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	いたからいしい	8	FIBILI OITE

Commonwealth of Pennsylvania - Campaign Finance Report

		(Note: I					_	IL SHOU	uia de typed	<u> </u>	
Filer Identification				ort Filed E	By (Candida	te		Committee		Lobbyist
Number		(Mark X)									
Name of Filing Committee, Candidate or Lobbyist			F	FRIENDS OF Andre Horton							
Street Address			_	O. E							
City	E	RIE	<u> </u>	<u>. O </u>	, <u>, , , , , , , , , , , , , , , , , , </u>	State	PA		Zip Code	16514	
Type of Report (Place	e x under	report type)								<u> </u>	
·		3- 30 Day Pos	i a ct	Tuesday	E and	Friday	6- 30 Da	w Post	7- Annual	Special 2 nd Friday	Special 30 Day
	2 Friday e-Primary			Election		lection	Election	-	1 - Almosi	Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)		11-62-2021	Yea	r ·	20	21	Amenda Report	ment		Termination Report	
	do and	From Date	<u> </u>	To Date		<u> </u>				Office Use Only	<u> </u>
Summary of Receip Expenditures	ts and	From Date		10 Date	8				FOR	Office Use Offix	
Expenditures	14.	1-1-202	1	12-	31-20	2/					
A. Amount Brought	Forward F	rom Last Repo	t :	\$ 6	グ	-			- Parking and American Section 1		
B. Total Monetary ((From Schedule I)	Contributio	ons and Receipt	5 . 5	\$ 17	70.0	20					
C. Total Funds Avai	lable	-		\$ //	70						15-3 13-39
(Sum of Lines A and	and the second second			1,7	70.0	00					
D. Total Expenditur	es		\$ 1,770.00 \$ 1,770.00 \$ 500.38 \$ 1269.67		28						
(From Schedule III)	<u> </u>	·	300,50								
E. Ending Cash Bala (Subtract Line D fro			\$ 126962						_{product} search		
F. Value of In-Kind		ons Received	\$ AX								
(From Schedule II)					ļ				5		
G. Unpaid Debts an	d Obligatio	ons	\$ 4					. 1			
(From Schedule IV)									<u> </u>		
Date to the control of the control o			16	Affidavit Section e. If this is a Candidate report, candidate sign here.							
I swear (or affirm) that									dge and belief t	rue, correct and comp	lete.
Sworn to and subscrib								,	<u>.</u>	,	
day of		20				•	Tack	Lana	gf Person Subn	o est	
uay oi			_			_	Si	ignature	of Person Subn	nitting report	
				<u> </u>				TATI	ANA B		
Sign	ature						- 1		Printed Nam		
My Commission expire	es						814 392-7731				
MO. DAY YR			-			A	rea Code		Day	ytime Telephone Num	ber
Part II- If this is a reno	rt of a Candi	date's Authorize	Comm	rittee cand	idate sha	all sian he	ere.			i	
	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 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											
and mela of Kilter For					12						
day of20			_			_	<u> </u>	Sia:	nature of Candi	date	
			_			_		3-			
j Sign	ature			. 1					Printed Name		
My Commission expire	es										
	MO.	DAY YR.	_			A	rea Code		Day	time Telephone Numb	er

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	٠.	
Total for the reporting period (1)	\$	520.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	Ø
All Other Contributions (Part B)	\$	750.00
Total for the reporting period (2)	\$	150.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	Ø
All Other Contributions (Part D)	\$	<i>3</i> 00.00
Total for the reporting period (3)	\$	500.00 500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	· ·	
Total for the reporting period (4)	\$	Ø
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)	\$	1,770.00

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			
		<u> </u>	Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Add	ress	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Add	ress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Add	ress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Add	ress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
House # Street Add	ress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Add	ress		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.)

ľ	Filer Identification Number:			
ŀ				
l	The first term of the first war with the first of the fir	•		

==.						
Full Name of Cor		_		Date [MM/DD/YYYY]	\$	
		les Col	leman	03/05/2021		200.00
House #	Street Address	_		Date [MM/DD/YYYY]	\$	
		537 1	Montmare Blyd			
city ERI	E	State PA	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Con	itributor		<u> </u>	Date [MM/DD/YYYY]	\$	
	Boxa	nne Seu	sell .	04/15/2021	i i Ly New	200.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
		2275	Monroeville Rd.	:		
City M	nroeville	State PA	Zip Code 15146	Date [MM/DD/YYYY]	\$	
Full Name of Con		15.100		Date [MM/DD/YYYY]	\$	
	m:4h	nell Hen	ht	05/10/2021	Av 1/6)	250.00
House #	Street Address	ien Fice	,,,,,,	Date [MM/DD/YYYY]	\$	
		550 R	lidgefield Rol	The second secon		
City	1 1 1 2 2 1 2 2 2 2 2 2 2 2 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY]	\$, , , , , , , , , , , , , , , , , , , ,
	1 ton	CT		The state of the		
With the Association	()	- 100 and 50 To 5			1977/4	
Full Name of Con	4-16-14a-3		is - Aystral-life at will	Date [MM/DD/YYYY]	\$	
Mac Margarita	4-16-14a-3		is - Aystral-life at will	Date [MM/DD/YYYY] 08/20/2021	\$	100,60
Mac Margarita	4-16-14a-3	hia Pur	VIS		\$	100,60
Full Name of Con	tributor Cyn+	hia Pur	is - Aystral-life at will	08/20/2021	Kink The	100,60
Full Name of Con	Cyn+	hia Pur 101 W	VI.S 34 4 54.	08/20/2021	Kink The	100,60
Full Name of Con	Cyn+	hia Pur 101 W	VIS 34 4 54.	O8/2D/aDa I Date [MM/DD/YYYY]	•	100,60
Full Name of Con	Street Address	hia Pur 101 W	VI.S 34 4 54.	O8/2D/aDa I Date [MM/DD/YYYY]	•	100,60
Full Name of Con House # City ERI	Street Address	hia Pur 101 W	VI.S 34 4 54.	O8/2D/aDa I Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	100,60
Full Name of Con House # City ERI	Street Address	hia Pur 101 W	VI.S 34 4 54.	O8/2D/aDa I Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	100,60
Full Name of Con House # City EQ 1 Full Name of Con	Street Address E Stributor	hia Pur 101 W	VI.S 34 4 54.	O8/2D/2D21 Date [MM/DD/YYYY] Date [MM/DD/YYYY]		100,60
Full Name of Con House # City EQ 1 Full Name of Con	Street Address E Stributor	hia Pur 101 W	VI.S 34 4 54.	O8/2D/2D21 Date [MM/DD/YYYY] Date [MM/DD/YYYY]		100,60
Full Name of Con House # City Full Name of Con House #	Street Address E Stributor	hia Pur 101 W State PA	VIS 34 ^M 54. Zip Code 16508	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]		100,60
Full Name of Con House # City EQ 1 Full Name of Con House #	Street Address Street Address	hia Pur 101 W State PA	VIS 34 ^M 54. Zip Code 16508	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]		100,60
Full Name of Con House # Full Name of Con House #	Street Address Street Address	hia Pur 101 W State PA	VIS 34 ^M 54. Zip Code 16508	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]		100,60
Full Name of Con City Full Name of Con House # City Full Name of Con	Street Address Street Address Street Address	hia Pur 101 W State PA	VIS 34 ^M 54. Zip Code 16508	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]		100,60
Full Name of Con House # Full Name of Con House #	Street Address Street Address	hia Pur 101 W State PA	VIS 34 ^M 54. Zip Code 16508	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]		100,60
Full Name of Con City Full Name of Con House # City Full Name of Con	Street Address Street Address Street Address	hia Pur 101 W State PA	VIS 34 ^M 54. Zip Code 16508	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]		100,60

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	n Number:				
Full Name of				Date [MM/DD/YYYY]	•
Contributing Co	mmittee				
House #	Street Addres	S	· / A	Date [MM/DD/YYYY] \$	······································
City	P P R A P P P P	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address	s		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	•4
Full Name of Contributing Co		. (112		Date [MM/DD/YYYY] \$	
House #	Street Addres	Š		Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
					
Full Name of Contributing Co				Date [MM/DD/YYYY] \$	
House#	Street Address	5		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	·
Contributing Co	mmittee				
House#	Street Address	5		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee	[四本語為語》]		Date [MM/DD/YYYY] \$	
House #	34,639,7	<u> </u>		Date [MM/DD/YYYY] \$	
Maria Maria Maria Maria Maria Maria Maria Maria Maria	Street Address				
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)

Files Salas Aldia attain Missashan			
Filer Identification Number:			
다. 그리 뭐 그 사람들이 가득하는 것이다는 것 같아. 그는 그는 사람 그 없었다.			
2007年 1987年 - 日本本語 1987年 - 19			
나는 사람들이 가장 하는 것이 되었다. 그 사람들은 그 나는 것이 되었다면 하는 사람들이 되었다.			
的复数形式的复数 医二氯磺胺基氏系统医多磷酸医抗原物			
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			

Full Name of Co	onfributor			Date [MM/DD/YYYY]	
		uy _c	NO 5		\$4
House #	Street Address	1 201	100	Date [MM/DD/YYYY]	
		527 6	Nest 7 ^{WA} SHREET	05/20/2021	250.00
City	ERIE	1	Zip Code A 1650A	Date [MM/DD/YYYY] \$	
Employer Name	· Area and Area and Area and	1:00/05/05/	Principle Control of the Control of	Occupation CEO	<u>. </u>
Employer Maili Principal Place		18 /1/as-	t 9th St. ERIE P	A 16501	, ,
Full Name of Co	to the source of a market of the page of the control of the contro	19 1000	, , , , ,	Date [MM/DD/YYYY] \$	Š.
					41 34
House #	Street Address			Date [MM/DD/YYYY] \$	
					<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		<u> </u>	<u> </u>	Occupation	<u> 41 </u>
Employer Maili Principal Place				 	
Full Name of Co	and the state of the state of			Date [MM/DD/YYYY] \$	3
House#	Street Address	<u> </u>		Date [MM/DD/YYYY] \$	4 : 6 :
City		State	Zip Code	Date [MM/DD/YYYY] \$	75 43 53 53
Employer Name				Occupation	
Employer Maili Principal Place				te v zastrat fisk com e e e e e	
Full Name of Co				Date [MM/DD/YYYY] \$	4
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	A
Employer Name				Occupation	
Employer Maili					
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 Nu	ımber:			
18 F. N. 18 C. 18				
Full Name	사람이 되었습니다. 사용소 전화 전쟁이 한 함	_		
House #	Street Address			, , , , , , , , , , , , , , , , , , ,
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		PRM	Control of the contro	
	A Samuel Control of the Control of t			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	<u> </u>			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	150 V 200 V 60 1 100 1			
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name			West and the second	
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
		米 道泉 まり カラ花 1	Code	
Receipt Description				
Full Name	A Commence	Patrick and the second		
House #	Street Address	, , , , , , , , , , , , , , , , , , , 		
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description	ing with Table The Control of the Co		Code	
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 CONTR	IBUTIONS RECEIVED-VAL	JE OF \$50,00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$ ()	
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	DO (FROM PART G)	
TOTAL for the reporting period	(3)	\$	<u>and the second of the second </u>
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, Item F)		1 ' !	

SCHEDULE II PART F

In-Kind Contributions Received VALUE OF \$50.01 TO \$250

			VALUE OF \$50.01 TO	\$230	
Filer Identification	Number:			-	
e e e educit ma					
Full Name of Con	itributor			Date [MM/DD/YYYY]	\$
				 	
House #	Street Address			Date [MM/DD/YYYY]	\$
Alsa service (
City		State	Zip Code	Date [MM/DD/YYYY]	
			Self Code	Petro Trainer	(The second sec
Description of Co					
Description of oc	/Atriducion	1			
Full Name of Con	itributor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	
l louise #	ones varies			Date Limin	
City		State	Zip Code	Date [MM/DD/YYYY]	*\$ -
				!	A A A A A A A A A A A A A A A A A A A
Description of Co	Intribution				Estate I
Full Name of Con	- Citara			Date [MM/DD/YYYY]	 \$
Fun Walle				Date laterings 11 11	
			· · ·		
House #	Street Address			Date [MM/DD/YYYY]	\$
1000					
City	Production of the second secon	State	Zip Code	Date [MM/DD/YYYY]	S

Description of Co	ntribution	<u> </u>	The transport through		[7.3]
					41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Full Name of Cont	tributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	The second of the second	State	Zip Code	Date [MM/DD/YYYY]	[] [. S .]
				Market State of the State of th	
Description of Co	ntribution	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Na v Avietina		
Full Name of Cont	tributor			Date [MM/DD/YYYY]	\$
	64 (1973) 114 (1974)				
House #	Street Address			Date [MM/DD/YYYY]	5 .
0.2		Toring	1.99. Academy	D-4- PHERIPPI IVVVVI	7 (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
City		State	Zip Code	Date [MM/DD/YYYY]	
The state of the			TRANSPORT TO THE PROPERTY OF T		
Description of Co	ntribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
Filer identification Number:	
· · · · · · · · · · · · · · · · · · ·	

Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
	지 않는 경험하는 - 12 (14 14 14 14 14 14 14 14 14 14 14 14 14 1			
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address	No. of the contract of the con		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Tax Sative 11 1	Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address		···	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Place of Busines	ng Address / Principal is	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Description of Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Place of Busines	ng Address / Principal is			Description of Contribution

Statement of Expenditures

Filer Identification Number:		
Martine and comment of the first of the comment of the first of the fi		
A CANADA CONTRACTOR OF THE CON		
The first of the control of the cont		

To Whom Paid	Date [MM/DD/YYYY] \$
BAY CITY SOFTBALL League	05/19/2021 110.00
HOUSE# Stroot Address	Description of Expenditure
1334 Buffalo Rol.	
City ERIE State PA Zip Code 16503	T-Shirts (MARKETING)
To Whom Paid	Date [MM/DD/YYYY] \$
BIRDSCAK PRINTING	04/26/2021 265.00
House # Street Address 1919 PEACH 3T.	Description of Expenditure
City ERIE State PA Code 16502	WINDOW SIGNS (Advertising)
To Whom Paid	Date [MM/DD/YYYY] \$
Act Blue	05/01/2021 .38
House # Street Address Po Box 441146	Description of Expenditure
Somerulle State MA Zip Code 02144	Processing Fee
To Whom Paid	Date MM/DD/YYYYI S
Act Blue	04/01/2021 9.32
House # Street Address	Description of Expenditure
PO BOX 441146 City State Zip	
Code	PROCESSING FEE
To Whom Paid	Date [MM/DD/YYYY] \$
Square SPACE INC.	05/28/2021 6.36
House # Street Address 225 Varick St. 124 FL	
House # Street Address 225 Varick St. 124 FL State Zip	05/28/2021 6.36
Square SPACE INC. House # Street Address 225 Varick St. 124 FL City State NY Code 10014 To Whom Paid	05/28/2021 6.36 Description of Expenditure
Square SPACE INC. House # Street Address 225 Varick St. 124 FL City State NY Code 10014 To Whom Paid	05/28/2031 6.36 Description of Expenditure WEBSI TE
Square SPACE INC. House # Street Address 225 Varick St. 124 FL City New York NY Code 10014	05/28/2031 6.36 Description of Expenditure WEBSITE Date [MM/DD/YYYY] \$ 43.65 18
Square SPACE INC. House # Street Address 225 Varick St. 124 FL City New York Ny Code 10014 To Whom Paid Act Blue House # Street Address P O BOX 44114 6	05/28/2021 6.36 Description of Expenditure WE/DSI TE Date [MM/DD/YYYY] \$ 43.65 TO CO/01/21 - 12/31/21 Description of Expenditure
House # Street Address 225 Varick St. 124 FL City New York State NY Code 10014 To Whom Paid Act Blue House # Street Address P O BOX 44114 6 City Domerville State MA Code 02144	05/28/2021 6.36 Description of Expenditure WE/051 TE Date [MM/DD/YYYY] \$ 43.65 - 8 06/01/21 - 12/31/21 Description of Expenditure Processing Fees
House # Street Address 225 Varick St. 124 FL City New York State NY Code 10014 To Whom Paid Act Blue House # Street Address P O BOX 44114 6 City Domerville State MA Code 02144	05/28/2021 6.36 Description of Expenditure WE/DSI TE Date [MM/DD/YYYY] \$ 43.65 TO 06/01/21 - 12/31/21 30.64 Description of Expenditure Processing Fees Date [MM/DD/YYYY] \$ 65.72
Square SPACE INC. House # Street Address 225 Varick St. 124 FL City New York State NY Code 10014 To Whom Paid ACH Blue House # Street Address POBOX 44114 6 City Domerville State MA Code 02144 To Whom Paid Square SPACE INC.	05/28/2021 6.36 Description of Expenditure WE/051 TE Date [MM/DD/YYYY] \$ 43.65 - 8 06/01/21 - 12/31/21 Description of Expenditure Processing Fees
House # Street Address 225 Varick St. 124 FL City New York State NY Code 10014 To Whom Paid Act Blue House # Street Address POBOX 44114 6 City Jomerville MA Code 02144 To Whom Paid Squares PACE INC. House # Street Address 225 Varick St. 1244 FL City State Das Varick St. 1244 FL City State Das Varick St. 1244 FL	05/28/2021 6.36 Description of Expenditure WE/DSI TE Date [MM/DD/YYYY] \$ 43.65 TO 06/01/21 - 12/31/21 30.64 Description of Expenditure Processing Fees Date [MM/DD/YYYY] \$ 65.72
House # Street Address 225 Varick St. 124 FL City New York State NY Code 10014 To Whom Paid ACH Blue House # Street Address POBOX 44114 6 City Jomerville MA Code 02144 To Whom Paid Street Address 225 Varick St. 124 FL City State MC.	O5/28/2021 6.36 Description of Expenditure WEBSITE Date [MM/DD/YYYY] \$ 43.65 + 8 06/01/21 - 12/31/21 30.64 Description of Expenditure Processing Fees Date [MM/DD/YYY] \$ 65.72 Description of Expenditure
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Square SPACE INC. House # Street Address 225 Varick St. 12th FL City New York State NY Code 10014 To Whom Paid Act Blue House # Street Address P O BOX 44114 P City Jomerville State MA Code 02144 To Whom Paid Square SPACE INC. House # Street Address 225 Varick St. 12th FL City New York State NY Code 10014	O5/28/2021 6.36 Description of Expenditure WEBSITE Date [MM/DD/YYYY] \$ 43.65.48 O6/01/21-12/31/21 30.64 Description of Expenditure Processing Fees Date [MM/DD/YYYY] \$ 65.72 Description of Expenditure
Square SPACE INC. House # Street Address 225 Varick St. 124 FL City New York State NY Code 10014 To Whom Paid Act Blue House # Street Address POBOX 44114 6 City Domerville State MA Code 02144 To Whom Paid Square SPACE INC. House # Street Address 225 Varick St. 124 FL City New York State NY Code 10014 To Whom Paid 1	O5/28/2021 6.36 Description of Expenditure WEBSITE Date [MM/DD/YYYY] \$ 43.69 - B O6/01/21 - 12/3/21 30.67 Description of Expenditure Processing Fees Date [MM/DD/YYYY] \$ 65.72 Description of Expenditure WEBSITE Date [MM/DD/YYYY] \$

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reconstruction.

Filer Identification	s Section to itemize an unpaid det n Number:	As and obligations which	Tare outstanding at the	7 one of the roporting portour
Name of Credito	A-F			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
		71.6 27.2	[MM/DD/YYYY]	
City		State	Zip	
Description of D	Yant Santana		Code	
The course of the second				
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
	AND	lingshan .		
City		State	Zip Code	
Description of D	ebt		·	
Name of Credito	or .			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	*
		A. 7 - 10 A. 7 - 10 A. 7 - 10	[MM/DD/YYYY]	
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Description of De	lätet	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Code	
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NUUSG II	STreet Address	Š	[MM/DD/YYYY]	
City		State	Zip	
			Code	
Description of D	ebt			
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		(5 <u>87.3</u>		
City	St. W. St. L.	State	Zip Code	
Description of De	/ebt		[Society	
Name of Credito				Outstanding Balance of Debt
House #	Street Address	10/9	DATE DEBT INCURRED	Sustanting Balance of Debt
	Olitel Muy cos		[MM/DD/YYYY]	
City		State	Zip	4
			Code	
Description of Do	ebt			

J

Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Reporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle !
6 th Tuesday	2 nd Friday	30 Day	, I		2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-l	lection	Pre-Election
☐ Cycle 6	☑ Cycle 7	☐ Cycle 8	<u> </u>	☐ Cy	cle 9
0 Day Post-Election	•			-	
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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

andré R. Horton	01/30/2021
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
ANDRE HORTON	ERIE/PA JUSIT
Printed Name	Location (City/State/Country)