

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	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 W. Arlington Rd							
City	ERIE	State	PA	Zip Code	16509			

Type of Report (Place x under report type)

1-6 Tuesday Pre-Primary	2-2 Friday Pre-Primary	3-30 Day Post Primary	4-6 Tuesday Pre-Election	5-2 Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2nd 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	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/19	12/31/19	
A-Amount Brought Forward From Last Report	\$	1610.73	
B-Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C-Total Funds Available (Sum of Lines A and B)	\$	1610.73	
D-Total Expenditures (From Schedule II)	\$	274.00	
E-Ending Cash Balance (Subtract Line D from Line C)	\$	1336.73	
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

25th day of January 2020

Signature

Commonwealth of Pennsylvania - Notary Seal  
Jennifer L. Turner, Notary Public  
Erie County

Signature of Person Submitting report

Printed Name

My Commission expires October 18, 2022

MO.

DAY

Member, Pennsylvania Association of Notaries

906-0048

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

25th day of January 2020

Signature

Commonwealth of Pennsylvania - Notary Seal  
Jennifer L. Turner, Notary Public  
Erie County

Signature of Candidate

Printed Name

My Commission expires October 18, 2022

MO.

DAY

Member, Pennsylvania Association of Notaries

4540587

Daytime Telephone Number

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

Filer Identification Number	Committee to Elect Horn-Kunco
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<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)	\$	0
All Other Contributions (Part B)	\$	0
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)	\$	0
All Other Contributions (Part D)	\$	0
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)	\$	0
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

## 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						<i>Committee to Elect Horn-Kunco</i>		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 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.

File Identification Number	Committee to Elect Horan-Kunco
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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 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)

File Identification Number	Committee to Elect Ham-Kunco
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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 HORAN-KINCO
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Full Name					
House #	Street Address				
City		State	Zip Code	Date (MM/DD/YYYY)	S
Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date (MM/DD/YYYY)	S
Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date (MM/DD/YYYY)	S
Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date (MM/DD/YYYY)	S
Receipt Description					
Full Name					
House #	Street Address				
City		State	Zip Code	Date (MM/DD/YYYY)	S
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	Committee to Elect Horn-Kinca
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50,000 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50,001 TO \$250,000 (FROM PARTIES)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250,000 (FROM PARTIES)</b>		
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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0



SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number	Committee to Elect Horn-Kunze
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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	
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	<i>Committee to Elect Horn-Kuaco</i>
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Full Name of Contributor				Date (MM/DD/YYYY)		\$
House #				Street Address		\$
City		State		Zip Code		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)		\$
House #				Street Address		\$
City		State		Zip Code		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)		\$
House #				Street Address		\$
City		State		Zip Code		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date (MM/DD/YYYY)		\$
House #				Street Address		\$
City		State		Zip Code		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III  
Statement of Expenditures

File Identification Number: Committee to Elect Horan-Kunco

To Whom Paid	<u>Mercyhurst Preparatory School</u>			Date [MM/DD/YYYY]	<u>1/29/20</u>	\$	<u>250.00</u>
House #	<u>538</u>	Street Address	<u>EAST Grandview Blvd</u>	Description of Expenditure			
City	<u>ERIE</u>	State	<u>PA</u>	Zip Code	<u>16504</u>	<u>Scholarship dinner donation</u>	
To Whom Paid	<u>Citizens Bank</u>			Date [MM/DD/YYYY]	<u>month 6 2019</u>	\$	<u>24.00</u>
House #	<u>1</u>	Street Address	<u>Citizens Plaza</u>	Description of Expenditure			
City	<u>Providence</u>	State	<u>RI</u>	Zip Code	<u>02903</u>	<u>bank statement fee</u>	
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address	Description of Expenditure				
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.

Filer Identification Number	<i>Committee to Elect Honan Kuno</i>
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		S		
City		State	Zip Code			
Description of Debt						

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

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

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

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

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