

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)	<input type="checkbox"/> Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Andre Horton			
Street Address		P O Box 1933			
City	Erie	State	PA	Zip Code	16507

Type of Report (Place x under report type)								
1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd 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)		Year		Amendment Report		Termination Report		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2023	12/31/2023	
A. Amount Brought Forward From Last Report	\$	1201.96	<div style="text-align: center;"> <p>2024 FEB - 1 PM 4:18</p> <p>NOTARY PUBLIC</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	1201.96	
D. Total Expenditures (From Schedule III)	\$	599.80	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	602.12	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

Part I- If this is a Committee report, treasurer sign here. I swear (or affirm) that this report, including the attached schedules and exhibits, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this <u>31</u> day of <u>January</u> 20 <u>24</u> <u>Sue Sheffield</u> Signature My Commission expires <u>12-02-26</u> MO. DAY YR.		Affidavit Section Part II- If this is a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this report and 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 <u>1</u> day of <u>February</u> 20 <u>24</u> <u>Sue Sheffield</u> Signature My Commission expires <u>12-02-26</u> MO. DAY YR.	
Notary Public Sue Sheffield, Notary Public Erie County My commission expires December 2, 2026 Commission number 1424443 Member, Pennsylvania Association of Notaries		<u>Tatiana Barnett</u> Signature of Person Submitting report <u>TATIANA BARNETT</u> Printed Name <u>814</u> Area Code <u>392-7731</u> 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 report and 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 <u>1</u> day of <u>February</u> 20 <u>24</u> <u>Sue Sheffield</u> Signature My Commission expires <u>12-02-26</u> MO. DAY YR.		<u>Andre R. Horton</u> Signature of Candidate <u>ANDRE R. HORTON</u> Printed Name <u>814</u> Area Code <u>572-1230</u> Daytime Telephone Number	
Notary Public Sue Sheffield, Notary Public Erie County My commission expires December 2, 2026 Commission number 1424443 Member, Pennsylvania Association of Notaries			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$

3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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>		\$

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.)

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]	\$	
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.

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

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 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							

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**

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								

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			

SCHEDULE III
Statement of Expenditures

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

To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	273.48
					02/03/2023		
House #		Street Address	8 Clarkson Street 12th Fl		Description of Expenditure		
City	New York	State	NY	Zip Code	10014	Renewal of Website	
To Whom Paid		Erie County Board of Elections			Date [MM/DD/YYYY]	\$	250.00
					03/18/2023		
House #		Street Address	140 W 6th St		Description of Expenditure		
City	Erie	State	PA	Zip Code	16504	Late Filing Fee	
To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	21.20
					12/04/2023		
House #		Street Address	8 Clarkson Street 12th Fl		Description of Expenditure		
City	New York	State	PA	Zip Code	10014	Renewal of Doamin Name	
To Whom Paid		Squarespace			Date [MM/DD/YYYY]	\$	76.32
					12/31/2023		
House #		Street Address	8 Clarkson Street 12th Fl		Description of Expenditure		
City	Erie	State	PA	Zip Code	10014	Squarespace Monthly Charges	
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						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							

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							