

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Kim Hunter</i>				
STREET ADDRESS <i>1009 W. 20th</i>				
CITY <i>Erie</i>		STATE <i>Pd.</i>	ZIP CODE <i>16502 -</i>	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION
	<i>County Council</i>	<i>3</i>	<i>R</i>	NO. DAY YEAR <i>11 07 23</i>
6TH TUESDAY PRE-PRIMARY 1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY 2.	MO. DAY YEAR TO MO. DAY YEAR <i>12 24 23 TO 12 27 23</i>		FOR OFFICE USE ONLY 23 DEC 12 PM 12:14 STATE COUNTY OF PENNSYLVANIA	
30 DAY POST-PRIMARY 3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>2.00</i> <i>KH</i>			
6TH TUESDAY PRE-ELECTION 4.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>			
2ND FRIDAY PRE-ELECTION 5.	AMENDMENT REPORT? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
30 DAY POST-ELECTION 6. <input checked="" type="checkbox"/>	TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>			
ANNUAL REPORT 7.				

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THAT THIS STATEMENT IS THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.		My Commission expires December 2, 2025 Angela L. Watson, Notary Public Erie County Commonwealth of Pennsylvania	
SWORN TO AND SUBSCRIBED BEFORE ME THIS <i>12th</i> DAY OF <i>December</i>	SIGNATURE <i>Angela L. Watson</i>	SIGNATURE OF PERSON SUBMITTING REPORT <i>Kimberly A. Hunter</i>	PRINTED NAME <i>Kimberly A. Hunter</i>
MY COMMISSION EXPIRES <i>12/02/2025</i>	MO. DAY	AREA CODE <i>814</i>	DAYTIME TELEPHONE NUMBER <i>449-1131</i>

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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.		My Commission expires December 2, 2025 Angela L. Watson, Notary Public Erie County Commonwealth of Pennsylvania	
SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____ 20	SIGNATURE _____ <i>Kimberly A. Hunter KH</i>	SIGNATURE OF CANDIDATE _____ <i>Kimberly A. Hunter KH</i>	PRINTED NAME _____
MY COMMISSION EXPIRES _____	MO. DAY YR.	AREA CODE _____	DAYTIME TELEPHONE NUMBER _____