Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 3321230 Report Filed By Cand Number (Mark X)	lidate Committee Lobbyist
Lobbyist Kumberly	Hunter
Street Address 1009 W-2	oth
City Ene State	PA Zip Code 16502
Type of Report (Place x under report type)	
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4-6 th Tuesday 5-2 nd Frida	
Pre-Primary Pre-Primary Primary Pre-Election Pre-Election	on streethors are freeze on a particular
Date Of Election Year (MM/DD/YYYY) May JO 25	Amendment Termination Report
Summary of Receipts and From Date To Date Expenditures	For Office Use Only
1-1-25 5-5-25	
A. Amount Brought Forward From Last Report \$	075
B. Total Monetary Contributions and Receipts \$ /966.00	
C-Total Funds Available \$ 1011 \(\triangle \)	
(Sum of Lines A and B) / 7 (Q : CO	(1) production
(From Schedule III) / 3 63 · 07	
E. Ending Cash Balance \$ 136.9 09 (Subtract Line D from Line C)	7/ S. 2
F. Value of In-Kind Contributions Received \$ (From Schedule II)	
G. Unpaid Debts and Obligations S	
(From Schedule IV) - Affidavit	Section
Part 1- If this is a Committee report, treasurer sign here. If this is a Capulidate report	candidate sign here.
I swear (or affirm) that this report, including the attached schedules of paper, Stot Sworn to and subscribed before me this	be best of my knowledge and belief true, correct and complete.
110 day of May 20 25	Themosly Hent of
Harry Thanks - Est - Est	Signature of Person Submitting reports
Signature	Printed Name
My Commission expires 12-20-20 YR.	814 - 449-1181
MO. DAY YR.	SArea Code Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Committee, can like shall be I swear (or affirm) that to the best of my knowledge and belief this policies committee.	ndere. A has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
l amended.	
Sworn to and subscribed before me this	≥ :
day of	
	Signature of Candidate
Signature	Printed Name
My Commission expires	Area Code Daytime Telephone Number
MO. DAY YR.	Area Code Daytime Telephone Number

SCHEDULE I Contributions and Receipts

Detailed Summary Page

(A) 100 100 100 100 100 100 100 100 100 10				•	
Filer Identification Number	~ ~	_			,
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	2 / /				
	73				
2. 15 CATTLE CONTROL TO THE TOTAL CONTROL TO THE T	-				

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1) \$	466.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	-6
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)	\$	-0
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)	\$	-0-
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)	\$	466.00

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.

Files (dentification vulnue)			•			
and the second s					Amount	
Full Name of Contributing Committee			E	Date [MM/DD/AYYY]	\$	
House# Street Address		- Andrews		Date [MM/DD/YYYY]	5	
Gity.	State	Zip Code		Date [MM/DD/YYYY]		
Full Name of Contributing Committee			S S	oate [MM/DD/YYYY]	5	
House'# Street Address			B	oate [MIM/DID/AYYAY]	-	
City	State	Zip Code	(A)	ate (MIW/DD/WYY)	\$	
Full Name of Contributing Committee				ate[MM/DD/YYYY]	\$	
House# Street Address			D	ate[MM/DD/YYYM]	57	
Gity -	State	Zip Code	Wyth a state	ate [MM/DD/YYYY]		
Full Name of Contributing Committee			WEST	ate [MM/DD/YYYY]	\$	
House # Street Address				ate [MM/Db/XXXX]		
City	State	Zip Code	<u>23.≃</u>	ate [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			<u>Shadqaana</u>	ate [MM/DD/YYYY]	\$	
House # Street Address				ate [MM/DD/YYYY]	5	
City	State	Zip Code		ate[MM/DD/YYYY]	\$	
Full Name of Contributing Committee		- FERRIMAN	- 475-023	ate [MM/DD/YYYY]		
House# Street Address			50 AMORES.	ate [MM/DD/YYYY]	\$	
City* #	State	Zip Gode	<u>D</u>	ate [MIM/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 (den frication Number				
	4.			
Full Name of Contributor			Date [MW/DD/WYX]	
House # Street Address			Date [MM/DD/\\\\)	
Gity .	State	Zip Code	Date [MM/DD//////	
EUINAmeso Contributor			Date (MIV/DD/XXX4)	
House # Street Address		,	Date (MM/DD/YYYY) S	
City	State	Zip Code	Date [MIM/DD/YYYY] : 3	
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD//YYYY] S	
CITY	State	Zip'Code'	Date (MM/DD/A49M) S	
Fill Name of Contributors	(ppromised to history with)	Market and a service of the service	Date [MM/DD/WYY] \$	
House# Street Address	(* 1 1)		Date (MM/ADD/MAM)	
Git .	State	Zip Gode	Date [MM/DD//YMM] : 0.5	
Full Name of Contributor	•		Date [MM/DD/YYYY] \$	
House'# Street'Address			Date [MM/DD/YYYY] ** \$	
Gity.	State	Zip Code	Date [MM/DD/YYYY] S	
Full Vame of Contributors			Date [MM/DD/YYYY] \$	
House # Street Address			Date MM/DD/YYYY] 5	
City	-State	Zip Code	Date [MM/DD/YYYY] S	8

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.	2	2	- 22	12200	
	.)	<i>.</i> "	201		

	•		· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributing Committee	PA Commi	onweathPAC	Date [MM/DD/YYYY] s 01-22-25	1,000.00
House# Street	30844		Date [MM/DD/YYYY] S	
Bothesd	la state mp	210 Gode 20924	Date (MM/DD/XXXX) S	·
Full Name of Contributing Committee	nike Kelly	for Congress	Date [MM/DD/YYYY] S 04/5/2025	500.00
House# CO.RGY Street/	Address 476		Date [MM/DD/YYYY] \$	
Lyndora	State	72jp.Code 30/6543	Date [MW/DB/YYYY] S	·
FullName of Contributing Committee			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 Contributing Committee	. ,		Date [MM/Db/W/Y/]	
House # Street/A	Address		Date [MM/DD/YYYY] S	
Gity	State	Zip Gode	Date [MM/DD/YYYY) \$	
Full Name of Gonnittee			Date [MM/DD/MYM] \$5	
House # : Street: A	sddress		Date [MM/DD/YYYY] \$.	
Gity	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee		·	Date (MM/,DD/,YYYY) 35	
House# Street-A	ddress		Date [MM/DD/YYYY] \$:
/Gity	State	Žip Code	Date [MM/DD/YYYY] S	

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)

File Identification Number	- 1 - 1 - 1 - 1 - 1	12300		

Full Name of Contributor			Date [MIV/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] 15
City	State	Zip Code	Date [MM/DD/YYYY]
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			·
Full Name of Contributor			Date [MM/DD/YYYY] 🤝 35
House # Street Address			Date [MM/DD/YYYY] \$
Gity	State	Žip Code	Date MM/DD/YYYY] \$
Employer Name	· ·		Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YWY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity :	State	Zip Gode	Date (MM/DD/YYYY) \$
Employer Name			Occupation
Employer Mailing Address / ### Principal Place of Business			
Full Name of Contributor	· · · · · ·		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City:	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name Employer Mailing Address/			Occupation

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.

Flendentification Number					
NI CANTANA				· · · · · · · · · · · · · · · · · · ·	
Full Name					
House #-	et Address				
(Gity Co.	and the second s	State	Zip Code	Date [MM/DD/YYYY] S	
			Code		
Receipt Description					
(Fill Vainte		· · · · · · · · · · · · · · · · · · ·			
House# Stre	et Address				
City		State:	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name					
House II Stre	et Address				
Gity		State	Zip Gode	Date [MM/DD/YYYY] S	
			Coule		
Receipt Description					
Full Name					
#House# Stre	et Address			<u> </u>	
Giy		State	ZIjp	Date [MM/DD/YYYY] S	in a second
			Code		
Recept Description:				P20222	<u>.</u>
Full Name				The second second	
	et Address				
		State	Zip	Date [MM/DD/YYYY] \$	
eny Samulana dia 1		state	Code =	Date (WID/DD/) (11)	
Receipt Description					
			·	······································	
Full*Name					
House III Stre	et Address				
-City		State	Zip Code	Date [MM/,DD/,YYYY] \$	
Receipt«Description»	<u> </u>				

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

Eler IdenEffication Number	<u> </u>					
1 PUNITEMIZED IN KIND CONT	RIBUTIONS RECEIVED V	ALUE OF \$50.00 OR	MESS PER CONTRIBL	JTOR		
TOTAL for the reporting period	(1)	\$				
2 IN-KIND CONTRIBUTIONS R		A PRIANCE WOOD OF THE A	IMED ARRIES			
Z INEKIND CONTRIBUTIONS R	ECENTED WATER OF SAME	0.001612525000011470	AVEPANIED 15 1			
TOTAL for the reporting period	(2)	\$				
	2.285					
3 IN-KIND CONTRIBUTION RE	SEIVED-VALUE (OVER SZ.	50 00 (FROMBART)				
TOTAL for the reporting period	(3)	\$			_	
						·····
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3;					
		also enter	·			·

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

See Supplied See S	Eller dentification Num	ner.				
DESCRIPTION OF THE PROPERTY OF	***************************************					
The state of contract	Full Name of Contrib	iitoji			Date [MM/DD/YYYY]	
Train the second accomplished second accomplis	House#2	Street/Address			77. Secretary of the Control of the	
House I Street Address Date (MM/DD/AYA) State Street Address Date (MM/DD/AYA) State State Date (MM/DD/AYA) State D			State	Zip code	Date [MM/DD/YYYY]	
Color Street Address State State Street Address Date IMM/DD/XYYII Description of Contributor State Address Date IMM/DD/XYYII Date IMM/DD/XYY	Description to Contri	oution				
City State ZipCode Date IMM/DD/YYYI S Eth Vane of Contribution Street Address Date IMM/DD/YYYI S Eth Vane of Contribution Date IMM/DD/YYYI S Eth Vane of Contribution Date IMM/DD/YYYI S Eth Vane of Contribution Date IMM/DD/YYYI S Eth Street Address Date IMM/DD/YYYI S Eth Street Address Date IMM/DD/YYYI S Eth Vane of Contribution	Full Name of Contribu		<u></u>			
Description of Contribution Date MM/DD/YYYY S	House#	Street Address				
Date MM/DD/YYYY S			State	Zip Gode	Date [MM/DD/YYYY] S	
HOUSE # Street Address	Description of Contil	aution				
State Zip Code Shate MM/DD/YYYY S	Etil Name of Contribu	itor				
Date IMM/DD/YYYY] S House If Street Address Date IMM/DD/YYYY] S Description of Contribution Date IMM/DD/YYYY] S Date IMM/DD/YYYY] S Description of Contribution Full Name of Contributor Date IMM/DD/YYYY] S House If Street Address Date IMM/DD/YYYY] S City State Zip Code Date IMM/DD/YYYY] S City State Zip Code Date IMM/DD/YYYY] S	#Aduse#	Street Address				
Full Name of Contributor Date [MM/DD/YYYY] S			State	Z/p.Code	Date [MM/DD/YYYX] S	
House # Street Address	Description of Contril	Aution .	3		·	
Gity State Zip Code Date [MM/DD/YYYY] S Description of Contributor Fill Name of Contributor Bate [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S		ítor.				
Description of Contributor Date MIM/DD/YYYY \$		Street Address	Produce (no september)	Loren regionary Samager	The state of the s	
Full Name of Contributor Date [MM/DD/YYYY] S			State .	Zip Gôde	Date [MW/DD/YYYY]	
House # Street Address Gity State Zip Code Date [MM/DD/YYYY] \$: Description от contin	oution		·		
Gity State Zip Gode Date [MM/DD/,YYYY] S						
			State	Zip Code	*Date [MM/DD/YYYY] \$	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Fleridentification Number		·	
		·	<u></u>
Full Name of Contributor			:Date [MM/DD/YYYY] \$
House #- Street Address	1 11 1 10 10 10 10 10 10		Pate [MM/DD/YYYY] (\$
Gity	State	Zip Code	Date [MM/DD/YYYY] 5
Empleyer (Vame		****	Occupation
Employer Walling Address / Principal Place of Business			Description of Contribution
FULVame of Contributor			iDate (MM/DD/YYY) = \$
House # Street Address	And the state of t		Date (MM/DD/YYYY)
GIT.	State	Zip Gode	Date [MM/DB/YYYY] \$
Employer Name			Occupation .
Employer Mailing Address / Principal Place of Business			Description off Contribution
Full Name of Contributor			Date (WM/DD/YYYY)
House# Street Address			Date MM/DD/YYYYI \$
Giy	State	Zip Code	Date [MM/DD/YYYY] \$\$.
Employer Name			(Occupation:
Employer Mailing Address / Principal Place of Business			Description & of the second of
Full: Name of Contributor			Date([MIVI/DD/XYYY] \$
House # Street Address			Date [MM/BD/YYYY] S
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business	TOTAL STATE OF THE	·	Description of Gontribution

Statement of Expenditures

Files Identification Number 33-22/2300

Calamaris	02/28/25 603.14
House # 1217 Street Address State St.	Description of Expenditure
enty Erie State PA- Gode 16501	Campaign Kickoff
A.G.E. Graphics	03/10/25 = 245,00
House # 678 Street Address Collins Road	Description of Expenditure
6" Little Hocking state ONTO Code 45712	Yard Signs (100)
Leader Graphics L.L.C.	03/1/2+25 432.48
House # 1107 Street Address Hess Ave -	Description of Expenditure
Enie state PA- Zip (6503	4x8 18NS (6)
To Whom Paid Amazov	03/01 125 34.55
Street Address Terry Ave	Description of Expenditure
Gity Seattle State Wa Gode 98109	PSKadl Supplies
To Whom Paid Amazon	03/03/203 53.92
House# 410 Street Address Terry Ave	Date [MM/BD/XYYY] \$ 53.92 Description of Expenditure
House# 410 Street Address Torry Ave Gity: Seattle State WA- Gode 98109	03/03/303 53.92 Description of Expenditure Office Supplies/Cards
House# 410 Street Address Terry Ave	03/03/3035 53.92 Description of Expenditure
House # Street Address House # Street Address Flow of the following Paid Street Address Flow of the following Paid Street Address	03/03/303 53.92 Description of Expenditure Office Supplies/Cards
House # 410 Street Address Terry Ave State WA- Code 98/09 House # Street Address State Zip Code 98/09 State Zip Code 98/09	O3/03/303 53.92 Description of Expenditure Office Supplies / Cards Date [MM/DD/WYY] 3.5 Description of Expenditure
House# 410 Street Address Terry Ave City State WA- Code 95109 To Whom Paid To Whom Paid To Whom Paid	O3/03/303 53.92 Description of Expenditure Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address Flow State WA - Code 75/09 To Whom Paid City State WA - Code 75/09 House # Street Address State Zip	O3/03/303 53.92 Description of Expenditure Office Supplies / Cards Date [MM/DD/WYY] 3.5 Description of Expenditure
House # Street Address Gity Street Address Flowhom Paid House # Street Address State Zip Code To Whom Paid House # Street Address State Zip Code Code Code Code State Zip Code	Description of Expenditure Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Description of Expenditure
House # Street Address Gity Street Address Flowhom Paid Street Address State WA - Code 78/09 Flowhom Paid Street Address State Zip Code Code 78/09 State Zip Code Zip Code Zip Code	O3/03/303 53.92 Description of Expenditure Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # 410 Street Address 1011 Ave City Saffe WA- Code 78 109 House # Street Address Gity State Zip Code To Whom Paid House # Street Address State Zip Code Code Code	Description of Expenditure Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure Description of Expenditure

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.

33-2212300

	<u>-</u>		Outstanding Balance of Debt
Name of Greditor House# Stre	set Address	DATE DEBTINGURRED [MM/DD/YYYY)	\$
City	State	Zip'. «Gode»	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #. Stre	et/Address	DATE DEBT INGURRED [MM/DD/YYYY]	5
Gty .	State	Z ip Gode	
Description of Debt			
Name of Creditor		DATE DEBT INCURRED	Outstanding Balance of Debt
House # Stre	et Address	[MM/DD/XXXY]	
City	State	Zip. Code (\$ 34.
Description of Debt			
Name of Greditor		DATE DEBT INCURRED	Outstanding Balance of Debt
House # Stre	et-Address	[MM/BD/YYYY]	
City	Sfate	Zip Code	
Description of Debt.			
Name of Creditor			Outstanding Balance of Debt
Stre	et Address	DATE/DEBT/INCURRED [MM/DD/YYYY]	
City.	State	Zip Code	
Description of Debts			
Name of Creditor			Outstanding Balance of Debt
House # Stre	et Address	DATE DEBTHINGURRED [MM/DD/YYYY]	
City 2	State	Zijo Code	
Description of Debt	1-0-200-20-775-5	Education of the Educat	