

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	332212300	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Kimberly Hunter				
Street Address	1009 W-20th				
City	Erie	State	PA	Zip Code	16502

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)	May 20	Year	2025	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1- 1-25	5- 5-25	
A. Amount Brought Forward From Last Report	\$	0	<p>2025 MAY 16 AM 11:20</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1966.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1966.00	
D. Total Expenditures (From Schedule III)	\$	1369.09	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	596.91	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
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 of paper, to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

16 day of May 20 25  
 Lauren E Thayer  
 Signature

My Commission expires 12-20-2028  
 MO. DAY YR.

Notary Public  
 E. Thayer, Notary Public  
 Erie County  
 My Commission expires December 20, 2028  
 My Commission number 1455865

Kimberly Hunter  
 Signature of Person Submitting report  
 Kimberly Hunter  
 Printed Name

814  
 Area Code  
 449-1131  
 Daytime Telephone Number

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 report 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

day of 20  
 Signature

My Commission expires  
 MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number		33-2212300
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)	\$	<del>0</del>
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)	\$	<del>0</del>
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)	\$ <del>0</del>
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.

Filer Identification Number																			
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										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	
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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.

File Identification Number	33-2212300
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Full Name of Contributing Committee	PA Commonwealth PAC			Date [MM/DD/YYYY]	01-22-25	\$	1,000.00
House #	P.O. Box	Street Address	30844	Date [MM/DD/YYYY]		\$	
City	Bethesda	State	MD	Zip Code	20824	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	mike Kelly for Congress			Date [MM/DD/YYYY]	04/5/2025	\$	500.00
House #	P.O. Box	Street Address	476	Date [MM/DD/YYYY]		\$	
City	Lyndora	State	PA	Zip Code	3016543	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)

Filer Identification Number	33-2212300
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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, 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.

File Identification Number	
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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	
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<b>1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>		
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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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>File Identification Number</b>	
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<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>
<b>Description of Contribution</b>				

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>
<b>Description of Contribution</b>				

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>
<b>Description of Contribution</b>				

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>
<b>Description of Contribution</b>				

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>S</b>
<b>Description of Contribution</b>				

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number	33-2212300
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To Whom Paid	Calamari's	Date [MM/DD/YYYY]	02/28/25	\$	603.14
House #	1317	Street Address	State St.	Description of Expenditure	
City	Erie	State	PA.	Zip Code	16501
Campaign Kickoff					
To Whom Paid	A.G.E. Graphics	Date [MM/DD/YYYY]	03/18/25	\$	245.00
House #	678	Street Address	Collins Road	Description of Expenditure	
City	Little Hocking	State	OHIO	Zip Code	45742
Yard Signs (100)					
To Whom Paid	Leader Graphics L.L.C.	Date [MM/DD/YYYY]	03/11/25	\$	432.48
House #	1107	Street Address	Hess Ave.	Description of Expenditure	
City	Erie	State	PA.	Zip Code	16503
4x8 Signs (6)					
To Whom Paid	Amazon	Date [MM/DD/YYYY]	03/01/25	\$	34.55
House #	410	Street Address	Terry Ave	Description of Expenditure	
City	Seattle	State	WA	Zip Code	98109
Parade Supplies					
To Whom Paid	Amazon	Date [MM/DD/YYYY]	03/03/25	\$	53.92
House #	410	Street Address	Terry Ave	Description of Expenditure	
City	Seattle	State	WA.	Zip Code	98109
Office Supplies/Cards					
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	33-2212300
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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						