# **Campaign Finance Report**

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

Filer Identificat	ion 202	23C0083			Repo			ANDI	DATE	<b>√</b>	СС	OMMITTE	E	LOB	BYIST			
Number :					Filed													
Name of Filing C	Committee, Cand	idate or Lo	obbyist:		KUNSE	:LMA	IN, DEE	SORA	H ANN	E								
Street Address:																		
City:							Stat	te:				Zip Cod	<b>Zip Code:</b> 15001					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY IMARY	F	POST-	3.		AMENDM REPORT?	ENT	Yes	No	$\checkmark$		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. <b>X</b>	2ND FRIDA ELECTION	Y PRE	E- 5.		DAY ECTION	P	POST-	6.		TERMINATION REPORT?		Yes	✓ No			
report type)	ANNUAL REPOR	<b>T</b> 7.	<b>Year</b> 2023				ING M					PAPER		$\checkmark$	DISKE	TTE		
Name of Office S	L Sought by Candid	late:					DA	TE O	F ELEC	ELECTION District Office Party Code Number Code						County Code		
							мо		DAY	YEAI	R	-1	SPM	DEM	1	04		
JUSTICE OF IF	IE SUPREME COU	JRT						11		7 2	2023 (SEE INSTRUCTIONS FOR CO							
	Receipts and	мо	DAY	YEAR	2		мо		DAY	YEA	R	FO	R OFFIC	e use	ONLY			
Expenditures	s from:		6 6	2	.023	то		9	1	8 2	2023							
A. Amount Bro	ught Forward Fr	om Last Re	eport				\$			(	0.00							
B. Total Monet	ary Contribution	s And Rece	eipts (Fron	1 Sche	edule I)		\$	0.00										
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			(	0.00							
D. Total Expen	ditures (From Sc	hedule III	[)				\$			(	0.00							
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			C	0.00							
F. Value Of In-	Kind Contributio	ns Receive	ed (From S	chedu	le II)		\$			C	0.00	1						
G. Unpaid Deb	ts And Obligatior	is (From S	chedule IV	()			\$			(	0.00							
				AFF	IDAV	IT S	SECTI	ON										
PART I - If this i																		
I swear (or affirm correct and compl	) that this report, ir ete.	cluding the	attached sc	hedule	s filed or	1 pape	er or by	electi	ronic me	dium, aı	re to f	the best of	my know	ledge	and beli	ef , true		
Sworn to and subs	scribed before me t dav of	nis	20							Sigr	nature	e of Person	Submitt	ing Rep	oort			
						_						Print	ed Name					
My Commission E	Signa xpires	ture		_								Emai						
		DA	NY	YR		_			Are	a Code			e Telepho	one Nu	mber			
Part II- If this is	a report of a ca	ndidate's a	authorized	Comn	nittee,	Cand	lidate s	shall	sign he	re.								
I swear (or affirm) No 320) as amend	) that to the best of ed.	f my knowle	dge and beli	ef this	s politica	l com	nmittee	has n	ot violat	ed any p	orovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,		
Sworn to and subso	ribed before me th	is									s	ignature o	f Candida	te				
	day of		20									Duinte	d Name					
. <u> </u>	Signature	<b>e</b>										Printe	d Name					
My Commission Exp	-	-										Emai	I					
	мо	DA	NY	YR	ł	_			Area (	Code		Da	ytime Te	lephor	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Reportin	g Period					
From:	<u>6/6/202</u>	<u>3</u> To:	<u>9/18/2023</u>			
ng Period	(1)	\$	0.00			
		\$	0.00			
All Other Contributions (Part B)						
ng Period	(2)	\$	0.00			
		\$	0.00			
		\$	0.00			
ng Period	(3)	\$	0.00			
=)						
ng Period	(4)	\$	0.00			
		\$	0.00			
	From: ing Period ing Period ing Period E) ing Period	ing Period (1)	From: 6/6/2023 To: From: 6/6/2023 To: ing Period (1) \$ \$ ing Period (2) \$ From: 6/6/2023 To: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			

## 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 Committee or Candidate				Reporting Period					
						1			
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

PART B 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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс	):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4	)						
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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						
				То:					
				DA	TE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

## PART D 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					
Fra					From:				
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 0.00	

### PART E **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 Candidate	Name of Filing Committee or Candidate			Reporting Period					
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		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, DEBORAH ANNE	From:	<u>6/6/2023</u> то:	<u>9/18/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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			Reporting Period						
F			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						<b>]</b> \$	0.0	)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_	
						\$	0.0	0	

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period				
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor				Occupa	ation			
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name 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)				tion of Exp	enditure		
Enter Crand Tatal of Evnenditures	n Dago 1. Donort (	Sover Dage Them I					PAGE TOTAL
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item I				\$	0.00