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## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 212 2011 7117 Report Filed By Candid	date Committee Lobbyist
Number (1) 5 (4 4 5 4 5 1 Mark X)  Name of Filing Committee, Candidate or	
Lobbyist French Of	Kim Hunter
Street Address 720 Pind Sk	
City Cour Wey Parte	7 Zip Code 110415
Type of Report (Place x under report type)	
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post 4-6 <sup>th</sup> Tuesday 5-2 <sup>nd</sup> Friday	
Pre-Primary Pre-Primary Primary Pre-Election Pre-Election	n Election Pre-Election Post-Election
Date Of Election (MM/DD/YYYY)  05  Year  7033	Amendment Termination Report
Summary of Receipts and From Date To Date	For Office Use Only
Expenditures 3-2-2023	
A. Amount Brought Forward From Last Report \$	
B. Total Monetary Contributions and Receipts \$	-
(From Schedule I)  C. Total Funds Available  \$	0 1023
(Sum of Lines A and B)	
D. Total Expenditures \$ (From Schedule III)	OTER REGI
E. Ending Cash Balance \$	(f) F**
(Subtract Line D from Line C)  F. Value of In-Kind Contributions Received \$	TRATI
(From Schedule II) 30	
G. Unpaid Debts and Obligations \$ (From Schedule IV)	<b>*</b> 60
/ Affidavit S	
Part 1- If this is a Committee report, treasurer sign here. If this is a Committee report, including the attached schedule on Exper, is so the	candidate sign here.  Seest of my knowledge and belief true, correct and complete.
Sworn to and subscribed before me this	
	Karingaakin
Signature  My Commission expires	Signature of Person Submitting report  Aren acknau
Signature  My Commission expires  Signature  Signature  My Commission expires  Signature  Signature	Printed Name
My Commission expires Mo. DAY YR. Signature expires April 19 County P. DAY YR.	814 504- 496S
	Area Code Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Committee and didate shall sign I I swear (or affirm) that to the best of my knowledge and belief this polyical committee amended.	nere. has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this  Sworn to and subscribed before me this  Commonwealth of Pennsylvania - No Commission number, Pennsylvania - No Signature  My Commission expires Association of Pennsylvania - No DAY YR.  My Commission expires Association of Pennsylvania - No DAY YR.	
day of May 20 23 Pen B F Commin F Commi	Kempkhlad Heinton
Down to 1 Von on on on one of the	Signature of gardidate
Signature  My Commission expires  Association of Pennsylva  Signature  My Commission expires	Printed Name
onwealth of Pennsylvania - No Commission number 12889  My Commission expires  My Commission expires  Mo. DAY YR.  Mo. DAY YR.	814 780-1917
My Commission expires  MO. DAY YR. Sociation  My Commission expires  MO. DAY YR. Sociation	Area Code Daytime Telephone Number
otaries	

## SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	u vi	
Total for the reporting period (2	1)	\$ 50
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	1	\$ 3
All Other Contributions (Part B)	1	\$ 400
Total for the reporting period (2	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	1) \$	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	200	
Total for the reporting period (4	) (	\$
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)		S
	[	1

#### 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 (2)	3294)34-	25		
	WHONS:REGEN/ED2VAIDE/C	DESSO ON ORUESS PERIO	ONTRIBUTOR	
TOTAL for the reporting period	(1) VFW	<u>                                     </u>		
2 IN-KIND CONTRIBUTIONS RECE	VED:VALUE OF \$50.01 TO	\$250.00 (FROM PARTIF)		
TOTAL for the reporting period	(2)	\$	enterente en enterente de la porte de la proposition de la constantina del constantina de la constantina de la constantina del constantina de la constantina	A word in section 1000 titled \$500 to 1500 to
3. IN KIND CONTRIBUTION RECEN	/ED-VALUE OVER \$250:00 (	(ROM PART G):		
TOTAL for the reporting period	(3)	\$		
		.		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)		'		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro	(3) IS DURING THIS REPORTING	\$   \$   G   \$		

### 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  Stree  Gity  Rescipt Description (*)	et-Address	State	Zip Code	Date[MM/DD/YYYY] \$
City  Receipt Description	et/Addic s	State	Zip Code	Date [MM/DD/YYYY] S
City Receipt Description	et-Address	State	Zip Gode	Date MM/DD/WWWi
Chy Receipt Description	et/Address	States	ZIP Goden	*Date [MM/DD//YWW]
elty Receipt Description	et/Address	*State	Zip Signatural Code;	Date [MIMI/DD/YYYY]
Full   Name   Stife	at Address	State*	Zip Code	Date [MM/DD/YYW]

# Statement of Expenditures

[18] [12] [18] [18] [18] [18] [18] [18] [18] [18				 	
Filer Identification Number				_	
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ToWhom Paid	D i	( - 1.		Date [MM/DD/YYYY] \$	200
House#	Street Address	1 Thank		3/22/23	
Ha	Street Address	Cambrida	eRd.	Description of Expenditure	
	proregl	State PA	Zip Code 1451	T-Shirts	
To Whom Paid	Ano	Not		Date [MM/DD/YYYY] S	1,30
House #	Street Address	401		Description of Expenditure :	
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to Whom Paid				*Date [MM/DD///YYY)] \$	
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House#	Street Address			Description of Expenditure	
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House #	Street Address			Description of Expenditure	
<b>Gity</b>		State	Zip Gode	The state of the s	ero extravel to definished a finite to was harmon interfered

### **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.

Name of Greditor				Outstanding Balance of Debt
House#	et Address		E DEBT INGURRED MM/DD/YYYY)	\$
City  Description of Dest.		State	Zip Code	
Name of Creditor		A SE	E:DEBT INCURRED	Outstanding Balance of Debt*
House # Stre	et Address		MM/DD/YYYY)	
Description of Debt			Zip Gode	
Name of Gredito?			P. STATE OF THE ST	Outstanding Balance of Debt
	etvAddress		ie:Debt/ingurred 😁 [MM/DD/XYYY]	
Glty Description of Allebe		State //	Zip	
Name of Greditor:				Outstanding Balance of Debt
	eet Address		TEDEBTINGURRED [MM/DD/AWAYA]	\$
Cliv Description of Debt		State	Zip Code	
Nemeoi Gredior		uken ing mendi <b>Tee</b> t und in die s	<u> </u>	Outstanding Balance of Debt
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city Description of Debts	Compression of the Compression o	State	(Zip Code :	
Name of Greditor		<u> </u>		Outstanding Balance of Debt
	eet Address		TE DEBT INCURRED.	S
City Description of Debt		State	Zip Code	
	(2)			

### **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	-26		
Full Name of Contributor.  Housel# Street/	Fast 1	d Check 7 to St	Date [MM/DD/MYM]	/00
City LV ic.	State P	1 -zip,code- 1 - 7450	Date [MM/DD/YYYY] S  Date [MM/DD/YYYY] S	
	resque Iste	Gun Shop	3/4/2023	100
gity Erie	W, 380 State PA	J. Zip.code 24 16 50		; ;
House# 5803 Street	Francis Come	sting T	Date MM/DD/MM/	100
Erie	State	ZipiGode	patalminy,ddy,wywiji	
Full Name of Contributor	aurenceAd	utori	/ Spate(MM/ppp///////)	
House# Street    JU   Gity Chie	Address Sassaf State: AA	10 < St Miscode 1050	Date   MM/DD/MM/	100
HalliMamocof@haributor			Date   [WIM/DDV/YAYA)	
House ##	Address		Date(IMM//DD//M/A/)	
(Gity RilliNameo/Gontabutor	State.	Zip(Code	[Date [MIM/DD/AWAYA]]	- 第
House# Street.	Addriess		*Date[MIM/DD///AY/I]	
Gity (	State	Zip Code	Date IMM/DD/M/M/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							
E-CO - Name to be a first of	(A) 1.72 (2.00 (2.00 c)				Dato Ingna Inc. Account	[ses]	Amount
Full Name of Con Committee	ittriputing				Date [MM/DD/YYYY]	<b></b> .	
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City	processor of the Control of the Cont	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Con	ntributing	178 485 p. 18 s.	passas คือที่ 6 ban กับไป		Date [MM/DD/YYYY]	)\$. 	Taris.
Committee						100 200 200 200 200 200 200 200 200 200	
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	Street-Address						
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Full Name of Cor	ntributing			<u> </u>	Date [MM/DD/YYYY]	i Ş	
Committee					The Control of the Co		
House #	Street Address		<u> </u>		Date [MM/DD/YYYY]	I S	· · · · · · · · · · · · · · · · · · ·
Gitý		State	Zip Code		Date [MM/DD/YYYY]	\$	
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House #	Street Address	****			Date [MM/DD/YYYY]	\$.	
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