



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	EIN #47-4877192	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	Committee to Elect Horan-Kunco							
Street Address	439 West Arlington Rd.							
City	Erie	State	PA	Zip Code	16509			

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/8/11	Year	2018		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/18	12/31/18	
A. Amount Brought Forward From Last Report	\$	3884.73	2019 JAN 31 PM 12:02 ERIE COUNTY VOTER REGISTRATION TX
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	3884.73	
D. Total Expenditures (From Schedule III)	\$	2274.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1610.73	
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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

31<sup>st</sup> day of January 20 19  
 Tonia Wilt  
 Signature

My Commission expires 4-3-19

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

My Commission Expires April 3, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Sworn to and subscribed before me this

31<sup>st</sup> day of January 20 19  
 Tonia Wilt  
 Signature

My Commission expires 4-3-19

MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Tonia Wilt, Notary Public

City of Erie, Erie County

My Commission Expires April 3, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Person Submitting report

Printed Name

Area Code

Daytime Telephone Number

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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

Filer Identification Number	Committee to Elect Horan-Kunco
-----------------------------	--------------------------------

<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$ 0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$ 0
<b>4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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>	\$	0

## 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		Committee to Elect Horan-Kunco						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]	\$			
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	Committee to Elect Horan-Kunco
-----------------------------	--------------------------------

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]	\$

### Contributions Received From Political Committees

**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		Committee to Elect Horan-Kunco				
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 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	Committee to Elect Horan-Kunco
-----------------------------	--------------------------------

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

PART E  
**Other Receipts**

**REFUNDS, INTREST 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	Committee to Elect Horan-Kunco
-----------------------------	--------------------------------

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**

<b>filer identification number</b>	Committee to Elect Horan-Kunco
------------------------------------	--------------------------------

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period (1)	\$	0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period (2)	\$	0

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period (3)	\$	0

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)	\$	0
---	----	---



**SCHEDULE II**

**PART F**

**In-Kind Contributions Received**

**VALUE OF \$50.01 TO \$250**

<b>Filer Identification Number</b>	Committee to Elect Horan-Kunco
------------------------------------	--------------------------------

<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>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>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>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>Description of Contribution</b>					

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number	Committee to Elect Horan-Kunco
-----------------------------	--------------------------------

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

SCHEDULE III  
Statement of Expenditures

<b>Filer/Identification Number:</b>	Committee to Elect Horan-Kunco
-------------------------------------	--------------------------------

<b>To Whom Paid</b>	Mercyhurst Preparatory School	<b>Date [MM/DD/YYYY]</b>	1/27/18	<b>\$</b>	1000.00
<b>House #</b>	538	<b>Street Address</b>	East Grandview Blvd		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16504
<b>Description of Expenditure</b>					
Scholarship dinner donation					
<b>To Whom Paid</b>	Friends of Rick Filippi		<b>Date [MM/DD/YYYY]</b>	5/2/18	<b>\$</b>
<b>House #</b>		<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Description of Expenditure</b>					
campaign contribution					
<b>To Whom Paid</b>	Ellen Curry Foundation		<b>Date [MM/DD/YYYY]</b>	8/2/18	<b>\$</b>
<b>House #</b>	606	<b>Street Address</b>	Holland St.		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501
<b>Description of Expenditure</b>					
Scholarship donation					
<b>To Whom Paid</b>	DiNicola for Congress		<b>Date [MM/DD/YYYY]</b>	9/26/18	<b>\$</b>
<b>House #</b>	1001	<b>Street Address</b>	State St.		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501
<b>Description of Expenditure</b>					
campaign contribution					
<b>To Whom Paid</b>	Citizens Bank		<b>Date [MM/DD/YYYY]</b>	monthly 2018	<b>\$</b>
<b>House #</b>	1	<b>Street Address</b>	Citizens Plaza		
<b>City</b>	Providence	<b>State</b>	RI	<b>Zip Code</b>	02903
<b>Description of Expenditure</b>					
bank statement fee					
<b>To Whom Paid</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>House #</b>		<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Description of Expenditure</b>					
<b>To Whom Paid</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>House #</b>		<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Description of Expenditure</b>					
<b>To Whom Paid</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>House #</b>		<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Description of Expenditure</b>					

**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.

<b>File Identification Number</b>	Committee to Elect Horan-Kunco
-----------------------------------	--------------------------------

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED (MM/DD/YYYY)</b>		<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>						

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED (MM/DD/YYYY)</b>		<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>						

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED (MM/DD/YYYY)</b>		<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>						

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED (MM/DD/YYYY)</b>		<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>						

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED (MM/DD/YYYY)</b>		<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>						

<b>Name of Creditor</b>					<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED (MM/DD/YYYY)</b>		<b>\$</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>Description of Debt</b>						