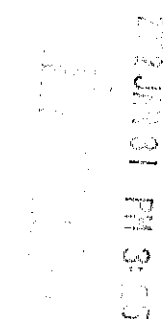


<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date of Election (MM/DD/YYYY)		11/2/2021	Year		2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/23/2021	12/31/2021	
A. Amount Brought Forward From Last Report	\$	2257.58	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$.50	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2257.08	
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

Signature of Person Submitting report

Printed Name

My Commission expires _____

MO. DAY YR.

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.

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 <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

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]	\$	

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

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)

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)

\$

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								
Full Name of Contributor						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]	\$	

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		

Description of Debt		Erie 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		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 (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		Loan to Committee (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			

Note: Per Act 2015-15, 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				
Friends of Aubrea Hagerty - Haynes				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> 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.

that the accompanying Campaign Finance Report is true and correct.

Aubra Hingerty-Haynes
Signature of Treasurer, Candidate, or Lobbyist

31/01/2022

Date (DD/MM/YYYY)

Aubra Hingerty-Haynes
Printed Name

Erie PA USA

Location (City/State/Country)