

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)	<input type="checkbox"/>	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 West Arlington Rd.							
City	Erie	State	PA	Zip Code	16509				

Type of Report (Place x under report type)

6 th Tuesday Pre-Primary	2 nd 2 nd Friday Pre-Primary	3 rd 30 Day Post Primary	4 th 6 th Tuesday Pre-Election	5 th 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 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	2020		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/20	12/31/20	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2021 JAN 29 PM 12: 00 ERIE COUNTY VOTER REGISTRATION </div>
A- Amount Brought Forward From Last Report	\$	1336.73	
B- Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C- Total Funds Available (Sum of Lines A and B)	\$	1336.73	
D- Total Expenditures (From Schedule III)	\$	286.00	
E- Ending Cash Balance (Subtract Line D from Line C)	\$	1050.73	
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.

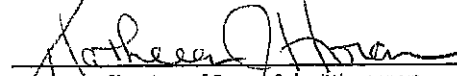
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20_____

Signature

My Commission expires _____ MO. DAY YR.


 Signature of Person Submitting report
 KATHLEEN A. HORAN
 Printed Name
 814 _____ 866-0048
 Area Code Daytime Telephone Number

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

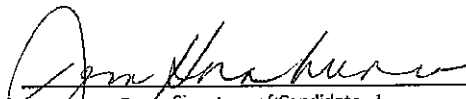
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20_____

Signature

My Commission expires _____ MO. DAY YR.


 Signature of Candidate
 Jessica Horan-Kunco
 Printed Name
 814 _____ 4540587
 Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Committee to Elect Horan-Kunco		
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)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	0
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 <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>		\$	0

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

File Identification Number	Committee to Elect Horan-Kunco
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

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)		\$ 0
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**SCHEDULE III
Statement of Expenditures**

Filer Identification Number	Committee to Elect Horan-Kunco
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To Whom Paid	Mercyhurst Preparatory School	Date [MM/DD/YYYY]	1/28/2020	\$	250.00
House #	538	Street Address	East Grandview Blvd	Description of Expenditure	
City	Erie	State	PA	Zip Code	16504
To Whom Paid	Citizens Bank	Date [MM/DD/YYYY]	monthly	\$	36.00
House #	1	Street Address	Citizens Place	Description of Expenditure	
City	Providence	State	RI	Zip Code	02903
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.

File Identification Number:	Committee to Elect Horan-Kunco
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Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	0
City	State	Zip Code			
Description of Debt					
Name of Creditor					
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					