



Reset Form

Print Form

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)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/20/2025	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/04/2025	05/05/2025	
A. Amount Brought Forward From Last Report	\$	335.00	<div>2025 MAY -9 PM 3:55</div> <div>ERIE COUNTY</div> <div>VOTER REGISTRATION</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2575.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2910.00	
D. Total Expenditures (From Schedule III)	\$	2599.42	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	310.58	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	70.67	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 of paper, to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

9 day of May 20 25
Signature of Lauren E Thayer
My Commission expires 12-20-2028
MO. DAY YR.

Signature of Person Submitting report
TATIANA BARNETT
Printed Name
Area Code 814 Daytime Telephone Number 392-7731

Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this report, including the attached schedules of paper, 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

9 day of May 20 25
Signature of Lauren E Thayer
My Commission expires 12-20-2028
MO. DAY YR.

Signature of Candidate
Andre R. Horton
Printed Name
Area Code 814 Daytime Telephone Number 572-1230

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)	\$ 775.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	1250.00
Total for the reporting period	(2)	\$ 1250.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	500.00
Total for the reporting period	(3)	\$ 500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 50.00
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>	\$	2,575.00

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.

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:	
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Full Name of Contributor						Date [MM/DD/YYYY]	\$	100.00
Tracy Crawford						02/22/2025		
House #		Street Address				Date [MM/DD/YYYY]	\$	
		408 North Beatty Street						
City	Pittsburgh		State	PA	Zip Code	15206	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$	100.00
Rock Copeland						02/20/2025		
House #		Street Address				Date [MM/DD/YYYY]	\$	
		1336 Patterson Ave						
City	Erie		State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$	250.00
Emmanuel Fyke						03/27/2025		
House #		Street Address				Date [MM/DD/YYYY]	\$	
		1353 Patterson Ave						
City	Erie		State	PA	Zip Code	16508	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$	250.00
Gwendolyn White						03/04/2025		
House #		Street Address				Date [MM/DD/YYYY]	\$	
		4507 Cherry St						
City	Erie		State	PA	Zip Code	16509	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$	250.00
Adrienne Dixon						04/05/2025		
House #		Street Address				Date [MM/DD/YYYY]	\$	
		2513 Harrison St						
City	Erie		State	PA	Zip Code	16510	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$	100.00
Daria Devlin						04/05/2025		
House #		Street Address				Date [MM/DD/YYYY]	\$	
		3848 State St						
City	Erie		State	PA	Zip Code	16508	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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Renee Gambill					05/01/2025	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	2303 Holland St.					\$	
City	ERIE	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$
						\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Denise Horton					04/05/2025	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	1344 E. 36th St.					\$	
City	ERIE	State	PA	Zip Code	16504	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:	
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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:	
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Full Name of Contributor		Darrell A Smith				Date [MM/DD/YYYY]	03/29/2025	\$	500.00
House #		Street Address	238 E 28th St			Date [MM/DD/YYYY]		\$	
City	Erie	State	PA	Zip Code	16504	Date [MM/DD/YYYY]		\$	
Employer Name		Booker T Washington Center				Occupation	Program Director		
Employer Mailing Address / Principal Place of Business		1720 Holland St., Erie PA 16503							
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:	
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Full Name		Tenay Taylor					
House #		Street Address	1204 East 20th St				
City	Erie	State	PA	Zip Code	16503	Date [MM/DD/YYYY]	\$ 50.00
Receipt Description		HER Power Banquet Ticket Reimbursement					
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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 70.67

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)		\$ 70.67
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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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]	\$	
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:	
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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:	
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To Whom Paid		ActBlue		Date [MM/DD/YYYY]		\$ 3.38	
				03/01/2025			
House #		Street Address	P O Box 441146			Description of Expenditure	
City	Somerville	State	MA	Zip Code	02144	Processing Fee	
To Whom Paid		DeSantis Signs and Graphics		Date [MM/DD/YYYY]		\$ 818.32	
				03/18/2025			
House #		Street Address	540 West 18th Street			Description of Expenditure	
City	Erie	State	PA	Zip Code		Yard Signs & Buttons	
To Whom Paid		Delta Sigma Theta Sorority, Inc Erie Alumnae Chapter		Date [MM/DD/YYYY]		\$ 180.00	
				03/30/2025			
House #		Street Address	https://bit.ly/luncheon2025			Description of Expenditure	
City		State		Zip Code		Social Action Luncheon Ticket Purchase	
To Whom Paid		Commonwealth of Pennsylvania		Date [MM/DD/YYYY]		\$ 25.00	
				03/05/2025			
House #		Street Address	140 W 6th St			Description of Expenditure	
City	Erie	State	PA	Zip Code	16501	Nomination Petition Filing Fee	
To Whom Paid		ActBlue		Date [MM/DD/YYYY]		\$ 7.66	
				04/01/2025			
House #		Street Address	P O Box #441146			Description of Expenditure	
City	Somerville	State	MA	Zip Code	02144	Processing Fee	
To Whom Paid		ActBlue		Date [MM/DD/YYYY]		\$ 2.25	
				05/01/2025			
House #		Street Address	P O Box 441146			Description of Expenditure	
City		State		Zip Code		Processing Fee	
To Whom Paid		DeSantis Signs and Graphics		Date [MM/DD/YYYY]		\$ 1,172.36	
				04/07/2025			
House #		Street Address	540 West 18th Street			Description of Expenditure	
City	Erie	State	PA	Zip Code	16502	Yard Signs and Buttons	
To Whom Paid		DeSantis Signs and Graphics		Date [MM/DD/YYYY]		\$ 140.45	
				04/26/2025			
House #		Street Address	540 West 18th Street			Description of Expenditure	
City	Erie	State	PA	Zip Code	16502	Post-It Notes (Marketing)	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid					Date [MM/DD/YYYY]		\$	
HER P.O.W.E.R.					04/09/2025		250.00	
House #		Street Address			Description of Expenditure			
		P.O. BOX 1691						
City		State		Zip Code				
ERIE		PA		16512		Banquet Tickets		
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				

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:	
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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							