Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2	0200	021				Repo Filed			CAI	NDII	DATE		COMM	4ITTEE	✓	LOB	BYIS [.]		
Name of Filing C	ommittee, Car	ndidat	te or Lo	bbyis	t:	E	ELECT	GRE	G	HAYE	S									
Street Address:																				
City:	ERIE									State	e:	PA			Zip Cod	le: 16	505-2	246		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	L.	2ND F PRIMA	RIDAY	PRE-	2.		DA IMA		Р	OST-	Γ- 3.		AMENDMENT REPORT?		Yes		No	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4	1.	2ND F ELECT		PRE-	- 5.		DA ECT	Y ION	Р	OST-	6.		TERMINA REPORT?		Yes		No	\
report type)	ANNUAL REPO	ORT 7	7. X	Year :	2021					IG ME					PAPER		\checkmark	DIS	KETTE	
Name of Office S	ought by Cand	lidate):							DAT	E O	F ELE	CTIC	N	District Number	Office Code	Pai	rty Co	de Cou Cod	
										МО		DAY	ΥI	AR			REF)		
									į		11		2	2021		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		d	МО	DA	Y	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONL	Y	
Expenditures	Trom:		1	.1	23	20	21	то			12	,	31	2021						
A. Amount Bro	ught Forward	From	Last Re	eport					\$					63.54						
B. Total Moneta	ary Contributio	ons Ai	nd Rece	eipts (From	Sched	lule I)	\$					0.00						
C. Total Funds	Available (Sun	n Of L	ines A	and B)				\$					63.54						
D. Total Expend	ditures (From	Sched	dule III	i)					\$					0.00						
E. Ending Cash	Balance (Subt	tract I	Line D	From I	Line C)			\$					63.54						
F. Value Of In-	Kind Contribut	ions l	Receive	ed (Fro	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obligati	ons (From S	chedu	le IV))			\$					0.00			•			
						AFFI	DA۱	/IT S	SE	CTIC	N									
PART I - If this is	a Committee	repoi	rt, trea	surer	sign h	ere. If	f this	is a (Can	didat	e re	port, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple		, inclu	ding the	attach	ed sch	edules	filed o	n pap	er c	or by e	lectr	onic m	edium	, are to t	he best o	f my knov	vledge	and b	elief , t	rue
Sworn to and subs	cribed before me day of	e this		20									S	Signature	of Perso	n Submitt	ing Re	port		_
	Sign	nature	1					_							Prin	ted Name	1			_
My Commission Ex	pires														Emai	il				
	МО		DA	Υ		YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's a	authoi	rized (Commi	ittee,	Cano	dida	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my	knowle	dge an	d belie	f this p	politic	al con	nmi	ttee h	as no	ot viola	ted ar	y provis	ions of the	e act of Ju	ıne 3,1	937 (1	P.L. 133	3,
Sworn to and subsc	ribed before me day of	this		20										s	ignature o	of Candida	ate			_
				- 20				_							Printe	d Name				-
M. C	Signat	ure						_			-				Ema	il				_
My Commission Exp	ires							_							EIIIA					_
	мо		DA	Υ		YR		_				Area	Code	_	Da	ytime To	elephor	ne Nui	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ELECT GREG HAYES	From:	11/23/202	<u>21</u> To:	12/31/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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.

Name of Filing Committee or Candida	e	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

PART B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclu	de contributions fron	n political comm	itte	es re _l	oortea	in Part	A)	
Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
			Fror	m:		To	o :	
		1			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4)						
	•	•			•	•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

9/14/2025 3:37:07 AM

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							+	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			orting Pe	riod			
			Fro	m:		To) :	
				D	ATE		AI	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.00

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.

Name of Filing Committee	or Candidate		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	0.00

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

Name of Filing Committee or Candidate	Reporting Per	iod	
ELECT GREG HAYES	From:	<u>11/23/2021</u> To:	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	ndidate		Reporting Period					
			From:		To:	То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						- \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•					
					Г			
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Period				
					From:			То:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures	on Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>.</i>			\$	0.00		