Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 20	23C0083				Repo Filed		:	CANI	DIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Cand	idate or L	obbyis	t:	 F	KUNS	ELM	IAN,	DEBO	RA	H ANN	۱E							
Street Address:																			
City:									State:					Zip Cod	ie: 1	5001			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F PRIMA		/ PRE-	2.3		0 DA RIMA		P	OST-	3.		AMENDM REPORT?		Yes		No	\
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND F ELECT		/ PRE-	- 5.		0 DA LECT		P	OST-	6.		TERMINA REPORT?		Yes	İ	No	\
the right of report type)	ANNUAL REPOR	₹ 7.	Year 2	2023					IG MET CHECK					PAPER		V	DIS	KETT	
Name of Office S	ought by Candi	date:	•						DATE	OI	F ELE	CTI	ON	District Number	Office Code	Pa	rty Co	ode Co	
	- CURRENT CO								МО		DAY	Y	'EAR	-1	SPM	DE	М	04	
JUSTICE OF TH	E SUPREME CO	URI							1	11		7	2023		(SEE IN	ISTRUCTI	ONS F	OR COD	ES)
Summary of		МО	DA	Y	YEAR				МО		DAY	Y	/EAR	FO	R OFFI	CE USE	ON	LY	
Expenditures	irom:		3	28	20)23	то)		5		1	2023						
A. Amount Bro	ught Forward Fi	om Last R	eport					\$					0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (From	Sched	dule I	<u> </u>	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash	Balance (Subtr	act Line D	From I	Line C	C)			\$					0.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fro	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From S	Schedu	le IV)			\$					0.00			•			
					AFF]	IDAV	IT/	SE	CTIO	N									
PART I - If this is	a Committee r	eport, trea	surer	sign h	nere. I	f this	is a	Can	didate	re	port, c	and	lidate sig	gn here.					
I swear (or affirm) correct and comple		ncluding the	e attach	ed sch	nedules	filed o	n pa	per o	or by ele	ectr	onic me	ediur	n, are to	the best o	f my kno	wledge	and	belief ,	true
Sworn to and subs	cribed before me t day of	his	20							-			Signature	e of Perso	n Submit	ting Re	port		_
	Signa									-				Prin	ted Nam	e			-
My Commission Ex	_									_				Ema	il				_
	мо	D	AY		YR					_	Are	ea Co	ode	Daytim	e Telepi	none Nu	ımbe	r	
Part II- If this is	a report of a ca	ındidate's	author	rized	Comm	ittee,	Can	ndida	ate sha	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge an	d belie	ef this	politica	al co	ommi	ittee has	s no	t violat	ted a	ny provis	ions of the	e act of J	une 3,1	937	(P.L. 13	33,
Sworn to and subsc		is											s	ignature o	of Candid	ate			—
	day of 		_ 20 _				_							Printe	d Name				—
	Signatui	 ·e					_			_									
My Commission Exp	ires													Ema	il				
	МО	D	AY		YR					,	Area	Code	1	Da	aytime 1	elepho	ne Nu	ımber	- $ $

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KUNSELMAN, DEBORAH ANNE	From:	<u>3/28/202</u>	<u>З</u> То:	<u>5/1/2023</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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.

Name of Filing Commit	Name of Filing Committee or Candidate			Reporting Period							
				From:			То	:			
			•			DATE			AMOUNT		
Full Name of Contributin	g Committee			М	0	DAY	YEAR				
Mailing Address								\$	0.00		
City		State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committe	ee or Candidate	F	Reporting I	Period			
			From: To) :	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	nme of Filing Committee or Candidate		Reporting						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee		мо	DAY	YEAR	\$		0.00		
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
							-	PAGE TO	TAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$		0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	9			Rep	orting Pe	riod					
				Fror	From:				То:		
					DATE			AMOUNT			
Full Name of Contributor					мо	DAY	YEAR	\$	0.00		
Mailing Address								7			
City	State	Zi	p Code (Plus	s 4)							
Employer Name	•				Occupation						
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL		
								\$	0.00		

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.

Name of Filing Committee of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Soction	4			PAGE TOTAL
cincer Granu Total of Part I	on Schedule 1, Detailed	Summary Page,	Section	⊶.			\$ 0.00

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

Name of Filing Committee or Candidate	Reporting Perio	d	
KUNSELMAN, DEBORAH ANNE	From:	3/28/2023 To :	<u>5/1/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	idate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			ailed Summary Page,			PAGE TOTAL		
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Re	porting	Period				
				Fro	m:		To:	o:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Place of Business City					e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate					Reporting Period					
			From			То:					
				DATE			AMOUNT				
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00				