# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

File dentification 47-4877192	Report(Filed By 11. NC (Mark X)		Committee	Eobbyist
Name of Filing Committee, Candidate or Lobbyist				
Street Address	439 West Arlington Rd.		Total Control of the	
Clty Erie	Į S	ta <b>te</b> PA	<b>Z</b> ip. <b>Code</b> 16509	
Type of Report (Place x under report type)		Cyanyan State of	SI SC - (pr. VS) providence minor biological contents	स्थित्व हो द्वारी स्थापन विकास विकास करा ।
716" Tuesday 22 21" Friday 3430 bay Fre-Primary Pre-Primary Pre-Primary Primary	Post 4 6 Tuesday 5 (2 F	riday 6-30 Day Post ection Election	t. 7: Armual Specializ <sup>10</sup> Frida Pre-Election:	Post-Election
				arrive steers (press/mediate Editor) and Steers
Date Of Election (MM/DD/yywy) 11/8/11	Yea) 202	Amendment Report	Termination Report	
Summary of Receipts and From Date	To'Date		Por Office Use(Only	
1/1/2	12/31/20			
AramountBrought Forward From LastiRe	1336./3			
B. Total Monetary Contributions and Rece (From Scriedule!))	ipts \$ \$		;	5 8
CoTotal Funds Available (SumorLines Aland B)	\$ 1336.73		Ų	
D. Total Expenditures (From Schedule III)	\$ 286.00		i	2021 JAN 29 FRIE CE
El Ending Cash Balance (Subtract Line Difrom Line C)	\$ 1050.73			OC.
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0			PH I2: 00
G. Unpaid Debts and Obligations. (From Schedule IV)	\$			<u>2</u> 8
Part 1- If this is a Committee report, treasurer si	Affid	davit Section	p	
Part 1- If this is a <b>Committee</b> report, treasurer st I swear (or affirm) that this report, including the	attached schedules on paper, is	to the best of my knowle	dge and belief true, correct and comp	plete.
Sworn to and subscribed before me this		X .0	$\bigcirc \Box$	
day of20	<del></del> 1	Signature	e of Person Submitting report	<del></del>
Signature		( ) A-TATE	Printed Name	<u>,                                      </u>
My Commission expires		814	866.0048	<u>}</u>
MO. DAY	YR.	Area Code	Daytime Telephone Nun	nber
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 a monded.				
amended.		$\wedge$	,	
Sworn to and subscribed before me this	4.4	/ Jan de	Inchur.	
day of20		Jessi &	gnature of Candidate Kun Co	
Signature	, ]	6 A 111	Printed Name	7
My Commission expires MO. DAY YE	₹.	Area Code	Daytime Telephone Num	ber

#### SCHEDULE !

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number Co			
	mmittee to Elect Horan-Kunco		
Co	minutes to tiect holan-valico		
作品的相似的			

L-Unitemized Contributions and Receipts S50.00 of Less per Contributor.		
Total for the reporting period (1	)   \$	0
22 (Contributions of S50)01 to S250.00 (From 2) (2) (From 2)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2	) \$	0
3: Contributions Over \$250.00 (From Part Cland Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3	\$	0
44-Other Receipts-Refunds Interest Famed (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)	\$	0

#### **SCHEDULE II**

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Fillevidentification Numberia.  Committee t	o Elect Horan-Kunco		
		and the surprise	
I. A. IU. S. AUNITEMIZEDINEKIND/GONIFIBU	TIONS RECEIVED VALUE OF SE	(0.00°C)	KITESSIKEKI CUMURI BUTUK KANACA
TOTAL for the reporting period	(1)	\$	
PARTINIKINDICONTRIBUTIONS RECEN	ED-VALUE   0 F \$50:01 TO   \$250	) 00 (FF	OMIRARIJE)
TOTAL for the reporting period	(2)	\$	0
THE SECULIARIES OF THE SEMENT	OLYVADUEYOMERISZ50000UERO	MERAR	
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS		\$	
PERIOD (Add and enter amount totals fron on Page 1, Report Cover Page, Item F)	n boxes 1, 2, and 3; also enter		0

# Statement of Expenditures

Filentication Number:

Committee to Elect Horan-Kunco

nowhom Raid	Mercyhurst Preparator	y School		Date [MM/DD/M 1/28/2020	YYYYII 5	250.00
House # 538	Street Address	t Grandview Blvd		 Description of Ex	(penditure	
City: Erie		State PA	Zipi	Scholarship gala dona		
To:Whom Patr	Citīzens Bank			Date IMM/DD/M monthly	YYYY] [S.F	36.00
Pouse# 1	Street Address	zens Place		Description of Ex	penditure.	
House # 1 City: Providence	The state of the s	State RI	Zip. Code 02903	bank statement fees		mi i.
To Whom Paid				i Date (MM/DD/Y)		
House#	Street Address	Bro- Helyway	To Server Control Control	Description of Ex	604 182 842 Y FA E-1614/87 72 35	
(GRV)		State	Zip Code			
To Whom Pala				SPateSIMMXDD/M		
House #/	Street Address			Description of Ex	THE REPORT OF THE PARTY OF THE PARTY.	
(Gry)		/State	Zip. Code			
ToWitom Pala				Date (MM/DD/M)		
House #	Street Address		Tany shows -	Description of EX		
		State	Z[p] (Code)			
To Whom Paid The Control of the Cont				Date IMM/DD/M		REIDIE
	Street Address		LET LANS LANGUAGE PROCESSES	Description of Ex	penditure	
(City)		State	Zipi Code 1		<u> </u>	
Fowhorn Paid House #/				Date (MM/DD//)	YYYY] IS	EN LACTO DUNA CONTRACTOR
(House #/	Street Address	Thursday yearing	Non-Approximation	Description of EX	penditure	
		State	Zip Code			
To Whom Paid				Date [MM/DD/M		
House#	Street Address	III.	[09.1]A A.	Description of Ex	penditure 	
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.

Flersldentification Numbers	ommittee to Elect Horan-Kunco
Name of Greditor House # Stree  Git  Git  Description of Debts	Address    *DATE DEBTINGURRED   STATE   STATE
Pesalption of Debutter	Code III
	ddress  DATE DEBTINGURRED  IMM/DD/YXYY  State  Code  Code
City (). Description of Debt	Outstanding Balance of Debt State  DATE DEBT INCURRED  STate  Zip  Code
Name of Creditor Street House # Street  City  Description of Debt	State Zip Gode 12
Name of Greditor  (House # Street;  (C)  Description of Debts	Cutstanding Balance on Debt   File     Idress