

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	815223 499	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 ANDREW HORTON						
Street Address		P.O. BOX 6133						
City	ERIE	State	PA.	Zip Code	16512-6133			

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/19	12/31/19	
A. Amount Brought Forward From Last Report	\$	2136.04	<p>2020 JAN 31 PM 3:12</p> <p>8</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	2136.04	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2136.04	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1464.67	
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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

31st day of January 20 20

Signature

Commonwealth of Pennsylvania - Notary Seal

Jennifer L. Turner, Notary Public
Erie County

My commission expires October 18, 2022
Commission number 1341887

Member, Pennsylvania Association of Notaries

My Commission expires MO. DAY YR.

Area Code

Printed Name

873-5888

Daytime Telephone Number

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

31st day of January 20 20

Signature

Commonwealth of Pennsylvania - Notary Seal

Jennifer L. Turner, Notary Public
Erie County

My commission expires October 18, 2022
Commission number 1341887

Member, Pennsylvania Association of Notaries

My Commission expires MO. DAY YR.

Area Code

Signature of Candidate

Printed Name

572-1230

Daytime Telephone Number

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)	\$
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)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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>		\$

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				
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]	\$
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:

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 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)

Filler Identification Number	
------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #	Street Address			Date [MM/DD/YYYY]		S
City	State		Zip Code	Date [MM/DD/YYYY]		S
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

PART E

Other Receipts

REFUNDS, INTREST 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

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

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

815223499

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

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)

\$

1464.67

1464.67

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)

\$

1464.67

AIR TRAVEL	715.72	(HARRISBURG / BOARD OF EDUC (ERIE) MDT AIR TR.
VAN to 333 market st.	72.95	
VAN TO AIRPORTS	62.53	
AIR FARE	613.47	- MDT/ERIE
<hr/>		
TOTAL	1,464.67	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

815 223499

Full Name of Contributor				Date [MM/DD/YYYY]		S	1464,67
THOMAS B HAGEN				10/29/19			
House #	Street Address		Date [MM/DD/YYYY]		S		
	P.O. Box 10905						
City	State	Zip Code	Date [MM/DD/YYYY]		S		
ERIE	PA	16514					
Employer Name				Occupation		S	
				BUSINESS MAN			
Employer Mailing Address / Principal Place of Business				Description of Contribution		S	
				AIR FARE / GROUND TRANSPORTATION TO 3/4 FROM HARRISBURG SUM COLLEGE - PA. BOE			
Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address		Date [MM/DD/YYYY]		S		
City	State	Zip Code	Date [MM/DD/YYYY]		S		
Employer Name				Occupation		S	
Employer Mailing Address / Principal Place of Business				Description of Contribution		S	
Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address		Date [MM/DD/YYYY]		S		
City	State	Zip Code	Date [MM/DD/YYYY]		S		
Employer Name				Occupation		S	
Employer Mailing Address / Principal Place of Business				Description of Contribution		S	
Full Name of Contributor				Date [MM/DD/YYYY]		S	
House #	Street Address		Date [MM/DD/YYYY]		S		
City	State	Zip Code	Date [MM/DD/YYYY]		S		
Employer Name				Occupation		S	
Employer Mailing Address / Principal Place of Business				Description of Contribution		S	

SCHEDULE III
Statement of Expenditures

Filer Identification Number

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

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	
------------------------------------	--

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					