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 202	3C0083			Rep File			CAND	DATE	✓	co	MMITTEE		LOBI	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		KUN	SEL	MAN,	DEBOR	AH ANI	NE							
Street Address:																	
City:								State:				Zip Code	e: 15	5001			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE-	- 2	2.	30 DA PRIMA		POST-	3. X	(AMENDME REPORT?	NT	Yes	N	0	√
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	Y PRE	- 5	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	N	0	\
the right of report type)	ANNUAL REPORT	7.	Year 2023					NG METH CHECK O				PAPER		V	DISK	ETTE	
Name of Office S	ought by Candid	ate:	•					DATE ()F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	Cour	
ILISTICE OF TH	E SUPREME COU	IDT						МО	DAY	Y	'EAR	-1	SPM	DEN	1	04	
J0311CE 01 111	L SUFKLINE COU	KI						11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of Expenditures		МО	DAY	YEAR		_	_	МО	DAY	Y	/EAR	FOF	OFFI	CE USE	ONLY		
			5 2	20	023	T	0	6	5	5	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00]					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$				0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$				0.00	1					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00						
				AFF	IDA	VI	ΓSE	CTION									
PART I - If this is	a Committee re	ort, trea	surer sign l	here. 1	[f thi	s is	a Can	ndidate r	eport,	cand	idate sig	jn here.					
I swear (or affirm) correct and complete	that this report, in	cluding the	e attached scl	nedules	filed	on p	paper (or by elec	tronic m	ediur	n, are to t	the best of	my knov	wledge	and be	ief , tr	ue
Sworn to and subs	cribed before me th	is	20								Signature	of Person	Submit	ting Rep	ort		
	Signat		_				- -					Printe	ed Name	<u> </u>			_
My Commission Ex	-	ıre										Email					-
	мо	D	AY	YR			-		Ar	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized	Comm	nittee	e, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of	my knowle	edge and beli	ef this	politi	ical	commi	ittee has ı	not viola	ited a	ny provis	ions of the	act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc		;							-		s	ignature of	Candida	ate			-
	day of						-					Printed	Name				_
	Signature						-					rinted	Manie				_
My Commission Exp	-											Email					
	мо	D	AY	YR			•		Area	Code	3	Day	time T	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period						
KUNSELMAN, DEBORAH ANNE	From:	<u>5/2/202</u>	<u>3</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)	\$	0.00						
TOTAL for the Reporting Period (2) \$								
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				
			1					
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

Name of Filing Committee or Candidate			Reporting	Period			
			То	:			
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		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.

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 Fining Committee of Candidate				Reporting 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.

PAGE TOTAL \$ 0.00

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.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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	Reporting Period								
			Fron	n:		То	То:		
				D	ATE		AMOUNT		
Full Name of Contributor					DAY	YEAR			
Mailing Address							\$	0.00	
City State Zip Code (Plus 4)									
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	GE 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 or Co	Name of Filing Committee or Candidate			ting Perio	bd			
			From:			То:		
				D	ATE		AM	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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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	l							
KUNSELMAN, DEBORAH ANNE	From:	<u>5/2/2023</u> To:	<u>6/5/2023</u>						
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 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 Candid	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 Schedule II, In-Kind Contributions Details			iled Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period						
						om:		To:	То:			
							DATE			AMOUNT		
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address									\$	0.00		
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	tion					
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution		
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00