

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 Candidate (Mark X)			te Committee X				X	Lobk	yist.						
Name of Filing Co Lobbyist	ommiti	tee, Car	ndidate	Oř ·	Friends of Andre Horton														
Street Address				er (2) Grade (4)	РΟ	Box 193	3	_		_									
City	E	rie						State		PA		Z	ip Code	165	16507				
Type of Report (P	lace x t	under r	eport ty	pe)															
1- 6 th Tuesday Pre-Primary	2- 2 nd i Pre-Prii	Armina NaTa	3- 30 D Primar		N. C. & J. West.	Tuesda Election	图30 成化 200	2 nd Frid 3- Electi	100	arrive Contract	30 Day Post ection	7	- Annual		ecial 2 Elect	^{ne} Friday tion		ial 30 -Elect	
	$\overline{\Sigma}$																		
Date Of Election (MM/DD/YYYY)	10 17 Sh 10 17 Sh 10 17 Sh		05/20	/2025	Year			2025			nendment port			1000	minat port	tion			
Summary of Rece	eipts ar	nd	From C)ate		To Da	ite 🦠			第 次第 (4)36	ing a second		For	Office	e Use	Only		2947(2) 170) - 3	
Expenditures			02/0	04/2025			05/05/2	2025					154 15 15 15						
A. Amount Broug	tht For	ward Fi	rom Lasi	t Repor	t \$	-	335.0	00											
B. Total Monetar (From Schedule I	Section 2017 From the	ributio	ns and R	teceipts	200	l	2575.	.00							-		~ -		
C. Total Funds Av	vailable	. 高达国际 . 化燃料剂	STEENS SERVICES	erice her erice her	\$ 2910.00											3	2025		
(Sum of Lines A and B) D. Total Expenditures (From Schedule III)				41 3 Au	\$	\$ 2599.42						2025 MAY							
E. Ending Cash Ba	E. Ending Cash Balance				\$		310.	58									9-		
(Subtract Line D f F. Value of In-Kin	200		ns Recei	ived	\$;			-								7		
(From Schedule I)				75.0 75.0		70.6	j/ 	_	- 프로 프									
G. Unpaid Debts (From Schedule I	32 C 102 S 10 C			ourteally Mark St	\$		0			0) 5									
Part 1- If this is a Co	ppoper las	10 *^~	t trees.	or class b	ere if	his is a f		Affidavi									<u>ෙ</u>		
Part 1- If this is a Co I swear (or affirm) t	hat this	report,	including	the atta	ched s	chedules	ф (Ррар	er, 🛜 to	tig	best	of my knowle	dge :	and belief t	rue, co	orrect	and comple	ete.		
Sworn to and subsc	ribed be	efore me		25 hai	- ju	,	nia - Notar ary Public	ounty is December 20, imber 1455865			Edura	of A	Lau erson Subm BAI	<u>L</u> nitting QN 2	D	,			
My Commission exp	1	2-6 мо.	20-C	20 <u>7</u>		. 1	atth of Penns n E. Thayer,	Ene Casion expire	handyksuu A		/ Code	, 	Printed Nam 2 Dav	92	<i>√7 i</i> Teleph	7 <i>31</i> none Numb	er		
Part II- If this is a re	port of	a Candio	date's Au	thorized	Comm	l ittee , ca	ndidate	اعالظاء د	h€ Tein	re.	lot violated as	ימ עו	ovisions of	the Ar	t of lu	ne 3, 1937	(P.L. 13	33, NC).320) as
I swear (or affirm) t amended.	ac tO [.,,, NC3L	S. my Kill	CUEC	u Dt	1113	Sea	1y col	ig ig	aries		, 101		, , , , ,		,,			, ,
Sworn to and subsc	Cribed be	efore me	e this	25 aye 202 YR.	ے ج آ		th of Pennsylvania - Not	auren E. Thayer, Notary Pub Erie County nmission expires December 2	ion number 145586	Age Association of N	ndu	e gnatu	ure of Candi nted Name	7) date -	to. toe 72	Tox Tox 2-17 one Numbe	<u> </u>	\begin{aligned} \begin{aligned}	
		_ _			_	_	Comm	Mycon	Membro	Ŏ I I									

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identificat	on Number		

1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	1977	700	
	Age of the second		
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	2)	\$	1250.00
3. Contributions Over \$250.00 (From Part C and Part D)	K. W.		
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	500.00
Total for the reporting period (3	3)	\$	500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4	4)	\$	50.00
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)	rt	\$	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	n Number				
					Amount
					Amount
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
nouse #	Su eet Audress				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
	and the second s				
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	eurus a de aria del	Edition and Association of the Well	Date [MM/DD/YYYY] \$	· • • • • • • • • • • • • • • • • • • •
Committee	A vol. W. Andrews				
House #	Street Address			Date [MM/DD/YYYY] 5	
				Ž Š	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Community Country Company Community	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	· · ·
	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				#* \(\delta\)	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	First William (2008) 200 / 200 / 2	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]	\$ \$
350 654504 345 WWW 377 3446647	acy Crawford		02/22/2025	100.00
House # Street A	Address		Date [MM/DD/YYYY]	\$
	408 North Beatty St	reet		
City Pittsburgh	State PA	Zip Code 15206	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	
Ro	ck Copeland		02/20/2025	100.00
House # Street A	Address	· · ·	Date [MM/DD/YYYY]	\$
	1336 Patterson Ave	1		
City Erie	State PA	Zip Code 16508	Date [MM/DD/YYYY]	3
Full Name of Contributor	Sac et a - de act 2 a - 2	Los Sidos Si	Date [MM/DD/YYYY]	**************************************
En	manuel Fyke		03/27/2025	250.00
House # Street /	Address		Date [MM/DD/YYYY]	5
day to	1353 Patterson Ave	•		
City Erie	State PA	Zip Code 16508	Date [MM/DD/YYYY] S	S
Full Name of Contributor		[20] [20] [20] [20] [20] [20] [20] [20]	Date [MM/DD/YYYY] 5	
Gw	vendolyn White		03/04/2025	250.00
House # Street /	Address		Date [MM/DD/YYYY] S	*** M
	4507 Cherry St			<u>.</u>
Gity Erie	State PA	Zip Code 16509	Date [MM/DD/YYYY]	X
Full Name of Contributor	les (Glad), 13 Street/125	Seas and and it so receives the cut	Date [MM/DD/YYYY] \$	
Adr	ienne Dixon		04/05/2025	250.00
House # Street A	ddress		Date [MM/DD/YYYY] \$	
	2513 Harrison St			
City Erie	State PA	Zip Code 16510	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Long and the property of the	Date [MM/DD/YYYY] \$	34 38
WARRANT CARREST CONTRACTOR	ia Devlin		04/05/2025	100.00
House # Street A	Address		Date [MM/DD/YYYY] \$	
	3848 State St			
City Erie	State	Zip Code 16508	Date [MM/DD/YYYY] \$	
LIIC		10000		ia La

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	n Number:			
Full Name of Co			E-PERMINISTENS	
rui Name or Co		ee Gambill	Date [MM/DD/YYYY] \$ 05/0//2025 10	00.00
House #	Street Addres	S	Date [MM/DD/YYYY] \$	
		2303 Holland 54-		
City ER16	5	State PA Zip Code 165	Date [MM/DD/YYYY] \$	
Full Name of Co			Date [MM/DD/YYYY] \$	
942 CA S 2 3	<u>l</u> Den	ise Horton		00.00
House#	Street Addres	1344 E. 364 54.	Date [MM/DD/YYYY] \$	
City ERI		State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co		PA 10	S64 Date [MM/DD/YYYY] \$	
aring ar of the first				
House #	Street Addres	S	Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
City		State Zip Code	Date [wivi/DD/1111]	
Full Name of Co	ntributor	Productive and Communication and	Date [MM/DD/YYYY] \$	
House #	Street Addres	\$	Date [MM/DD/YYYY] \$	
City		State Zip Code	Date [MM/DD/YYYY] \$	
City in the city of the city o		Zip Code		
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$	
House #	Street Addres	\$	Date [MM/DD/YYYY] \$	
			The Manual A	
City		State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$	
House #	Street Addres	5	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:

and the state of t					
Full Name of	19.00 (2.00 (2.00) C.S. S. C.			Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				61 m
House #	Street Addres	ss		Date [MM/DD/YYYY] \$	3 2
2000					* Control of the Cont
City	\$75.45.05.077.7 <u>9.</u> 75	State	Zip Code	Date [MM/DD/YYYY] \$	2
City		State	Zip code	Date [MM/DD/1111]	
Full Name of	ok, et al. a mental a			Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				- All Control of the
House #	Street Addres	SS		Date [MM/DD/YYYY] \$	C Company
					Total Control
City	A STATE OF THE STA	State	Zip Code	Date [MM/DD/YYYY] \$	
		17 TANA (S			2
Full Name of		<u> </u>		Date [MM/DD/YYYY] \$	4 5
Contributing Co	mmittee			A CONTRACTOR OF THE PROPERTY O	es de la companya de
egika Presidenti		esa d			
House #	Street Addres	SS		Date [MM/DD/YYYY] \$	
45 (1. 2. 4)		8			The same same
City	1,000,000,000,000,000	State	Zip Code	Date [MM/DD/YYYY] \$	and the same of th
			14.7° Y 14.5°		4.6
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				The state of the s
House #	Street Addres	æ e		Date [MM/DD/YYYY] \$	
		State	Zip Code	Date [MM/DD/YYYY] \$	
City		Jule	zip coue	Date (MIM) DD) (1/11/11/11/14/14/14/14/14/14/14/14/14/14	
Full Name of	PELINTERS WENDERS FOR			Date [MM/DD/YYYY] \$	
Full Name of Contributing Col	mmittee			nate Initial politicity	111
January Street				100	
House #	Street Addres	s		Date [MM/DD/YYYY] \$	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
					i a
City	[17] y 17] 1730 <u>y y 173 17300 yr ywy y 1</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	C. P. P. C.	Park Market Company	F 20 4 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addres	<u>.</u> 절		Date [MM/DD/YYYY] \$	
nouse ir	Street Addres	S			6
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:

Principal Place of Business

Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$
	Darrell	A Smith		03/29/2025
House #	Street Addr	ess		Date [MM/DD/YYYY] \$
	75. ALT 129.5	238 E 28th St		
City	(A) 2. (A) (A) (A)	State	Zip Code	Date [MM/DD/YYYY] \$
Erie		PA	16504	
mployer Name	2014 2017 212	Booker T Washingt	on Center	Occupation Program Director
Employer Mailing Principal Place of E		1720 Holland St;, E	rie PA 16503	[2700-3407-2500-56], (\$607-360]
Full Name of Contr				Date [MM/DD/YYYY] \$
数 15000 PRO 1600 1600 数 1600 M 1600				
House #	Street Addr	ess		Date [MM/DD/YYYY] \$
				, #m
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing	Address /	1921 <u> </u>		
Principal Place of B				
Full Name of Contr	ibutor.			Date [MM/DD/YYYY] \$
House #	Street Addr	PSS .		Date [MM/DD/YYYY] \$
City	(3.31.7) (3.71.1)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	1. 3 声 第 1 年 6 年		Page 1 constant and	Occupation
Employer Mailing /	Address /		***************************************	
Principal Place of B				
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$
House #	Street Addre	ss		Date [MM/DD/YYYY] \$
City	STATE AND THE STATE OF	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	en formation of the second			Occupation
Employer Mailing /				製造電子 200 年 第 1 年 第 2 年 2 年 2 年 2 年 2 年 2 年 2 年 2 年 2 年

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	(A.S)(A)	Tenay Taylor	r								
House#	Stre	i Sancasan isa	1204 East 201	th St			·				
City		Erie		State P/	Zi _l 4 Cc	p ode 1650	03	Date [MM/	/DD/YYYY] /2025	50.00	
Receipt Description		HER Power E	Banquet Ticker	t Reimburseme	ent			0-17-12	, 2023		
Full Name											
House #	Stre	et Address									
City				State	Zi _i Co	p ode		Date [MM/	DD/YYYY]	*	
Receipt Description							•				
Full Name	7,4			_							
House #	Stre	et Address	-							, <u>i </u>	
City				State	Zij Go	o ode		Date [MM/	DD/YYYY]	\$	
Receipt Description				(See See See See See	Peter, Pe	00 F F F F F F F F F F F F F F F F F F	ŀ			1.05.05	
Full Name	Zuperi Kuri								·		
House #	Stre	et Address								* ** *********************************	
City		and the second s		State	Zij Co	o ode		Date [MM/	DD/YYYY]	\$	
Receipt Description	ing (th)										
Full Name					·						
House #	Stre	et Address									
City				State	Zir Co		2	Date [MM/	DD/YYYY]	\$	
Receipt Description				1							
Full Name	eleniari Ali					·					
House #	Stre	et Address								· • • • • • • • • • • • • • • • • • • •	
City		garantan in ann ga filian mei Sayer (State	Zir Co	de _	7,000	Date [MM/	DD/YYYY]	Ş	
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:			
	Mutical Conference (Conference Conference Co	OF ALAMAN	
UNITEMIZED IN-KIND CONTRI TOTAL for the reporting period	(1)	OF \$50,00.6	UR LESS PER CUMTRIBUTUR
TO THE TOPOTHING PERIOD	*/		70.67
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO	\$250.00 (F	FROM PART F)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00	(FROM PAR	RT G)
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPORTIN	IG \$	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; also	enter	70.67

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Nu	imber:				
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$.
mentalis in the second					
House #	Street Address			Date [MM/DD/YYYY]	
Gity	《教育》《文化中东天然中刊》 。	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution			<u> </u>	
Full Name of Contri	ibutae	<u></u>		Date [MM/DD/YYYY]	\$
				<u>83333 1337 </u>	
House#	Street Address			Date [MM/DD/YYYY]	\$
To the K	10 m			an and the second second	8/4/A
City.		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution		(注意を含める場合のはお客様ではない)		[***5- 5]
Full Name of Contri	butor	:		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Description of Cont	ribution		(with the success of the section)		10.00 4
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	*\$
/City		State	Zip Code	Date [MM/DD/YYYY]	*
Description of Cont	ribution	TAPASS			
Full Name of Contri	butor	<i>[5</i>]		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution				
TRESTREASONS	ert ryttilla kritiske	ÿ)			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
是"你的学习的"。2002年第二		
Proposed the factor of the control o		

Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
	8700 To G			i de la companya de l
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			1	Occupation
	Address / Principal			Description
Place of Business	Supplemental Agentic	A Company		of Contribution
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
ger og skale og er det og blever og er skale sk				
House #	Street Address			Date [MM/DD/YYYY] \$
	1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
City	[27] 1.2865;	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Productive to the expedition of the control of	Occupation
	Address / Principal			Description
Place of Business				of Contribution
Full Name of Cont	ributor	<u> </u>		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	(100mm)	State	Zip Code	Date [MM/DD/YYYY] \$
				8 10
Employer Name		38002068202.	(1200) COMMENTS OF THE STATE OF	Occupation
Employer Mailing	Address / Principal			Description
Place of Business				of Contribution
Full Name of Cont	Tiganagani, ing inggana Marakan			Date [MM/DD/YYYY] \$
ruii Name oi Conc				
House #	Street Address			Date [MM/DD/YYYY] \$
City	EASTERN TO SHOULD SEE THE SEE THE SEE	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
	Address / Principal			Description
Place of Business				of Contribution

Statement of Expenditures

	_	
Filer Identification Number:		

To Whom Paid		•	•	Date [MM/DD/YYYY]	\$	
	ActBlue			03/01/2025	3.38	
House #	Street Address	Street Address P O Box 441146			ire	
City Somervil	lle	State MA	Zip 02144	Processing Fee	Processing Fee	
To Whom Paid	DeSantis Signs and	d Granhics		Date [MM/DD/YYYY]	\$ 040.22	
a last of all	Decarkie Oigns and	- Crupinos		03/18/2025	818.32	
House #	Street Address 5	40 West 18th Street		Description of Expenditu	re	
City Erie		State PA	Zip Code	Yard Signs & Buttons		
To Whom Paid		Caravity Ina Fria Alex		Date [MM/DD/YYYY]	\$ 400.00	
again oil a co	Deita Sigma Theta	Sorority,Inc Erie Alu	mnaeChapter	03/30/2025	180.00	
House #	Street Address hi	ttps://bit.ly/luncheon2	2025	Description of Expenditu	e Santana	
City.		State	Zip Code	Social Action Luncheon Tic	ket Purchase	
To Whom Paid		D		Date [MM/DD/YYYY]	\$ 05.00	
er de la companya de La companya de la co	Commonwealth of I	Pennsylvania		03/05/2025	25.00	
House #	Street Address 14	40 W 6th St		Description of Expenditu	re	
City Erie		State PA	Zip. Code: 16501	Nomination Petition Filing Fee		
To Whom Paid	ActBlue			***************************************	\$ 7.66	
grade de la companya	0.20 0.20			04/01/2025		
House #	Street Address P	O Box #441146		Description of Expenditu		
City Somerville	3	State MA	Zip Code 02144	Processing Fee		
To Whom Paid				Date [MM/DD/YYYY]	\$	
	ActBlue			05/01/2025	2.25	
House #	Street Address	O Box 441146		Description of Expenditur		
City		State	Zip Code	Processing Fee		
To Whom Paid	DeSantis Signs and G			6/2	\$ 1,172.36	
House #	Street Address 5	40 West 18th Street		04/07/2025 Description of Expenditur	 e	
City Erie		State PA	Zip Code 16502	Yard Signs and Buttons		
To Whom Paid			Date [MM/DD/YYYY]	\$		
DeSantis Signs and Graphics			04/26/2025	140.45		
House #	Street Address 540 West 18th Street		Description of Expenditure			
City Erie	Justinia ir vitalie aredžia išto ita	State PA	Zip 16502	Post-It Notes (Marketing)	en er	

Statement of Expenditures

Filer Identification Number		
Filer Identification Number:		

To Whom Paid				Date [MM/DD/YYYY] \$	
e de Rouek, et Soul	HER P.O.	N.E.R.		04/09/2025	250.00
House #	Street Address	N.E.R. P.O. BOX	1691	Description of Expenditure	
City ERI		State PA	zip code 16512	BANQUET TICKE	<i>t</i> 5
To Whom Paid				Date [MM/DD/YYYY] \$	
	P. turns Paristrans was the OCT			20 April 12 St Apr	Surprise - No. 2 Suprise - Gasta Suprise A.
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		

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 Identificatio	on Number:		
Name of Credit	ton		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	* * * * * * * * * * * * * * * * * * *
		[MM/DD/YYYY]	
City		State Zip	•
Description of I	Debt .	Code	
Name of Credit	cor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip	
Description of I	Debt	Code	
Name of Credit	oor .		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State Zip.	
Description of D	Debt		-24 (8 c)
Name of Credit	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of D	Debt'		C. A. C.
Name of Credit	er	•	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of D	Debt		
Name of Credit	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		, , , , , , , , , , , , , , , , , , , ,	
City		State Zip Code	
Description of D	Debt		