

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	013294734-25	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 Kim Hunter							
Street Address	7296 Pine St							
City	PA	State	PA	Zip Code	116415			

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	3-2-2023	5-2-2023	<p>2023 MAY -5 PM 12:56</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	450	
C. Total Funds Available (Sum of Lines A and B)	\$	150	
D. Total Expenditures (From Schedule III)	\$	300	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	150	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	30	
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 schedule on page 2, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

5th day of May 20 23

Signature: Sonia Fernandez

My Commission expires 4-3-27 MO. DAY YR.

Signature of Person Submitting report: Karen Jackman

Printed Name: Karen Jackman

Area Code: 814 Daytime Telephone Number: 504-2965

Part II- If this is a report of a Candidate's Authorized Committee, candidate 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

5th day of May 20 23

Signature: Sonia Fernandez

My Commission expires 4-3-27 MO. DAY YR.

Signature of Candidate: Kimberly D Hunter

Printed Name: Kimberly D Hunter

Area Code: 814 Daytime Telephone Number: 780-1917

100

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)	\$	50
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	500
All Other Contributions (Part B)		\$	400
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>		\$	

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:	013294234-25
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	VFW	\$ 30

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)		\$

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)		\$	
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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									
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 III
Statement of Expenditures

Filler Identification Number:	013294234-25
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To Whom Paid	Brenda Shank	Date [MM/DD/YYYY]	3/22/23	\$	300
House #	412	Street Address	Cambridge Rd	Description of Expenditure	
City	Harbor Creek	State	PA	Zip Code	16511
		T-Shirts			

To Whom Paid	Ane dot	Date [MM/DD/YYYY]	4/24/2023	\$	1.30
House #		Street Address		Description of Expenditure	Fee
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:	
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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							

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										013294234-25																																							
Full Name of Contributor										Date [MM/DD/YYYY]										S																													
Lucky's Speed Check										3/15/2023										100																													
House #										Street Address										Date [MM/DD/YYYY]										S																			
1714										East 17th St																																							
City										State										Zip Code										Date [MM/DD/YYYY]										S									
Erie										PA										16509																													
Full Name of Contributor										Date [MM/DD/YYYY]										S																													
Presque Isle Gun Shop										3/16/2023										100																													
House #										Street Address										Date [MM/DD/YYYY]										S																			
2819										W. 23rd St.																																							
City										State										Zip Code										Date [MM/DD/YYYY]										S									
Erie										PA										16504																													
Full Name of Contributor										Date [MM/DD/YYYY]										S																													
Francis Conestine										4/10/2023										100																													
House #										Street Address										Date [MM/DD/YYYY]										S																			
5803										M. H. Ct																																							
City										State										Zip Code										Date [MM/DD/YYYY]										S									
Erie										PA										16509																													
Full Name of Contributor										Date [MM/DD/YYYY]										S																													
Lawrence Adutori																																																	
House #										Street Address										Date [MM/DD/YYYY]										S																			
1676										Sassafras St										4/6/2023										100																			
City										State										Zip Code										Date [MM/DD/YYYY]										S									
Erie										PA										16502																													
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									
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									

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]	\$	