

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identificat Number	lon		Repo	rt Filed E k X)	y Candida	te	Committe		Lobbylst
Name of Filing ( Lobbyist	Committee, Ca	ndidate or	Friend	s of And	re Horton				
Street Address		and the second of the second o	РОВ	ox 1933					
City	Erie				State	PA	Zip Code	16507	
Type of Report (									
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	- 金田市選別の場合では近年を発生した。 ・ 1	4-6 <sup>th</sup> T Pre-El	医抗阴阴阴炎病 医直肠	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
Date Of Election (MM/DD/YYYY)	10-4-10-00-00-00-00-00-00-00-00-00-00-00-00-		Year			Amendment Report		Termination Report	
Summary of Rec Expenditures	ceipts and	From Date 01/01/2023		To Date	/31/2023		Foi	Office Use Only	
A. Amount Brou	ight Forward F	rom Last Report	\$	1	201.96	ggjar og er folgtil kannt i Friend forskeld	n 1958 an 25 (465) y 155 - 155		il esserio qua se probabili reselente esserio esserio es
B. Total Moneta (From Schedule	the state of the s	ns and Receipts	\$		0				702 FE
C. Total Funds A (Sum of Lines A	PERCHASING MERCHANIST	er i ne experiencia. Tabella experiencia	\$	1	201.96	01.96			
D. Total Expend (From Schedule	itures		\$ 599.80						
E. Ending Cash E (Subtract Line D	Balance		\$	\$ 602.12			7		
F. Value of In-Ki	nd Contributio	ns Received	\$		. 0				Sara
(From Schedule G. Unpaid Debts	s and Obligatio	ins .	\$   <b>1</b>		<del></del> 0			ere est ere est	<u> </u>
(From Schedule	IV)			22	SAffidavit Se	ction			
		t, treasurer sign he						true, correct and comple	240
Sworn to and subs			i es	<u>n</u> ⊑:	4 [호	DESCOLING KHOWIE	oge and beller i	rue, correct and comple	ete.
31 day of	January	20 24	\sa	Notary Punity Ss Dece	Social	Tadian	a Dan	et	
Su	Shorke	1d	Pennsylvani	ᆔᅜᆝᆖ	ania Associa	Signature	of Person Subi	mitting report	<del></del>
	Signature)	<del>(C</del>	1 - 1	Erie exp		PELLM	Printed Nar	RNET7	
My Commission ex	mires 12 -	02-26	# 5	oue onen El nmission e		14	3	92-7731	
my delimination de	MO.	DAY YR.	nonwealth of	ommission e	ber, Pennsylv	rea Code		ytime Telephone Numb	er
Part II- If this is a re	eport of a Candic	late's Authorized (		ි tee <u>, cănd</u> i	Lo	ere.			
I swear (or affirm) amended.	that to the best	of my knowledge a	nd belie	f this poli	t ca Commuttee	has not violated ar	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subs	cribed before me	e this		- Notary ublic					
L day of	February	20 24		, # g	1424 ation	andre	$\mathcal{R}$	Horton	
SIN	Sherme	1d	-	Commonwealth of Renneywords - Nota Sue Sheffield, Notary Public	Commission expires December 2. Commission number 1424443 nber, Pennsylvania Association of No	ANDRESIG	nature of Cand	idate TON	<del></del>
Signature			•	Page 1	expires De lon number vania Associ	- 1	Printed Name		
My Commission ex		12-26	_	heffi	Ssion Ex	314	_5	72-1230	
	MO.	DAY YR.		wealt ue SI	nissi mmi: Penn:	rea Code	Day	rtime Telephone Numbe	r
· -				<u> </u>	통 (S ) 불				
				Seg	My c Men				

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number			
		eng etc.) skess	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		MELASI. Barang	
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)	, (15 - 542) [V2 - 542] - (15 - 542)		
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	

(3) \$

Total for the reporting period

Total for the reporting period

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

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)

#### 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.

organización de la companya de la co	the strong and the afficiency operations.			1.0=0000 c/A	Amount
Full Name of Co Committee	ontributing .	<del></del>		Date [MM/DD/YYYY]	*
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	200 S <b>S</b> 20 SA20
		48 may 100 may			
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing	, a seg 1894		Date [MM/DD/YYYY]	<b>Š</b>
House #	Street Address	<del></del>		Date [MM/DD/YYYY]	<b>\$</b>
City	The Property of State State of The	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second s	Date [MM/DD/YYYY]	<b>\$</b>
House#	Street Address				<b>\$</b>
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	<b>1</b>
Full Name of Co Committee	entributing	Control (1987)	paragraphic paragraphic	Date [MM/DD/YYYY]	\$
House #	Street Address	<del></del>		Date [MM/DD/YYYY]	\$
City	1869年786日1955年6月	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	intributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing	18.18.28.28.28.1	A Company of the Company	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1 9 8 4 2 m 2 18 0 8 6 1	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 Identificatio	n Number:			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
a sarah da				
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Company (A)				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
the Martine of the Common Comm				
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Cade	Date [MM/DD/YYYY] \$
	00 . 18 <u>- 2</u> 200 an 190 a	50 2. 2		**************************************
Full Name of Co	ontributor			Date [MM/DD/YYYY/] \$
Field and particular to	Andrews State			
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
		3000		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #-	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
		20 75 0F1 27 5 5 5 5 1		
Full Name of Co	intributor		" · · · · ·	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	THE CONTROL OF CHARLES AND CO.	State	Zip Code	Date [MM/DD/YYYY] \$
ign krijs Sasti krijs				
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$
City	Programme Programme Configuration	State	Zip Code	Date [MM/DD/YYYY] \$
5743 S				

#### **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:

en e de la companya d					
Full Name of	al-confidence decimalismo. I			Date [MM/DD/YYYY]	97.46.1
Contributing Co	mmittee			Date [ININ/DD/1111]	\$
House #	Street Addre	SS		Date [MM/DD/YYYY]	<b>.</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	to the second se			Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$
	Fig. 62		1		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Addre	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
		32			
House #	Street Addres	\$\$		Date [MM/DD/YYYY]	\$
City	18.000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
			Zip soue	Date (William)	(1) (2)
Full Name of		Paracraya See	[80 A mage & 27 m mm m]	Date [MM/DD/YYYY]	5
Contributing Co	mmittee				
House #	Street Addres	\$\$		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	**************************************			Date [MM/DD/YYYY]	
Contributing Co	mmittee			Date (WIWI/DD/11111)	\$
House #	Street Addres			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
bata seki pag Sepinggan					

## 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] \$
and the second of the second o		
House # Street Addre	SS	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 Addre	SS	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
		Vicupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
	56.1.2	D. 120 100 10000
House # Street Addre	SS	Date [MM/DD/YYYY] \$
Gity	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	\$\$	Date [MM/DD/YYYY] \$
City	State Zip Code	Date (MM/DD/YYYY) \$
Employer Name		Occupation
Employer Mailing Address /	2.3 10 10 10 10 10 10 10 10 10 10 10 10 10	
Principal Place of Business	7 X X	

#### 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 Num	ber:			
Fuil Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Person Control		b2/03
Full Name				
House #	Street Address			
City.		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	14.80°			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		LESSTACE STATE.	LINA CONTRACTOR	1950-94
Füll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[2328] **** [A. and R. ]	N H P 1 N P	Modrail
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		(1 - 200600140,00 - 2 - 2   1)	1 y Nov. 100 Nov. 10 Nov. 1	T taken t
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[238:23:2574		I BOM

#### 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 CONTRI	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CO	NTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
	ALTERNATION CONTRACTOR OF		
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from 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 Contribe	rtor			Date [MM/DD/YYYY]	\$
House#	Street Address	<u> </u>	<del>10 10 </del>	Date [MM/DD/YYYY]	<b>5</b>
City	•	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contril	oution				· · · · · · · · · · · · · · · · · · ·
Full Name of Contribu	itor			Date [MM/DD/YYYY]	<b>.\$</b>
House #	Street Address			Date [MM/DD/YYYY]	\$ -   
City	<b>14</b> (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Staté	Zip Code	Date [MM/DD/YYYY]	3.7.5
Description of Contril	oution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
				a may record for a second of second of second of second	
City	· · · · · · · · · · · · · · · · · · ·	State:	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution	[26] STEELS - ENGI	最初成分   建筑和水石 为第十四		
Full Name of Contribu	itor :			Date [MM/DD/YYYY]	<b></b>
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution	100 (100 m) 1 m) 1 m)	Procedure 2 to the Survey of Secretary Secretary		585311
Full Name of Contribu	itor			Date [MM/DD/YYYY]	<b>\$</b>
Enter the Company of					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<b>   </b>
Description of Contrib	ution 4				

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	

Full Name of Contribu	·			Date [MM/DD/YYYY] \$
ruir yame ur cum ibu				Pace Athlorous Assets and Assets
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Color (trajectority)	emwise is a comp	(C. a. Section, March Section)	Occupation
Employer Mailing Add	lress / Principal			Description
Place of Business	ing the property of the second			of Contribution
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$_
House #	Street Address			Date [MM/DD/YYYY] \$
	or secundicas			**************************************
		**************************************	Zip Code	Date [MM/DD/YYYY] \$
City		State	zip code	Date IMIM/DD/11111
and the second				
Employer Name	Anterior Company (1986) Anterior Company (1986)			Occupation
Employer Mailing Add	iress / Principal		The state of the s	Description
Place of Business	g de marcules de la com- rection de la company de la com-			of Contribution
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State.	Zip Code	Date [MM/DD/YYYY] \$
				Occupation
Employer Name				
Employer Mailing Add	iress / Principal			Description
Place of Business				of Contribution
Full Name of Contribu	tor			Date [MM/DD/YYYY] 5
House #	Street Address	4,44,		Date [MM/DD/YYYY] \$
City	Contraction of the state of the	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Add	lress / Principal			Description
Place of Business				of Control of
(2) 可可证 VATIE 2 (ALT) [5] (B) (B)				Contribution

# Statement of Expenditures

Filer Identification Number:		

To Whom Paid				Date [MM/DD/YYYY] \$		
	Squarespace			02/03/2023	273.48	
House #	Street Address 8 C	Clarkson Street 12th Fl	•	Description of Expenditur	<b>e</b> rrangan sangan sangan sa	
Gity		State	Zip			
New York New York NY Code 10014				Renewal of Website		
To Whom Paid Erie County Board of Elections				Date [MM/DD/YYYY] \$		
Life Sound State of Elections				03/18/2023	250.00	
House #	Street Address	0 W 6th St		Description of Expenditure	Property of the second	
City Erie State PA Zip Code 16504			Late Filing Fee			
To Whom Paid Squarespace				Date [MM/DD/YYYY] \$		
				12/04/2023	21.20	
House #	Street Address 8 Clarkson Street 12th FI		Description of Expenditure			
City New York	Table 1977 care of district account of	State PA	Zip Code 10014	Renewal of Doamin Name		
To Whom Paid			[National Section Section 1	Date [MM/DD/YYYY] \$		
	Squarespace			12/31/2023	76.32	
House #	Street Address 8 C	larkson Street 12th Fl		Description of Expenditure		
City Erie	City Erie State PA Zip 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	Norman as Police (P. C.	
Gity		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure	Maria di mperiori propessori più 185 La compressori di Santo Maria	
city	- 12	State	Zip Codé			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address	. , , . ,		Description of Expenditure		
City	The second considerated	State	Zip Code	1255 (1984 - 1872) (1982 - 1983) (1984 - 1985) (1984 - 1985) (1984 - 1985) (1984 - 1985) (1984 - 1985) (1984 - -		

#### **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 Credit		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City		State Zip
		Code
Description of E	Jebt	
Name of Credito	or .	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City		State Zip .
Description of D	Debt .	Code
g statistica garage sign		
Name of Credito	or and a second	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
		- [MM/ĐD/YYYY]
City		State Zip
Description of D	sht	Code
Name of Credito	26 23 28 38 B	Outstanding Balance of Debt
House #	Street/Address	DATE DEBT INCURRED \$  [MM/DD/YYYY]
City		State Zip Code
Description of D	ebt	Position of Paragraph   Paragraph
Name of Credito		Outstanding Balance of Debt
House #	Street Address	DATE DEBT-INCURRED \$
	Juliect Address	[MM/DD/YYYY]
talika di katalah di k	9 \$4.\$\dagger \dagger	[ O A A A A A A A A A A A A A A A A A A
City		State Zip Code
City  Description of D	ebt.	
Proprietario de la company		Code
Description of D	+	Code Outstanding Balance of Debt
Description of D		Code
Description of D  Name of Credito  House #	+	Code  Outstanding Balance of Debt  DATE DEBT INCURRED  [MM/DD/YYYY]
Description of D  Name of Credito  House #	Street Address	Code  Outstanding Balance of Debt  DATE DEBT INCURRED \$
Description of D  Name of Credito  House #	Street Address	Code  Outstanding Balance of Debt  DATE DEBT INCURRED [MM/DD/YYYY]  State  Zip