

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	<input type="checkbox"/>
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 th Tuesday Pre-Primary	2-2 nd Friday Pre-Primary	3-30 Day Post Primary	4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 nd 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)		Year		Amendment Report		Termination Report		
May 20		2025		<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 style="text-align: center;">2025 MAY -5 PM 1:26 ERIE COUNTY VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,912.12	
C. Total Funds Available (Sum of Lines A and B)	\$	1,912.12	
D. Total Expenditures (From Schedule III)	\$	1,815.21	
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 or annexes, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

5 day of May 20 25
 Lauren E Thayer
 Signature

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

Kimberly A. Hunter
 Signature of Person Submitting report
 Printed Name
 449-1131
 Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall 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.

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)	\$
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)			
Contributions Received from Political Committees (Part C)		\$	1,500-
All Other Contributions (Part D)		\$	466-
Total for the reporting period		(3)	\$ 1,966-
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 1,966-
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>		\$	

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	33-22 12300	
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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	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #				Street Address		Date [MM/DD/YYYY]	\$
City				State		Zip Code	

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.)

File Identification Number	33-2212300	2
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Full Name of Contributor				Date [MM/DD/YYYY]		S
House #				Date [MM/DD/YYYY]		S
Street Address				Date [MM/DD/YYYY]		S
City		State		Zip Code		Date [MM/DD/YYYY]
City		State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #				Date [MM/DD/YYYY]		S
Street Address				Date [MM/DD/YYYY]		S
City		State		Zip Code		Date [MM/DD/YYYY]
City		State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #				Date [MM/DD/YYYY]		S
Street Address				Date [MM/DD/YYYY]		S
City		State		Zip Code		Date [MM/DD/YYYY]
City		State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #				Date [MM/DD/YYYY]		S
Street Address				Date [MM/DD/YYYY]		S
City		State		Zip Code		Date [MM/DD/YYYY]
City		State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributor				Date [MM/DD/YYYY]		S
House #				Date [MM/DD/YYYY]		S
Street Address				Date [MM/DD/YYYY]		S
City		State		Zip Code		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 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 30844	Street Address	Bethesda	Date [MM/DD/YYYY]	\$		
City	MA 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-		
House #	Kelly 476	Street Address		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 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 Number	33-2212300	2
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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	33-2212300	2
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
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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2

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

File Identification Number

33-2212300

2

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
Description of Contribution						
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
Description of Contribution						
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
Description of Contribution						
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
Description of Contribution						
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
Description of Contribution						

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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					Description of Contribution			
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					Description of Contribution			
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					Description of Contribution			
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					Description of Contribution			

SCHEDULE III

33-2212300

To Whom Paid					Date (MM/DD/YYYY)	\$
House #	Street Address	City	State	Zip Code	Description of Expenditure	
	Calamaris				03/28/2025	603.14
House #	1317	State St.				
City	Erie	PA		16501	Campaign Kick off Party	
To Whom Paid	A. G. E. Graphics L.L.C.				03/10/2025	245.00
House #	678	Collins Road				
City	Little Hooking	OHIO		45742	Campaign Yard Signs	
To Whom Paid	Leader Graphics L.L.C.				03/11/2025	432.48
House #	1107	Hess Avenue				
City	Erie	PA		16503	(6) 4x8 Campaign Signs	
To Whom Paid	Amazon				03/12/2025	34.55
House #	410	Terry Ave.				
City	Seattle	WA		98109	Candy/Beads	
To Whom Paid						
House #						
City						
To Whom Paid						
House #						
City						
To Whom Paid						
House #						
City						