### **Campaign Finance Report**

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

| Filer Identificati<br>Number :   | on :                        | 20220     | 631      |                      |          | Rep<br>File |      |       | CAN                       | DIE      | DATE    |        | COMN                   | 1ITTEE                      | <b>✓</b>       | LOBI    | BYIST  |           |       |
|--|-----------------------------|-----------|----------|----------------------|----------|-------------|------|-------|---------------------------|----------|---------|--------|------------------------|-----------------------------|----------------|---------|--------|-----------|-------|
| Name of Filing C   | ommittee, Ca                | andida    | te or Lo | obbyist:             |          | KUN         | SEL  | MAN   | FOR P                     | 4        |         |        |                        |                             |                |         |        |           |       |
| Street Address:  | 355 COM                     | 1MERC     | E ST     |                      |          |             |      |       |                           |          |         |        |                        |                             |                |         |        |           |       |
| City:  | BEAVER                      |           |          |                      |          |             |      |       | State:                    |          | PA      |        |                        | <b>Zip Code:</b> 15009-2037 |                |         |        |           |       |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY  |           | 1.       | 2ND FRIDA<br>PRIMARY | Y PRE-   | - 2         | 2.   | 30 DA |                           |          |         |        | AMENDMENT<br>REPORT?   |                             | Yes            | N       | lo     | <b>/</b>  |       |
| (place X to<br>the right of  | 6TH TUESDAY<br>PRE-ELECTION |           | 4.       |                      |          |             |      | 30 DA |                           | POST- 6. |         |        | TERMINATION<br>REPORT? |                             | Yes            | Ν       | lo     | <b>/</b>  |       |
| report type)   | ANNUAL REP                  | PORT      | 7.       | <b>Year</b> 2023     |          |             |      |       | ING METHOD<br>) CHECK ONE |          |         |        | PAPER                  | $\checkmark$                | DISK           | ETTE    |        |           |       |
| Name of Office S   | ought by Can                | ndidate   | e:       | -                    |          |             |      |       | DATE                      | OI       | F ELE   | CTIC   | N                      | District<br>Number          | Office<br>Code | Par     | ty Cod | e Cou     |       |
| JUSTICE OF TH  | E SLIPREME (                | COURT     | F        |                      |          |             |      |       | МО                        |          | DAY     | YI     | AR                     | -1                          | SPM            | DEN     | 1      | 04        |       |
|  | E SOTTLE V                  | COOK      | •        |                      |          |             |      |       | 11                        |          |         | 7      | 2023                   |                             | (SEE INS       | TRUCTI  | ONS FO | R CODES   | 5)    |
| Summary of Expenditures  |                             | nd        | МО       | DAY                  | YEAR     |             |      | _     | МО                        |          | DAY     | YI     | EAR                    | FO                          | R OFFIC        | E USE   | ONL    | 7         |       |
|  |                             |           |          | 5 2                  | . 20     | 023         | 1    | 0     |                           | 6        |         | 5      | 2023                   |                             |                |         |        |           |       |
| A. Amount Brought Forward From Last Report                                 |                             |           |          |                      |          |             |      | \$    |                           |          |         |        | 125.63                 |                             |                |         |        |           |       |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 5,800.00 |                             |           |          |                      |          |             |      |       |                           |          |         |        |                        |                             |                |         |        |           |       |
| C. Total Funds Available (Sum Of Lines A and B)                            |                             |           |          |                      |          |             | \$   |       |                           |          | 36,9    | 925.63 |                        |                             |                |         |        |           |       |
| D. Total Expenditures (From Schedule III)                                  |                             |           |          |                      |          |             | \$   |       |                           |          | 35,2    | 218.38 |                        |                             |                |         |        |           |       |
| E. Ending Cash Balance (Subtract Line D From Line C)                       |                             |           |          |                      |          |             | \$   |       |                           |          | 1,7     | 07.25  |                        |                             |                |         |        |           |       |
| F. Value Of In-  |                             |           |          |                      |          | le II       | )    | \$    |                           |          |         |        | 0.00                   |                             |                |         |        |           |       |
| G. Unpaid Debt   | s And Obligat               | tions (   | From S   | chedule IV           | /)       |             |      | \$    |                           |          |         | 10,5   | 500.00                 |                             |                |         |        |           |       |
|  |                             |           |          |                      | AFF      | IDA         | VI   | T SE  | CTIO                      | N        |         |        |                        |                             |                |         |        |           |       |
| PART I - If this is  |                             | -         | -        | _                    |          |             |      |       |                           |          | -       |        | _                      |                             |                |         |        |           |       |
| I swear (or affirm) correct and comple                                     |                             | rt, inclu | aing the | attached sc          | neaules  | s filed     | ı on | paper | or by ele                 | ectr     | onic me | eaium  | , are to t             | ne best o                   | r my knov      | /leage  | ana be | iiet , tr | ue    |
| Sworn to and subs  | cribed before m<br>day of   | ne this   |          | 20                   |          |             |      |       |                           | -        |         | S      | Signature              | of Perso                    | n Submitt      | ing Rep | ort    |           | _     |
|  | Si                          | gnature   | <b>.</b> |                      |          |             |      | -     |                           | -        |         |        |                        | Prin                        | ted Name       |         |        |           |       |
| My Commission Ex   | rpires                      |           |          |                      |          |             |      | _     |                           | -        |         |        |                        | Emai                        | I              |         |        |           |       |
|  | МО                          |           | DA       | ΛΥ                   | YR       |             |      |       |                           |          | Are     | ea Cod | le                     | Daytim                      | e Teleph       | one Nu  | mber   |           |       |
| Part II- If this is  | a report of a               | candi     | date's   | authorized           | Comn     | nitte       | e, C | andid | ate sha                   | all s    | sign he | ere.   |                        |                             |                |         |        |           |       |
| I swear (or affirm)<br>No 320) as amende                                   |                             | st of my  | / knowle | dge and beli         | ief this | polit       | ical | comm  | ittee ha                  | s no     | t viola | ted an | y provisi              | ions of the                 | e act of Ju    | ne 3,1  | 937 (P | .L. 133   | 3,    |
| Sworn to and subsc   | ribed before me             | e this    |          | 20                   |          |             |      |       |                           |          |         |        | Si                     | ignature o                  | of Candida     | te      |        |           | _     |
|  |                             |           |          |                      |          |             |      | -     |                           |          |         |        |                        | Printe                      | d Name         |         |        |           | - $ $ |
| My Commission Exp  | Signa                       | ature     |          |                      |          |             |      | -     |                           | Email    |         |        |                        |                             | - $ $          |         |        |           |       |
| , сопппавіон Ехр   |                             |           |          |                      |          |             |      | _     |                           |          |         |        |                        |                             |                |         |        |           | _     |
| MO DAY YR  |                             |           |          |                      |          |             |      |       |                           | Area     | Code    |        | Da                     | ytime Te                    | lephor         | e Num   | ber    |           |       |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |               |          |
|--|-----------|----------|---------------|----------|
| KUNSELMAN FOR PA   | From:     | 5/2/202  | <u>23</u> To: | 6/5/2023 |
| 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)   | \$        | 1,500.00 |               |          |
| TOTAL for the Reporting  | Period    | (2)      | \$            | 1,500.00 |
| 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)   |           |          | \$            | 4,300.00 |
| TOTAL for the Reporting  | Period    | (3)      | \$            | 4,300.00 |
| 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 |           |          | \$            | 5,800.00 |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                           | his Part to itemize onl<br>with an aggregate val | -                 |                  |     | -    |      |    |            |
|---------------------------|--|-------------------|------------------|-----|------|------|----|------------|
| Name of Filing Comm       | ittee or Candidate                               |                   | Reporting Period |     |      |      |    |            |
|                           |  |                   | Fre              | om: |      | То   | :  |            |
|                           |  | 1                 |                  |     | DATE |      |    | AMOUNT     |
| Full Name of Contribution | ng Committee                                     |                   |                  | МО  | DAY  | YEAR |    |            |
| Mailing Address           |  |                   |                  |     |      |      | \$ | 0.00       |
| City                      | State  | Zip Code (Plus 4) | )                |     |      |      |    |            |
|                           | •  | •                 |                  |     | •    | •    |    | PAGE TOTAL |

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

0.00

### 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 Committee or Candidate        |                    |                                   | Rep | Reporting Period |              |                 |    |          |  |  |
|--|--------------------|-----------------------------------|-----|------------------|--------------|-----------------|----|----------|--|--|
| KUNSELMAN FOR PA                             |                    |                                   | Fro | m:               | <u>5/2/2</u> | 2023 <b>T</b> o | ): | 6/5/2023 |  |  |
|  |                    |                                   |     |                  | DATE         |                 |    | AMOUNT   |  |  |
| Full Name of Contributor John Seidman        |                    |                                   |     | МО               | DAY          | YEAR            |    |          |  |  |
| Mailing Address 6839 Juniata Pl              |                    |                                   |     |                  |              |                 | \$ | 250.00   |  |  |
| <b>City</b> Pittsburgh                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15208 |     | 5                | 4            | 2023            |    |          |  |  |
| Full Name of Contributor<br>Robert Banks     |                    |                                   |     | МО               | DAY          | YEAR            |    |          |  |  |
| Mailing Address 345 Commerce St.             |                    |                                   |     |                  |              |                 | \$ | 250.00   |  |  |
| <b>City</b> Beaver                           | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15009 |     | 5                | 5            | 2023            |    |          |  |  |
| Full Name of Contributor Richard Horton      |                    |                                   |     | МО               | DAY          | YEAR            |    |          |  |  |
| Mailing Address 10 Kern Rd.                  |                    |                                   |     |                  |              |                 | \$ | 100.00   |  |  |
| <b>City</b> Kutztown                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19530 |     | 5                | 10           | 2023            |    |          |  |  |
| <b>Full Name of Contributor</b> Theron Noble |                    |                                   |     | МО               | DAY          | YEAR            |    |          |  |  |
| Mailing Address 301 E. Pine St.              | State              | Zip Code (Plus 4)                 |     | 5                | 10           | 2023            | \$ | 250.00   |  |  |
| <b>City</b> Clearfield                       | PA                 | 16830                             |     |                  |              |                 |    |          |  |  |
| Full Name of Contributor John E. Frank       |                    |                                   |     | МО               | DAY          | YEAR            |    |          |  |  |
| Mailing Address 2587 Evergreen Dr            |                    |                                   |     |                  |              |                 | \$ | 100.00   |  |  |
| <b>City</b> Indiana                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15701 |     | 5                | 10           | 2023            |    |          |  |  |

| Full Name of Contributor<br>Laura Phillips |                    | МО                             | DAY  | YEAR |      |                  |
|--|--------------------|--------------------------------|------|------|------|------------------|
| Mailing Address 1120 Harv                  | 1120 Hai vara Na.  |                                |      |      |      | <b>\$</b> 250.00 |
| <b>City</b> Pittsburgh                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15205 | 5    | 12   | 2023 |                  |
| Full Name of Contributor Sean Ramaley      | МО                 | DAY                            | YEAR |      |      |                  |
| Mailing Address 345 Sunset Dr.             |                    |                                |      |      |      | \$ 200.00        |
| <b>City</b> Baden                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15005 | 5    | 12   | 2023 |                  |
| Full Name of Contributor Cheryl Reijon     |                    |                                |      | DAY  | YEAR |                  |
| Mailing Address 5705 42nd Ave. S.          |                    |                                |      |      |      | <b>\$</b> 100.00 |
| <b>City</b> Minneapolis                    | State<br>MN        | <b>Zip Code (Plus 4)</b> 55417 | 5    | 12   | 2023 |                  |

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

**PAGE TOTAL \$** 1,500.00

#### **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.

| ame of Filing Committee or Candidate Rep |                      |          | Reporting   | Reporting Period |     |      |    |            |  |  |
|--|----------------------|----------|-------------|------------------|-----|------|----|------------|--|--|
|  |                      |          | From:       |                  |     | То:  |    |            |  |  |
|  |                      |          |             | DA               | TE  |      | А  | MOUNT      |  |  |
| Full Name of Contributing Committee      |                      |          |             | мо               | DAY | YEAR |    |            |  |  |
| Mailing Address                          |                      |          |             |                  |     |      | \$ | 0.00       |  |  |
| City                                     | State                | Zip Cod  | e (Plus 4)  |                  |     |      |    |            |  |  |
|  |                      |          |             |                  |     |      |    | PAGE TOTAL |  |  |
| Enter Grand Total of Part C on Sche      | dule 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                     |                        |       |       |                   | Rep             | Reporting Period  |                   |                       |          |                   |          |  |
|---|------------------------|-------|-------|-------------------|-----------------|-------------------|-------------------|-----------------------|----------|-------------------|----------|--|
| KUNSELMAN FO  | PR PA                  |       |       |                   | Fron            | n:                | <u>5/2/2</u>      | <u>023</u> <b>T</b> o | 6/5/2023 |                   |          |  |
|   |                        |       |       |                   |                 | D/                | ATE               |                       |          | AMOUN             | IT       |  |
| Full Name of Con  | tributor               |       |       |                   |                 | МО                | DAY               | YEAR                  |          |                   |          |  |
| Charles Runzo   |                        |       |       |                   |                 |                   |                   |                       |          |                   |          |  |
| Mailing<br>Address  | 838 Croft Rd.          |       |       |                   |                 |                   |                   |                       | \$       |                   | 300.00   |  |
| City Greensbu   | ıra                    | State | Zip   | Code (Plus        | <b>34)</b>      | 5                 | 12                | 2023                  | 3        |                   |          |  |
| 0.00.100  | <del>y</del>           | PA    | 15061 |                   |                 |                   |                   |                       |          |                   |          |  |
| Employer Name Liberty Transportation, Inc.                |                        |       |       |                   | Occupat         | tion              | EO                |                       |          |                   |          |  |
| Employer Mailing<br>Business                              | Address/Principal Plac | e of  |       | City              |                 | State             |                   |                       | Zip C    | ode (Pl           | us 4)    |  |
| 838 Croft Rd. Greensburg                                  |                        |       |       | ırg               | PA              |                   |                   | 15061                 |          |                   |          |  |
| Full Name of Con  | tributor               |       |       |                   |                 |                   |                   |                       |          |                   |          |  |
| Dusty Kirk  |                        |       |       |                   |                 | МО                | DAY               | YEAR                  |          |                   |          |  |
| Mailing<br>Address  | 108 Woodland Rd.       |       |       |                   |                 |                   |                   | \$                    |          | 1,000.00          |          |  |
| City Pittsburg  | ıh                     | State | Zip   | Code (Plus        | <del>(</del> 4) | 5                 | 12                | 2023                  | 3        |                   |          |  |
|   |                        | PA    | 15    | 5232              |                 |                   |                   |                       |          |                   |          |  |
| Employer Name   | Reed Smith LLP         |       |       |                   |                 | Occupation Lawyer |                   |                       |          |                   |          |  |
| Employer Mailing<br>Business                              | Address/Principal Plac | e of  |       | City              |                 | State             |                   |                       | Zip C    | Zip Code (Plus 4) |          |  |
| 225 Fifth Ave.  |                        |       |       | Pittsburg         | h               |                   | PA                |                       | 152      | .22               |          |  |
| Full Name of Con  | tributor               |       |       |                   |                 |                   |                   |                       | П        |                   |          |  |
| Michael J. Pisano   | chyn, Jr.              |       |       |                   |                 | МО                | DAY               | YEAR                  |          |                   |          |  |
| Mailing<br>Address  | 524 Spruce St.         |       |       |                   |                 |                   |                   | 2022                  | \$       |                   | 2,000.00 |  |
| City Scranton   | 1                      | State | Zip   | Code (Plus        | <b>(4)</b>      | 5                 | 22                | 2023                  | 5        |                   |          |  |
|   |                        | PA    | 18    | 3503              |                 |                   |                   |                       |          |                   |          |  |
| Employer Name Pisanchyn Law Firm                          |                        |       |       | Occupation Lawyer |                 |                   |                   |                       |          |                   |          |  |
| Employer Mailing Address/Principal Place of Business City |                        |       |       | State             |                 |                   | Zip Code (Plus 4) |                       |          |                   |          |  |
| 534 Spruce St. Scranton                                   |                        |       |       | PA                |                 | 185               | 03                |                       |          |                   |          |  |

| Full Name of Co<br>Lawrence Kelly                         |                       |                    |        |                  | мо         | DAY    | YEAR              |                   |  |
|---|-----------------------|--------------------|--------|------------------|------------|--------|-------------------|-------------------|--|
| Mailing<br>Address  | 315 North Mercer S    | 6t.                |        |                  |            |        |                   | <b>\$</b> 500.00  |  |
| City New Ca   | ıstle                 | State              | Zi     | Code (Plus 4)    | 5          | 10     | 2023              | 3                 |  |
|   |                       | PA                 | 16     | 5103             |            |        |                   |                   |  |
| Employer Name   | LGKG                  | •                  | •      |                  | Occupat    | tion L |                   |                   |  |
| Employer Mailing Address/Principal Place of City Business |                       |                    |        | •                | State      |        | Zip Code (Plus 4) |                   |  |
| 317 7th St. Ellwood City                                  |                       |                    |        |                  |            | PA     |                   | 16117             |  |
| Full Name of Contributor Kenneth J. Horoho, Jr.           |                       |                    |        |                  | МО         | DAY    | YEAR              |                   |  |
| Mailing<br>Address  | 304 Dixon Ave.        |                    |        |                  |            |        |                   | <b>\$</b> 500.00  |  |
| <b>City</b> Pittsbur                                      | -gh                   | State              | Zi     | Code (Plus 4)    | 5          | 10     | 2023              | 3                 |  |
|   |                       | PA                 | 15     | 5216             |            |        |                   |                   |  |
| Employer Name   | Gentile, Horoho & A   | Avalli, P.C.       | •      |                  | Occupat    | tion L | awyer             |                   |  |
| Employer Mailin<br>Business                               | g Address/Principal P | lace of            |        | City             | <u>. I</u> | State  |                   | Zip Code (Plus 4) |  |
| 310 Grant St. #1000 Pittsburgh                            |                       |                    | PA     |                  |            | 15219  |                   |                   |  |
| Enter Grand T   | otal of Part C on Sci | hedule I, Detailed | l Sumn | nary Page, Secti | on 3.      |        |                   | PAGE TOTAL        |  |
|   |                       |                    |        |                  |            |        | 1 .               | \$ 4 200 00       |  |

4,300.00

## 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 or Co | lame of Filing Committee or Candidate |                  |         | Reporting Period |     |      |    |          |  |  |
|--------------------------------|---------------------------------------|------------------|---------|------------------|-----|------|----|----------|--|--|
|                                |                                       |                  | From:   |                  |     | То:  |    |          |  |  |
|                                |                                       |                  |         | D                | ATE |      | AN | 10UNT    |  |  |
| Full Name                      |                                       |                  |         | мо               | DAY | YEAR |    |          |  |  |
| Mailing Address                |                                       |                  |         |                  |     |      | \$ | 0.00     |  |  |
| City                           | State                                 | Zip Code (       | Plus 4) |                  |     |      |    |          |  |  |
| Receipt Description            | ·                                     | •                |         |                  |     |      |    |          |  |  |
| Enter Grand Total of Part E or | Schedule T Detaile                    | d Summary Page   | Section | 4                |     |      | PA | GE TOTAL |  |  |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet                 | z Summary r uge, | 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 Period |                            |          |  |  |  |  |  |  |  |
|--|------------------|----------------------------|----------|--|--|--|--|--|--|--|
| KUNSELMAN FOR PA   | From:            | <u>5/2/2023</u> <b>To:</b> | 6/5/2023 |  |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |                  |                            |          |  |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00     |  |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, 1 |                  | \$                         | 0.00     |  |  |  |  |  |  |  |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidate Re  |                     |                       |          | Reporting Period |      |     |            |  |  |
|---|---------------------|-----------------------|----------|------------------|------|-----|------------|--|--|
|   |                     |                       | From:    |                  |      | То: |            |  |  |
|   |                     |                       |          | DATE             |      |     | AMOUNT     |  |  |
| Full Name of Contributor                  |                     |                       | МО       | DAY              | YEAR |     |            |  |  |
| Mailing Address                           |                     |                       |          | \$               | 0.00 |     |            |  |  |
| City                                      | State               | Zip Code (Plus 4)     |          |                  |      |     |            |  |  |
| Description of Contribution:              |                     |                       |          |                  |      |     |            |  |  |
|   |                     |                       |          | _                |      |     |            |  |  |
| Enter Grand Total of Part F on Section 2. | Schedule II, In-Kir | nd Contributions Deta | iled Sum | ımary Pag        | ge,  |     | PAGE TOTAL |  |  |
| 5551511 21                                |                     |                       |          |                  |      | \$  | 0.00       |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                           | lame of Filing Committee or Candidate |                  |               |       | Reporting Period   |    |      |            |       |                 |
|---|---------------------------------------|------------------|---------------|-------|--------------------|----|------|------------|-------|-----------------|
|   |                                       |                  |               |       | From:              | 1  |      | То:        |       |                 |
|   |                                       |                  |               |       |                    |    | DATE |            |       | AMOUNT          |
| Full Name of Contributor  |                                       |                  |               |       |                    | 10 | DAY  | YEAR       |       |                 |
| Mailing Address   |                                       |                  |               |       |                    |    |      |            | \$    | 0.00            |
| City  | State                                 | Zip Code(Plus 4) |               |       |                    |    |      |            |       |                 |
| Employer of Contributor   |                                       |                  |               |       | Occupation         |    |      |            |       |                 |
| Employer Mailing Address/Principal Place of Business City State |                                       |                  |               |       | Zip Code(Plus Desc |    |      | Descri     | ption | of Contribution |
| Enter Grand Total of Part G on Sch                              | edule II, I                           | n-Kind           | Contributions | s Det | ailed              | _  |      | PAGE TOTAL |       |                 |
| Summary Page, Section 3.  |                                       |                  |               |       |                    |    |      |            |       | 0.00            |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or                   | Candidate                        |   | Reporti  | ng Period |                                       |          |          |  |
|---|----------------------------------|---|--|-----------|---------------------------------------|----------|----------|--|
| KUNSELMAN FOR PA                              |                                  |   | From   | 6/5/2023  |                                       |          |          |  |
|   |                                  |   |  | DATE      |                                       |          | AMOUNT   |  |
| <b>To Whom Paid</b><br>MF Strategies LLC      |                                  |   | мо   | DAY       | YEAR                                  |          |          |  |
| Mailing Address PO Box 43                     | 39                               |   | 5  | 4         | 2023                                  | \$       | 4,000.00 |  |
| <b>City</b> Harrisburg                        | <b>State</b><br>PA               | Description of Expenditure consulting fee |  |           |                                       |          |          |  |
| <b>To Whom Paid</b><br>Gerald Ashley          |                                  |   | МО   | DAY       | YEAR                                  |          |          |  |
| Mailing Address 1441 Nort                     | h 11th St.                       |   | 5  | 4         | 2023                                  | \$       | 1,000.00 |  |
| <b>City</b> Philadelphia                      | State Zip Code (Plus 4) PA 19122 |   |  |           | Description of Expenditure field work |          |          |  |
| <b>To Whom Paid</b><br>Meyer Consulting, Inc. |                                  |   | мо   | DAY       | YEAR                                  |          |          |  |
| Mailing Address 1409 High                     | lland Ave.                       |   | 5  | 4         | 2023                                  | \$       | 3,000.00 |  |
| City Louisville                               | <b>State</b><br>KY               | <b>Zip Code (Plus 4)</b><br>40204         | Description of Expenditure digital campaigning |           |                                       |          |          |  |
| <b>To Whom Paid</b> Meyer Consulting, Inc.    | ·                                | ·   | МО   | DAY       | YEAR                                  |          |          |  |
| Mailing Address 1409 High                     | ing Address 1409 Highland Ave.   |   |  |           | 2023                                  | \$       | 4,999.98 |  |
| City Louisville                               | Chata Tin Code (Blue 4)          |   |  |           |                                       |          |          |  |
| <b>To Whom Paid</b><br>USPS                   |                                  |   | МО   | DAY       | YEAR                                  |          |          |  |
| Mailing Address 777 Corpo                     | oration St.                      |   | 5  | 8         | 2023                                  | \$<br>\$ | 28.75    |  |

Zip Code (Plus 4)

15009

**Description of Expenditure** 

postage

State

PΑ

City

Beaver

| <b>To Whom Paid</b><br>Campaign Verify   |                           |                                   | МО   | DAY                      | YEAR                |    |                 |
|--|---------------------------|-----------------------------------|--|--------------------------|---------------------|----|-----------------|
| Mailing Address 1215 31s   | st St. NW                 |                                   | 5  | 4                        | 2023                | \$ | 95.00           |
| City Washington  | State                     | Zip Code (Plus 4)                 | Descrip  | tion of Exp              | enditure            |    |                 |
| washington   | DC                        | 20007                             |  | set up fee               |                     |    |                 |
| <b>To Whom Paid</b><br>BJs Wholesale/Giant   |                           |                                   | мо   | DAY                      | YEAR                |    |                 |
| Mailing Address 1785 Airp  | port Rd.                  |                                   | 5  | 8                        | 2023                | \$ | 0.11            |
| City Allentown   | State                     | Zip Code (Plus 4)                 | Descrip  | tion of Exp              | enditure            |    |                 |
| , ulcillo Wii  | PA                        | 18109                             | 1  | sing exper               |                     |    |                 |
| <b>To Whom Paid</b><br>Speedway  |                           |                                   | МО   | DAY                      | YEAR                |    |                 |
| Mailing Address 14233 Ku   | utztown Rd.               |                                   | 5  | 8                        | 2023                | \$ | 34.62           |
| <b>City</b> Fleetwood  | <b>State</b><br>PA        | <b>Zip Code (Plus 4)</b><br>19522 | 4) Description of Expenditure travel expense   |                          |                     |    |                 |
|  |                           | 13322                             | lavere   | жрепве                   |                     |    |                 |
| To Whom Paid<br>Sheetz   |                           |                                   | мо   | DAY                      | YEAR                |    |                 |
|  |                           |                                   |  |                          |                     |    |                 |
| Mailing Address 101 Main   | ı St.                     |                                   | 5  | 8                        | 2023                | \$ | 30.63           |
| Mailing Address 101 Main   | State                     | Zip Code (Plus 4)                 |  |                          |                     |    | 30.63           |
| Mailing Address 101 Main   |                           | <b>Zip Code (Plus 4)</b> 16143    | Descrip  | 8<br>expense             |                     |    | 30.63           |
| Mailing Address 101 Main   | State                     |                                   | Descrip  | otion of Exp             |                     |    | 30.63           |
| Mailing Address 101 Main  City Port Allegheny  To Whom Paid  | State<br>PA               |                                   | Descrip<br>travel 6  | expense                  | penditure           |    | 30.63<br>171.67 |
| Mailing Address 101 Main  City Port Allegheny  To Whom Paid Best Western  Mailing Address 1002 Ear                 | State<br>PA               |                                   | Descriptravel 6  | DAY                      | YEAR 2023           | \$ |                 |
| Mailing Address 101 Main  City Port Allegheny  To Whom Paid Best Western  Mailing Address 1002 Ear                 | State<br>PA<br>th Rd      | 16143                             | Descriptravel 6  | DAY  8  ation of Expense | YEAR 2023           | \$ |                 |
| Mailing Address 101 Main  City Port Allegheny  To Whom Paid Best Western  Mailing Address 1002 Ear                 | State PA th Rd State      | 16143  Zip Code (Plus 4)          | Descriptravel 6  MO  5  Descrip  | DAY  8  ation of Expense | YEAR 2023           | \$ |                 |
| Mailing Address 101 Main City Port Allegheny  To Whom Paid Best Western  Mailing Address 1002 Ear City Saint Marys | State PA  th Rd  State PA | 16143  Zip Code (Plus 4)          | MO  5  Description of the control of | DAY  8  otion of Expense | YEAR 2023 Denditure | \$ |                 |

| To Whom Paid PNC Bank (Visa)   | мо   | DAY   | YEAR                               |    |  |          |
|--|--|---|------------------------------------|----|--|----------|
| Mailing Address PO Box 71335   | 5  | 22  | 2023                               | \$ |  | 326.00   |
| City Philadelphia State Zip Code (Plus 4 PA 19176  | Descrip  | otion of Exp<br>expense                                     | enditure                           |    |  |          |
| To Whom Paid PNC Bank (Visa)   | МО   | DAY   | YEAR                               |    |  |          |
| Mailing Address PO Box 71335   | 5  | 22  | 2023                               | \$ |  | 1,045.00 |
| CityPhiladelphiaStateZip Code (Plus 4PA19176   | Descrip  | Description of Expenditure committee meetings/donations     |                                    |    |  |          |
| To Whom Paid PNC Bank (Visa)   | мо   | DAY   | YEAR                               |    |  |          |
| Mailing Address PO Box 71335   | 5  | 5 22 2023   |                                    |    |  | 5,000.00 |
| City Philadelphia State Zip Code (Plus 4   | ) Descrip  | Description of Expenditure digital campaigning              |                                    |    |  |          |
| PA 19176   | digital  | campaignii  | ng                                 |    |  |          |
| To Whom Paid Community Labor Admin Services  | digital MO   | DAY   | YEAR                               |    |  |          |
| To Whom Paid   |  | <u> </u>  |                                    | \$ |  | 2,090.87 |
| To Whom Paid Community Labor Admin Services  | MO 6 Descrip   | DAY   | <b>YEAR</b> 2023                   | \$ |  | 2,090.87 |
| To Whom Paid Community Labor Admin Services  Mailing Address 77 Sands St.  City Brooklyn  State  Zip Code (Plus 4)   | MO 6 Descrip   | DAY 2   | <b>YEAR</b> 2023                   | \$ |  | 2,090.87 |
| To Whom Paid Community Labor Admin Services  Mailing Address 77 Sands St.  City Brooklyn State NY 11201  To Whom Paid  | MO 6 Description   | DAY  2  Dition of Exp gn texting                            | YEAR 2023 Denditure                | \$ |  | 2,090.87 |
| To Whom Paid Community Labor Admin Services  Mailing Address 77 Sands St.  City Brooklyn State NY 11201  To Whom Paid PNC Bank   | MO 6 Description campaid MO 6  | DAY  2  ption of Exp gn texting  DAY  1  ption of Exp       | YEAR 2023 Denditure YEAR 2023      |    |  |          |
| To Whom Paid Community Labor Admin Services  Mailing Address 77 Sands St.  City Brooklyn State NY 11201  To Whom Paid PNC Bank  Mailing Address PO Box 609  City Pittsburgh State Zip Code (Plus 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | MO 6 Description of the companion of the | DAY  2  ption of Exp gn texting  DAY  1  ption of Exp       | YEAR 2023 Denditure YEAR 2023      |    |  |          |
| To Whom Paid Community Labor Admin Services  Mailing Address 77 Sands St.  City Brooklyn State NY 11201  To Whom Paid PNC Bank  Mailing Address PO Box 609  City Pittsburgh State PA 15230  To Whom Paid                               | MO 6 Description MO 6 Description Mo 6 Description Mo 6  | DAY  2  ption of Exp gn texting  DAY  1  ption of Exp g fee | YEAR 2023 Penditure 2023 Penditure |    |  |          |

| To Whom Paid Forward Motion Consulting  Mailing Address 1504 N. New St.  City Bethlehem  State PA  Zip Code (Plus 4) 18018  Description of Expenditure field work  To Whom Paid   | 500.00   |
|---|----------|
| City Bethlehem  State   Zip Code (Plus 4)   Description of Expenditure   field work   | 500.00   |
| PA 18018 field work   |          |
| To Whom Paid  |          |
| Michael Laws Consulting Inc.  MO DAY YEAR   |          |
| Mailing Address 202 Saucon View Dr. 5 22 2023 \$  | 8,000.00 |
| City Bethlehem  State PA  Zip Code (Plus 4) Description of Expenditure consulting fee   |          |
| To Whom Paid Michael Laws Consulting Inc.  MO DAY YEAR  |          |
| Mailing Address 202 Saucon View Dr. 6 2 2023 \$   | 2,000.00 |
| City Bethlehem State Zip Code (Plus 4) PA 18015 Description of Expenditure field work   |          |
|   |          |
| To Whom Paid Kristina Ramanauskas  MO DAY YEAR  |          |
| MO   DAY   YEAR   | 500.00   |
| Kristina Ramanauskas  Mo DAY YEAR  Mailing Address  | 500.00   |
| Kristina Ramanauskas  Mo DAY YEAR  Mailing Address 105 Long Woods Dr. 6 2 2023 \$  City Tobyhanna State Zip Code (Plus 4) Description of Expenditure  | 500.00   |
| Kristina Ramanauskas  Mo DAY YEAR  Mailing Address 105 Long Woods Dr. 6 2 2023 \$  City Tobyhanna State PA Zip Code (Plus 4) Description of Expenditure field work  To Whom Paid  MO DAY YEAR   | 500.00   |
| Kristina Ramanauskas  Mo DAY YEAR  Mailing Address 105 Long Woods Dr. 6 2 2023 \$  City Tobyhanna State PA 2ip Code (Plus 4) Description of Expenditure field work  To Whom Paid Charlie Datz  Mo DAY YEAR  |          |
| Kristina Ramanauskas  Mo DAY YEAR  Mailing Address 105 Long Woods Dr. 6 2 2023 \$  City Tobyhanna Paid Charlie Datz  Mailing Address 520 Welty St. 6 2 2023 \$  City Greensburg State 2ip Code (Plus 4) 18466  Mo DAY YEAR  YEAR  105 Long Woods Dr. 6 2 2023 \$  City Greensburg Description of Expenditure  State 2ip Code (Plus 4) 2023 \$  City Greensburg Description of Expenditure |          |
| Kristina Ramanauskas  Mo DAY YEAR  Mailing Address 105 Long Woods Dr.   |          |

|  |   |                                   |                            |                  |                | PAC                                       | SE 17  |  |  |  |
|--|---|-----------------------------------|----------------------------|------------------|----------------|---|--------|--|--|--|
| To Whom Paid<br>Sunoco                           |   |                                   | мо                         | DAY              | YEAR           |   |        |  |  |  |
| Mailing Address 701 Main St                      |   |                                   | 5                          | 14               | 2023           | \$  | 29.24  |  |  |  |
| <b>City</b> Hellertown                           | <b>State</b><br>PA                                  | <b>Zip Code (Plus 4)</b><br>18055 |                            | otion of Expense | l<br>penditure |   |        |  |  |  |
| <b>To Whom Paid</b><br>Phillips 66               | МО  | DAY                               | YEAR                       |                  |                |   |        |  |  |  |
| Mailing Address 2583 Milford Rd.                 |   |                                   |                            | 15               | 2023           | \$  | 20.93  |  |  |  |
| <b>City</b> East Stroudsburg                     | East Stroudsburg  State PA  Zip Code (Plus 4) 18301 |                                   |                            |                  |                |   |        |  |  |  |
| <b>To Whom Paid</b> Dauphin County Democratic Co | mmittee   |                                   | МО                         | DAY              | YEAR           |   |        |  |  |  |
| Mailing Address 4811 Jonest                      | iling Address 4811 Jonestown Rd.                    |                                   |                            |                  | 2023           | \$  | 22.00  |  |  |  |
| <b>City</b> Harrisburg                           | State<br>PA   | <b>Zip Code (Plus 4)</b> 17109    |                            | otion of Exp     |                |   |        |  |  |  |
| <b>To Whom Paid</b><br>Anedot, Inc.              |   |                                   | МО                         | DAY              | YEAR           |   |        |  |  |  |
| Mailing Address 1340 Poydra                      | s St. Suite 1770                                    |                                   | 6                          | 5                | 2023           | \$  | 95.80  |  |  |  |
| City New Orleans                                 | State<br>LA   | <b>Zip Code (Plus 4)</b> 70112    | <b>Descrip</b><br>collecti | otion of Exp     | penditure      |   |        |  |  |  |
| <b>To Whom Paid</b><br>G.J. Green O'Brien        |   |                                   | МО                         | DAY              | YEAR           |   |        |  |  |  |
| Mailing Address 53 E. Lehigh                     | St.   |                                   | 5                          | 8                | 2023           | \$  | 125.00 |  |  |  |
| <b>City</b> Bethlehem                            | ty Bethlehem State Zip Code (Plus 4) PA 18018       |                                   |                            |                  |                | Description of Expenditure advertisement  |        |  |  |  |
| <b>To Whom Paid</b><br>USPS                      |   |                                   | МО                         | DAY              | YEAR           |   |        |  |  |  |
| Mailing Address 660 Delawar                      | re Ave.   |                                   | 5                          | 2                | 2023           | \$  | 21.25  |  |  |  |
|  | 660 Delaware Ave.  State Zip Code (Plus 4)          |                                   |                            |                  |                | Description of Expenditure travel expense |        |  |  |  |

| <b>To Whom Paid</b><br>Speedway                  | МО                 | DAY                               | YEAR                                      |     |       |    |            |  |
|--|--------------------|-----------------------------------|---|-----|-------|----|------------|--|
| Mailing Address 3622 Route 378                   | 5                  | 2                                 | 2023                                      | \$  | 48.40 |    |            |  |
| City Bethlehem                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18015 | Description of Expenditure travel expense |     |       |    |            |  |
| To Whom Paid Indiana County Democratic Committee |                    |                                   | мо  | DAY | YEAR  |    |            |  |
| Mailing Address PO Box 315                       |                    |                                   | 5   | 2   | 2023  | \$ | 25.00      |  |
| City Indiana                                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15701    | <b>Descrip</b><br>adverti                 |     |       |    |            |  |
| Enter Grand Total of Expenditures                | on Page 1 Report C | over Page Item D                  |   |     |       |    | PAGE TOTAL |  |
| Enter Grana Total of Expenditures                | o age 1, Report e  | over i age, item b.               |   |     |       | \$ | 35,218.38  |  |

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate Rep |                    |                        |          | ng Period           |                 |      |           |                                |
|---|--------------------|------------------------|----------|---------------------|-----------------|------|-----------|--------------------------------|
| KUNSELMAN FOR PA                          |                    |                        | From:    |                     | <u>5/2/2023</u> | То:  |           | 6/5/2023                       |
|   |                    |                        |          |                     | DATE            |      |           | Outstanding<br>Balance of Debt |
| Name of Creditor<br>Deborah A. Kunselman  |                    |                        |          | МО                  | DAY             | YEAR |           |                                |
| Mailing Address 103 Woodhaven Co          | ourt               |                        |          | 6                   | 5               | 2023 | <b>\$</b> | 10,500.00                      |
| <b>City</b> Aliquippa                     | <b>State</b><br>PA | Zip Code (Plu<br>15001 | ıs 4)    | Description of Debt |                 |      |           |                                |
| Enter Grand Total of Unpaid Deb           | ts on Page 1, F    | Report Cover Pa        | ge, Item | G.                  |                 |      | \$        | <b>PAGE TOTAL</b> 10,500.00    |