

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Jessica Horan-Kunco</i>							
STREET ADDRESS <i>439 West Arlington Rd</i>							
CITY <i>ERIE</i>		STATE <i>PA</i>	ZIP CODE <i>16509 -</i>				
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <i>City Council</i>		DISTRICT NO. <i>25</i>	PARTY <i>Dem</i>	DATE OF ELECTION		
					MO: <i>11</i>	DAY: <i>08</i>	YEAR: <i>11</i>
	DATES OF REPORTING PERIOD:		MO: <i>1</i> DAY: <i>1</i> YEAR: <i>19</i>	TO	MO: <i>12</i> DAY: <i>31</i> YEAR: <i>19</i>	FOR OFFICE USE ONLY	
	CASH BALANCE AT END OF REPORTING PERIOD:				\$ <i>0</i>		11 10 09 08 07 06 05 04 03 02 01
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ <i>0</i>		
	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I (SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS <i>30</i> DAY OF <i>January</i> SIGNATURE MY COMMISSION EXPIRES <i>October 18 2022</i> MO: DAY YR:	Commonwealth of Pennsylvania - Notary Seal Jennifer L. Turner, Notary Public 20 <i>20</i> Erie County My commission expires October 18, 2022 Commission number 1344887 Member, Pennsylvania Association of Notaries AREA CODE: <i>814</i>	SIGNATURE OF PERSON SUBMITTING REPORT PRINTED NAME <i>Jessica Horan-Kunco</i> DAYTIME TELEPHONE NUMBER <i>454 0587</i>
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PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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: _____
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