

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ANDRE HORTON						
STREET ADDRESS 318 Reed St.						
CITY ERIE			STATE PA		ZIP CODE 16507 -	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
6TH TUESDAY PRE-PRIMARY 1.		City Council			Democrat	
2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>		DATES OF REPORTING PERIOD		DATE OF ELECTION		
30 DAY POST-PRIMARY 3.		MO. DAY YEAR		MO. DAY YEAR		
6TH TUESDAY PRE-ELECTION 4.		02 04 2025 TO 05 05 2025		05 20 2025		
2ND FRIDAY PRE-ELECTION 5.		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0		
30 DAY POST-ELECTION 6.		AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>		
ANNUAL REPORT 7.						
FOR OFFICE USE ONLY ERIE COUNTY VOTER REGISTRATION 2025 MAY -9 PM 3:56						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS 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**
Lauren E. Thayer
SIGNATURE
MY COMMISSION EXPIRES **12-20-2028**
MO. DAY YR.

Andrie R. Horton
SIGNATURE OF PERSON SUBMITTING REPORT
ANDRE HORTON
PRINTED NAME
814 572-1230
AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
____ DAY OF _____ 20____

SIGNATURE
MY COMMISSION EXPIRES _____
MO. DAY YR.

Andrie R. Horton
SIGNATURE OF CANDIDATE
ANDRE R. HORTON
PRINTED NAME
814 572-1230
AREA CODE DAYTIME TELEPHONE NUMBER