

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		-4877192	Repo	ort Filed B rk X)	3y	Candidate Committee Lobbyist					yist				
Name of Filing Committee, Candidate or Lobbyist				Committee to Elect Horan-Kunco											
Street Address			439 V	39 West Arlington Rd											
City	Erie					State	PA		Zip Ca	de	16509				
Type of Report (Place	e x under i	eport type)	·			•			"						
1-6 th Tuesday 2- 2						Friday	4 22 6	ay Post	7- Anı	rual	Special 2 Pre-Elect			al 30 D Election	
Pre-Primary Pre-	Primary	Primary	Pre- E	lection	Pre-	Election	Electio	" T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · ·	Fie-clect	ION	FUSI-	Election	1
			L]							
Date Of Election (MM/DD/YYYY)			Year				Amend Report				Terminat Report	ion		\times	
Summary of Receipts	s and	From Date		To Date	•					For	Office Use	Only			
Expenditures		1/1/2022		12	/31/20	22									
A. Amount Brought i	Forward F	rom Last Report	\$		954.73	3			······						
B. Total Monetary Co	ontributio	ns and Receipts	\$		0		1				-		202		
(From Schedule I) C. Total Funds Availa	ble		\$				-						ندن <u>د</u>		
	(Sum of Lines A and B)				954.73			VOTERREG							
(From Schedule III)	D. Total Expenditures (From Schedule III)				\$ 1064.00			The second							
E. Ending Cash Balance (Subtract Line D from Line C)			\$	\$ 0											
F. Value of In-Kind Contributions Received			\$		·——-	·····									
(From Schedule II) G. Unpaid Debts and	Obligatio	ns	\$		 										
(From Schedule IV)					ă.	ffidavit Se									
Part 1- If this is a Comm					didate	report, c	andidate s								
I swear (or affirm) that t			hed sc	hedules or	n paper	, is to the	best of m	y knowled	ige and b	elief t	rue, correct a	and comple	te.		
Sworn to and subscribed	4	e this 1 _ 20 <u> </u>					/c-	HREO	(H	tow				
Sus Slas	10.10	N	-			_	/ 113	ignature	of Persor		nitting tepor	: .			
Commonwealth	of Rennsyl	vania - Notary Se	al			-		*THE	<u> ድ</u> ወ ሴጋ Printe	d Nam		PMU			
My Commission expires My commission	Erle Cour	tary Public nty	_	• *		_	Sig) 		9	566.	004	<u>}</u> _		
My commission Commiss	n experes l	Դеседуюег 2, ՉՋ2 er 1424443	6	en en en en Lenner en	Otymog		Area Code			D≱	ytime Teleph	one Numb	er		
	Part II- मिरीसिप्रीय वर्गम् विकास विकास विकास विकास विकास के किया है कि प्रमाण किया है कि प्रमाण के किया है कि														
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.															
Sworn to and subscribed	d before m	e this				\wedge		. /		,					
25 day of Ja	ALUCUT	V ,20 23		• •			Je-		an	h	·w				
SIN SIM	4/1.20	d -	-				OTe	Sign	nature of	Candi	date	Kun	-		
Commonwealth of F	ennsylvar Highlotar	ria∼ Notary Seal y Public	-		-	. –			Printed I	Name	AL as				
Eri My Commission expires	ie County knires De r	ember 2, 2026	_			_	014	<u></u>			451-	132	8		
Commission Member, Pennsylva	n Milmber	1424443 YR.					Area Code			Day	time Telepho	one Numbe	r		:
Michinari I. annakisa															

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	47-4877192		·		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	1	
Contributions Received from Political Committees (Part C)	\$	
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)	\$	
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)	\$	o

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.

		••••			Amount
Still Alama - 2 m	ntribution			Date [MM/DD/YYYY]	
Full Name of Co Committee	writhreng			Date [IVIM/UD/YYYY]	\$
House #	Street Address	 		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
777			The season of th		1 1
Full Name of Co	ntributing		17 200	Date [MM/DD/YYYY]	*
Full Name of Co Committee	Balling			Date [IMIM/DD/XXXX]	471
House #	Street Address		 .	Date [MM/DD/YYYY]	\$
					
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing	18.00 18.14	per a light Strong	Date [MM/DD/YYYY]	
Committee				in a family of italia	7 7
			w		
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	Ş
Full Name of Co	ntributing		Walter Control of the Part of	Date [MM/DD/YYYY]	\$
Committee				<u> e = = = 1.114 .</u>	7.4
House #	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
				The state of the s	7.41
Citiv		Co	7im Carl	Data Fashadaa Saa-	13 c
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1.81 1					
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
	Surget Augress			Francis framed and [111]	1 1
		T			1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
	Company of the Company				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
-1104		Jeact	Lip Code	Pare fixital NN\ 1111]	- . • .
			1.2	l l	1 4

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:	
47-4877192	
[34] R.A. WASSINER OF LIBER ARE SAI	
[조작한 경기가 본지 변경 [조조] 경기 등 경기 보다는 10 He pt	

Full Name of Co	ntributor		·	Date [MM/DD/YYYY]	\$
					多数 数10
House #	Street Address			Date [MM/DD/YYYY]	\$4.75 \$5
City	- Proposed to the transfer of the	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	•		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City	Manager and September 1998	State	Zip Code	Date [MM/DD/YYYY]	S
\$14.7 (A)					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
					2008 2000 2000
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				ing a section that the section of t	
Full Name of Co	ntributor	Call de trate		Date [MM/DD/YYYY]	
House #	Street Address	 .		Date [MM/DD/YYYY]	\$
nese l			Zip Code	Date [MM/DD/YYYY]	
City		State	ZIP Code	Date (WW/DD/1111)	
Full Name of Co	ntributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	
() () () () () () () () () ()	A CONTRACTOR A MARKET Z			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [ww/DD/TTT]	10.7 1 10.74
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	· State Committee of Committee Committee		MAN HE BAN	in the state (non-hounts)	
Full Name of Co	ntriputor			Date [MM/DD/YYYY]	\$
	e de metro de la				\$3.44 \$2.54
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.

Filer Identificatio	n Number: 47-4877	192			
Full Name of Contributing Co	mmittee	-		/Date [MM/DD/YYYY] \$	
House #	Street Addre	iss		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee	Par C Three Coll.		Date [MM/DD/YYYY] \$	
House #	Street Addre	iss		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$, ,,
House #	Street Addre)SS	, ,	Date [MM/DD/YYYY] \$	
City	The site of the state of	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	iss .		Date [MM/DD/YYYY] \$	
City	The file of the control of the	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ımmittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	:ss		Date [MM/DD/YYYY] \$	
City	Printer of the state of	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	ss		Date [MM/DD/YYYY] \$	_
City	<u> </u>	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:

47-4877192

	ntributor			Date [MM/DD/YYYY] \$
域 经净价值的				
House #	Street Addres	SS	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			per in service put in second	Occupation
Employer Mailin Principal Place o				
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$
visionis estado. Militario marcinos				
House #	Street Addres	ss		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin	g Address /			
Principal Place o	f Business	<i>4.</i>		
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$
House #	Street Addres	55	•	Date [MM/DD/YYYY] \$
City	jenes - Buston Costilones Co.	State	Zip Code	Date [MM/DD/YYYY] \$
54560 No. 1				
(m. 1.4) (1977) (m. 1.4) (1977)		1743 1843		Occupation
Employer Name	중요하다 하다 집에 가지 않다면 하		• • • • • • • • • • • • • • • • • • • •	Macaraga and Antal As
Employer Name Employer Mailin Principal Place o				
Employer Mailin Principal Place o	f Business			Date [MM/DD/YYYY] \$
Employer Mailin Principal Place o	f Business			Date [MM/DD/YYYY] \$
Employer Mailin Principal Place o Full Name of Cor	f Business	ss		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Employer Mailin Principal Place o Full Name of Cor	f Business stributor	S		
Employer Mailin Principal Place o Full Name of Cor House #	f Business stributor	8.1 	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailin Principal Place o Full Name of Cor House #	f Business stributor	State	Zip Code	
Employer Mailin	f Business stributor	8.1 	Zip Code	Date [MM/DD/YYYY] \$

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 Nun	nber: 47-4877192			
Full Name				
				· · · · · · · · · · · · · · · · · · ·
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				P-2-3
Full Name				·
House:#	Street Address		,,	,
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		(2.43 P.37)		
Full Name			"	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address		*****	
City		State	Zip	Date [MM/DD/YYYY] \$
	447 447 1994 (1997) 1994 (1997)		Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	[조명] 			
House #	Street 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

192		
DUTIONS DESCRIPTION VALUE OF AS	2.00	ORIFICE DED CONTRIGUES
BUTIONS RECEIVED-VALUE OF SSI	J.UU	TUR LESS PER CONTRIBUTOR
(1)	\$	0
EIVED-VALUE OF \$50.01 TO \$250.	00 (F	(FROM PART F)
(2)	\$	0
IVED-VALUE OVER \$250.00 (FROM	/I PA	ART G)
(3)	\$	0
INC DURING THIS PEROPTING	Ć	
rom boxes 1, 2, and 3; also enter	•	o
	BUTIONS RECEIVED-VALUE OF \$50. (1) EIVED-VALUE OF \$50.01 TO \$250. (2) IVED-VALUE OVER \$250.00 (FROM (3))	BUTIONS RECEIVED-VALUE OF \$50.00 (1) \$ EIVED-VALUE OF \$50.01 TO \$250.00 (2) \$ IVED-VALUE OVER \$250.00 (FROM PARTICLE) (3) \$ INS DURING THIS REPORTING \$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	 · · · · · · · · · · · · · · · · · · ·
Filer Identification Number: 47 4977400	
BY 1.86 (1987) CONTROL BY 1986 (1987) 147-4077 1982	

Full Name of Contr	ibutor			Date [MM/DD/YYYY]	[\$]
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution		Far you things AlignaM.		1,000
Full Name of Contr	butor			Date [MM/DD/YYYY]	\$
House #	2 (1907-1903)				
nouse #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution		Try to the second secon	· · · · · · · · · · · · · · · · · · ·	11000
Full Name of Contr	butor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	8 .
, rouse w	Street Address			Date [MINI/DD/1111]	1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution				
Full Name of Contri	butor			Date [MM/DD/YYYY]	`\$
House #	Street Address	,,	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
				5 5 6 6 6 6 7 5 6 6 7 5 6 6 7 6 7 7 7 7	
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
			Zip Code	Date [tallar/DD/1881]	
Description of Cont	ribution	634054834			
Full Name of Contri	butor	***		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	S
City	<u>. 1948-949 364</u>	State	Zip Code	Date [MM/DD/YYYY]	4\$
		J4616	Lip Code	Pare femal/DD/11111	
Description of Cont	ribution			<u> </u>	<u> </u>

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Co	ntributor.			Date [MM/DD/YYYY] \$	
ruii warne or co				Date (MM/DD/11/1)	
House # Street Address				Date [MM/DD/YYYY] \$	
nouse #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	TOTAL CARREST CO.	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			395,045396 595 bog 6 m. 1 1, 4 . ™	Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Co	ontributor			Date [MM/DD/YYYY] 5	
House #	Street Address			Date [MM/DD/YYYY] . \$	
City 1	E-mail and a second	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business			Description of Contribution		
Full Name of Contributor			Date [MM/DD/YYYY] \$		
Single Company I					
House # Street Address		Date [MM/DD/YYYY] \$			

Zip Code

State

City

Employer Name

Place of Business

Employer Mailing Address / Principal

Date [MM/DD/YYYY]

Occupation

Description

Contribution

\$

Statement of Expenditures

(2) 建 建设计划 全部间接 医全部检验 医电影检验 医电影 (2) (2)		
Filer Identification Number:		
47-4877192		

	1		Date [MM/DD/YYYY]	\$		
	Citizens Bank			monthly fee	64.00	
House # 1	Street Address C	et Address Citizens Place		Description of Expendit	ure	
City Providence	Providence State RI Zip Code 02903			bamk statement and dormant acct fee		
To Whom Paid	Shapiro for Governo	or		Date [MM/DD/YYYY]	\$	
	Snapiro for Governor			09/04/22	500.00	
House #	Street Address A	ctblue.com	·	Description of Expenditure		
City	State Zip Code			campaign donation		
To Whom Paid			1	Date [MM/DD/YYYY]	\$	
	Fetteman for Senar	e		09/04/22	500.00	
House #	Street Address Ac	otblue.com		Description of Expenditu	ire	
City		State	Zip Code	Campaign donation		
To Whom Paid	77	Pathway of the I	400000000000000000000000000000000000000	Date [MM/DD/YYYY]		
House #	Street Address			Description of Expenditu	re	
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY]	S	
基础的数据的数据的数据的	ri,		· · · · · ·	Description of Expenditu	ire :	
House #	Street Address					
House #	Street Address	State	Zipo			
	Street Address	State	Zip Code		\$	
City	Street Address	State				
City	Street Address Street Address	State			\$	
City To Whom Paid		State State		Date [MM/DD/YYYY]	\$	
City To Whom Paid House #			Code	Date [MM/DD/YYYY] Description of Expenditu	\$	
City To Whom Paid House #			Code	Date [MM/DD/YYYY] Description of Expenditu	\$ re	
To Whom Paid House # City To Whom Paid	Street Address		Zip Code	Date [MM/DD/YYYY] Description of Expenditu Date [MM/DD/YYYY]	\$ re	
City To Whom Paid City To Whom Paid House # City	Street Address	State	Zip Code	Date [MM/DD/YYYY] Description of Expenditu Date [MM/DD/YYYY] Description of Expenditu	\$	
City To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] Description of Expenditu Date [MM/DD/YYYY] Description of Expenditu	\$ re	
City To Whom Paid City To Whom Paid House # City	Street Address	State	Zip Code	Date [MM/DD/YYYY] Description of Expenditu Date [MM/DD/YYYY] Description of Expenditu	\$ Ire	
City To Whom Paid City To Whom Paid House # City To Whom Paid	Street Address Street Address	State	Zip Code	Date [MM/DD/YYYY] Description of Expenditu Date [MM/DD/YYYY] Description of Expenditu Date [MM/DD/YYYY]	\$ Ire	

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 Identificatio	on Number:			
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	•
City		State	Zip Code	
Description of I	Debt		The section of the	
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State .	Zip Code	
Description of I	Debt			
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	7 × 1
City		State	Zip Code	
Description of I	Debt ()			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	S
City		State	Zip Code	_
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of I	Debt	1 - 5,555, 40,4		aladaidh a an seona a an seonaga