

DIS Case Number: 17-0336-EL-AGG

Section A: Application Information

Section B: Applicant Managerial Capability and Experience

Section C: Applicant Financial Capability and Experience

C-2. Financial statements

Provide copies of the applicant's <u>two most recent years</u> of audited financial statements, including a balance sheet, income statement, and cash flow statement. If audited financial statements are not available, provide officer certified financial statements. If the applicant has not been in business long enough to satisfy this requirement, provide audited or officer certified financial statements covering the life of the business. If the applicant does not have a balance sheet, income statement, and cash flow statement, the applicant may provide a copy of its two most recent years of tax returns with **social security numbers and bank account numbers redacted.**

If the applicant is unable to meet the requirement for two years of financial statements, the Staff reviewer may request additional financial information.

File(s) attached

C-5. Credit report

Provide a copy of the applicant's credit report from Experian, Equifax, TransUnion, Dun and Bradstreet or a similar credit reporting organization. If the applicant is a newly formed entity with no credit report, then provide a personal credit report for the principal owner of the entity seeking certification. At a minimum, the credit report must show summary information and an overall credit score. Bank/credit account numbers and highly sensitive identification information must be redacted. If the applicant provides an acceptable credit rating(s) in



response to C-4, then the applicant may select 'This does not apply' and provide a response in the box below stating that a credit rating(s) was provided in response to C-4.

File(s) attached

Section D: Applicant Technical Capacity



Application Attachments

Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2021 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Statu Check only one box.	If yo	Single Married filing jointly [ou checked the MFS box, enter the r son is a child but not your depender	name of	ed filing separately your spouse. If you		199 B		1000		, ,	
Your first name	and m	iddle initial	Last na	me					Your so	ocial securi	tv number
FRED			KASU	NICK							>
If joint return, s	pouse's	s first name and middle initial	Last na		1.15						curity number
MICHELL			100000000000000000000000000000000000000	NICK					operate o coolar occurry number		
		er and street). If you have a P.O. box, see					т,	Apt. no.			on Campaign
348 PLY										here if you.	100
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta	ate	ZIP co	ode	70.0		ntly, want \$3
BAY VIL		,				Н	441	0.000	_	o this fund. low will not	Checking a
Foreign countr	y name		F	oreign province/state				n postal code		x or refund.	35 cm 1 cm 2 cm 2 cm 2
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(20)		Spouse
At any time du	ıring 20	021, did you receive, sell, exchange	, or othe	rwise dispose of ar	ny fin	ancial interest i	n any	virtual currer	ncy?	☐ Yes	⊠ No
Standard Deduction		eone can claim:		5							
Age/Blindnes:	s You:	☐ Were born before January 2, 1	957	Are blind Sp	ouse	e: Was bor	n befo	ore January 2	, 1957	☐ Is bli	ind
Dependent	s (see	instructions):		(2) Social securit	y	(3) Relationsh	ip	(4) ✓ if qu	ualifies fo	r (see instru	ctions):
If more	(1) Fi	rst name Last name		number		to you		Child tax cr	and the second of the second of the		her dependents
than four	MIC	CHAEL KASUNICK		Son						[X
dependents, see instruction	JEN	NIFER R KASUNICK		Daughter				×		[
and check	3] [
here ► 🗌	8] [
	1	Wages, salaries, tips, etc. Attach f	Form(s) V	V-2					1		77,885.
Attach	2a	Tax-exempt interest	2a	4.	b T	Taxable interest	١.		2b)	420.
Sch. B if required.	3a	Qualified dividends	3a	5,203.	b (Ordinary divider	nds .		3b	,	5,682.
required.	4a	IRA distributions	4a		b T	axable amount	t		4b	,	
	5a	Pensions and annuities	5a		b T	axable amount	t		5b	,	
Standard	6a	Social security benefits	6a		b T	axable amount	t		6b	,	
Deduction for—	7	Capital gain or (loss). Attach Sche	dule D if	required. If not req	uired	l, check here		▶ 🗆	7	2	24,371.
Single or Married filing	8	Other income from Schedule 1, line 10						8	2	28,630.	
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. TI	his is your total inc	ome)	9	13	36,988.
Married filing	10	Adjustments to income from Sche	dule 1, li	ne 26					10		9,037.
jointly or Qualifying	11	Subtract line 10 from line 9. This is	your ad	ljusted gross inco	me				- 11	12	27,951.
widow(er), \$25,100	12a	Standard deduction or itemized	deducti	ons (from Schedule	e A)	12a	3	25,100).		
Head of	b	Charitable contributions if you take	the stan	dard deduction (see	inst	ructions) 12b)				
household, \$18,800	С	Add lines 12a and 12b							120	2	25,100.
If you checked	13	Qualified business income deducti	ion from	Form 8995 or Forn	n 899	95-A			13		5,344.
any box under Standard	14	Add lines 12c and 13							14	. 3	30,444.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from line	e 11. If zero or less,	ente	er-0			15	g	97,507.
	8.										

Form 1040 (202	1)								Page 2
	16	Tax (see instructions). Check	if any from Forn	n(s): 1 🗌 88	14 2 4972	3 🗌		16	10,925.
	17	Amount from Schedule 2, lin	ne 3				- 	17	
	18	Add lines 16 and 17						18	10,925.
	19	Nonrefundable child tax cre	dit or credit for	other depende	nts from Schedule	8812	s	19	500.
	20	Amount from Schedule 3, lin	ne 8					20	1,182.
	21	Add lines 19 and 20						21	1,682.
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	9,243.
	23	Other taxes, including self-e	employment tax,	from Schedul	e 2, line 21			23	4,074.
	24	Add lines 22 and 23. This is	your total tax				🕨	24	13,317.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2		* * * *		25a	6,457		
	b	Form(s) 1099				25b			
	C	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	6,457.
If you have a	26	2021 estimated tax paymen	ts and amount a	applied from 20	020 return			26	
qualifying child,	27a	Earned income credit (EIC)				27a			
attach Sch. EIC.		Check here if you were l January 2, 2004, and you taxpayers who are at least a	u satisfy all th ige 18, to claim t	e other requ the EIC. See in	irements for				
	b	Nontaxable combat pay elec		100					
	С	Prior year (2019) earned inco							
	28	Refundable child tax credit or					1,500	100000000	
	29	American opportunity credit				29	779	•3	
	30	Recovery rebate credit. See				30		-	
	31	Amount from Schedule 3, lin				31			0.070
	32	Add lines 27a and 28 throug		(A)	10. 07			32	2,279.
	33	Add lines 25d, 26, and 32. T						33	8,736.
Refund	34	If line 33 is more than line 24						34	
Direct deposit?	35a	Amount of line 34 you want	35a						
See instructions.	▶ b ▶ d	Routing number X X X X X X X X X X X X X X X X X X X							
	36	Amount of line 34 you want a							
Amount	37	Amount you owe. Subtract				36	. •	37	4,649.
You Owe	38	Estimated tax penalty (see in				38	68.	-	4,045.
Third Party	5 760,000	you want to allow another			Water State Commission		00.		No. 2 (1) 10 To College 10 (1) 10 10 10 10 10 10 10 10 10 10 10 10 10
Designee	ins	structions				► X Yes. C			
		me ► Sandra C. Tho	omas	no. ▶	(330)725-3	162 nun	ber (PIN)	>	60780
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com				dules and statement	ents, and t	o the bes	st of my knowledge and
Here	You	ur signature		Date	Your occupation				nt you an Identity
	k				CALEC		1325	tection P e inst.) ▶	IN, enter it here
Joint return? See instructions.	Sn	ouse's signature. If a joint return, t	acth must sign	Date	SALES Spouse's occupation	\n_		A CONTRACT OF THE PARTY.	nt your spouse an
Keep a copy for	Spe	ouse's signature. If a joint return, t	Joth must sign.	Date	Spouse's occupant	и			ection PIN, enter it here
your records.					TEACHER	(see	inst.) 🕨		
		one no.	HF-CE as an an area and a second	Email address	fmkasunick	@aol.com			
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:
i aiu	Car	adra C Thomas	And the control of th				6305	Self-employed	
Drangrar	Dai	ndra C. Thomas	Sandra C.	Thomas		04/03/2022	10144	0303	Ex cen employed
Preparer	Section	m's name ► SC Thomas			LLC	04/03/2022			(330) 725-3162
Preparer Use Only	Firm	The second secon	& Associa	tes CPA		44256	Pho		(330) 725-3162

E1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2022

OMB No. 1545-007-

IRS Use Only-Do not write or staple in this space.

Filing Status Check only one box.	If yo	u checked the MFS box, enter the n	ame of y	ed filing separately (M our spouse. If you ch		: (30		spo	alifying sur use (QSS) s name if t	
	34 XE (CE)	on is a child but not your dependen		504								
Your first name	and m	ddle initial	me						Your social security number			
FRED			KASU				3,000,000					<u> </u>
		first name and middle initial	Last na							Spouse	's social se	curity number
MICHELLE	-			NICK						28 -		-
		r and street). If you have a P.O. box, see	instruction	ons.			A	pt. no.				on Campaign
348 PLYN					0.				_		here if you, if filing ioir	ntly, want \$3
		ce. If you have a foreign address, also co	omplete s	paces below.	Sta		ZIP co			to go to	this fund.	Checking a
BAY VILI			Ι,		OH		441	U/A / 1 = 1 A U/A / 1			ow will not cor refund.	
Foreign country	/ name			Foreign province/state/c	coun	ty	Foreign	postal c	ode	your ta	You	. Spouse
Digital	At ar	y time during 2022, did you: (a) rec	eive (as	a reward, award, or r	navr	ment for prope	rtv or s	ervices): or	(b) sell		
Assets		ange, gift, or otherwise dispose of a		and the second of the second o	0000			State in the second of the		and the state of t	☐ Yes	⊠ No
Standard		eone can claim: You as a de			_					•		
Deduction	0.000	Spouse itemizes on a separate retur	•	- The state of the								
Age/Blindness	Water contract	☐ Were born before January 2, 1	ICONTRACT O	Are blind Spo			rn hefor	o lanu	anı S	1059	☐ Is bl	ind
Dependents			900 L			(3) Relationsh	Len					instructions):
7A		rst name Last name		(2) Social security number		to you	iip [t*	Child t				her dependents
If more than four	-	HAEL KASUNICK			_	Son	+	1	7	00.1		X
dependents,		NIFER R KASUNICK		2		Daughter		1	Ħ			X
see instructions and check	S OFF	NITER R RASONICK				Daugittei	-	i	Ħ			
here									Ħ		1	
1	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instructions)	-					1a	T :	79,281.
Income	b	Household employee wages not re					* *			1b		, 5/201.
Attach Form(s)	c	Tip income not reported on line 1a					N N			10		
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep			stru	ctions)	40 40			1d		
W-2G and	e	Taxable dependent care benefits f		1.1			20 20			1e		
1099-R if tax	f	Employer-provided adoption bene				3 4 2 2	27 27		4 9	1f		
was withheld.	g	Wages from Form 8919, line 6 .					E 9			1g		
If you did not get a Form	h	Other earned income (see instructi	ions) .				25 - 27		1 10	1h		0.
W-2, see	i	Nontaxable combat pay election (s				l 1i	Ì					
instructions.	z	Add lines 1a through 1h								1z		79,281.
Attach Sch. B	2a		2a	45.	b T	axable interest	t .			2b		77.
if required.	За		3a		ьО	rdinary divider	nds .			3b		7,033.
	4a		4a			axable amount				4b		
Standard	5a	400000000000000000000000000000000000000	5a			axable amount				5b		
Deduction for-	6a		6a			axable amount				6b		
Single or Married filing	С	If you elect to use the lump-sum e	lection n	nethod, check here (s	see	instructions)			. С		8	
separately, \$12,950	7	Capital gain or (loss). Attach Schee							. Ē	_	440	742.
Married filing	8	Other income from Schedule 1, lin								8	3	35,137.
jointly or Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,					100			9		22,270.
surviving spouse,	10	Adjustments to income from Sche								10		12,671.
\$25,900 Head of	11	Subtract line 10 from line 9. This is								11		09,599.
household, \$19,400	12	Standard deduction or itemized	52	S			747 2			12		25,900.
If you checked	13	Qualified business income deducti		8명 (2 4 - 14) 15 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		5-A				13		6,615.
any box under Standard	14						20502 35		n. 16	14		32,515.
Deduction,	15	Subtract line 14 from line 11. If zer								15		77,084.
see instructions.										835838	ORGANISM N	

Form 1040 (202	2)							Page 2	
Tax and	16	Tax (see instructions). Check if any from For	m(s): 1 🔲 88	14 2 4972	3 🗌		16	7,998.	
Credits	17	Amount from Schedule 2, line 3			7 2 2 3 5		17	0.	
•	18	Add lines 16 and 17					18	7,998.	
	19	Child tax credit or credit for other depende	ents from Sched	dule 8812			19	1,000.	
	20	Amount from Schedule 3, line 8					20	1,502.	
	21	Add lines 19 and 20					21	2,502.	
	22	Subtract line 21 from line 18. If zero or less	, enter -0				22	5,496.	
	23	Other taxes, including self-employment tax	, from Schedul	e 2, line 21			23	4,902.	
	24	Add lines 22 and 23. This is your total tax	n 000 6 6				24	10,398.	
Payments	25	Federal income tax withheld from:			-200				
	а	Form(s) W-2			25a	5,511.			
	b	Form(s) 1099			25b				
	С	Other forms (see instructions)			25c				
	d	Add lines 25a through 25c					25d	6,511.	
Musu baus a	26	2022 estimated tax payments and amount	applied from 20	021 return			26		
If you have a qualifying child,	27	Earned income credit (EIC)			27				
attach Sch. EIC.	28	Additional child tax credit from Schedule 881			28				
	29	American opportunity credit from Form 886	33, line 8		29	,000.			
	30	Reserved for future use			30				
	31	Amount from Schedule 3, line 15			31	***********			
	32	Add lines 27, 28, 29, and 31. These are you			ndable credits		32	1,000.	
	33	Add lines 25d, 26, and 32. These are your t					33	7,511.	
Refund	34	If line 33 is more than line 24, subtract line	34						
Refund	35a	Amount of line 34 you want refunded to yo				. П	35a		
Direct deposit?	b	Routing number X X X X X X X	6	4					
See instructions.	d	Account number X X X X X X X X							
	36	Amount of line 34 you want applied to you			36		000		
Amount	37	Subtract line 33 from line 24. This is the arr					120430000		
You Owe	-	For details on how to pay, go to www.irs.go					37	2,965.	
	38	Estimated tax penalty (see instructions) .			38	78.			
Third Party	Do	you want to allow another person to dis	scuss this retu	rn with the IRS?	See				
Designee	ins	instructions							
		signee's	fication						
	na		no.	(330)725-3		ber (PIN)		6 0 7 8 0	
Sign		der penalties of perjury, I declare that I have examine, they are true, correct, and complete. Declaration							
Here			Date	1	oco on an imorrida	01/25/25/25/25	10	nt you an Identity	
	10	ur signature	Date	Your occupation				IN, enter it here	
Joint return?				SALES			inst.)		
See instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	on			nt your spouse an	
Keep a copy for your records.				Manager Control of the Control of th			tity Prote inst.)	ection PIN, enter it here	
) our recorder			1	TEACHER		(266	11151./		
		one no.	Email address	fmkasunick		DTD		Observativity	
Paid		parer's name Preparer's signa			Date	PTIN		Check if:	
Preparer	-	ndra C. Thomas Sandra C			04/06/2023	P0144		Self-employed	
Use Only	-	m's name SC Thomas & Associ						330)725-3162	
	Fir	m's address 3599 Reserve Commo	ns Drive	Medina OH	44256	Firm	s EIN	82-2006662	

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



For the year Jan	n. 1–De	c. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20	See se	eparate instructions.
Your first name	e and m	iddle initial	Last na	ame	370			Your s	ocial security number
FRED			KASI	UNICK				4	
	pouse'	s first name and middle initial	Last na	ame				Spouse	e's social security number
MICHELL	ЕМ		KASI	UNICK					
Home address	(numb	er and street). If you have a P.O. box, see	instruct	tions.			Apt. no.	Preside	ential Election Campaign
348 PLY	TUOM	H DRIVE							here if you, or your
City, town, or	oost off	ice. If you have a foreign address, also co	mplete	spaces below.	Stat	te	ZIP code	9/0/5/07/55/7/5/1	e if filing jointly, want \$3 o this fund. Checking a
BAY VIL	LAGE				ОН		44140	box be	elow will not change
Foreign countr	y name			Foreign province/state/o	count	by	Foreign postal code	your ta	ax or refund. You Spouse
] Cinala				Used of he	usebold (HOH)		
Filing Status	_	Single Married filing identity (aven if only or	no had	incomo)		☐ Head of no	usehold (HOH)		
Check only	_	 Married filing jointly (even if only or Married filing separately (MFS) 	ne nao	income)		Ouglifying (surviving spouse	(088)	
one box.		you checked the MFS box, enter the	name	of your spouse. If you	ı che				nild's name if the
		alifying person is a child but not you					01 000 000, 611		ind 3 flattic it the
			HOUSE CO.						
Digital		ny time during 2023, did you: (a) reco							☐ Yes ⊠ No
Assets	2004/0200	nange, or otherwise dispose of a digi) r (See instruction	J115.)	L Tes Z 140
Standard Deduction	25.000	neone can claim:	•	00.0 1 1. 10.00 (10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00					
	-			u were a dual-status t	alleri			The State of the S	
Age/Blindnes	s You	: Were born before January 2, 1	959	Are blind Spo	ouse:	: Was born	before January		Is blind
Dependent				(2) Social security		(3) Relationship	Child tax		lifies for (see instructions): Credit for other dependents
If more		(1) First name Last name		number		to you		Diedit	X
than four dependents,	1000000	MICHAEL KASUNICK				Son			×
see instruction	s JEI	JENNIFER R KASUNICK		ALC: N		Daughter			
and check here [1						+ +		
-	1a	Total amount from Form(s) W-2, be	ox 1 (se	e instructions)				. 1	a 80,550.
Income	b	Household employee wages not re	Contract Contract					. 11	
Attach Form(s)	c	Tip income not reported on line 1a						. 10	c
W-2 here. Also attach Forms	d	Medicaid waiver payments not rep						. 10	d
W-2G and	е	Taxable dependent care benefits f						. 16	е
1099-R if tax was withheld.	f	Employer-provided adoption bene						. 11	f
If you did not	g	Wages from Form 8919, line 6 .						. 19	g
get a Form W-2, see	h	Other earned income (see instructi	ions)					. 11	h 0.
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)		<u>1i</u>			
	z	Add lines 1a through 1h						. 12	
Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interest		. 21	
if required.	3a	Qualified dividends	3a	7,078.	b O	rdinary dividen	ds	. 31	b 7,759.
	4a	IRA distributions	4a			axable amount		. 41	3
Standard Deduction for—	5a	Pensions and annuities	5a			axable amount		. 5t	3
Single or	6a		6a			axable amount		. 6l	3
Married filing separately,	С	If you elect to use the lump-sum e							
\$13,850 Married filing	7	Capital gain or (loss). Attach Schee							
jointly or	8	Additional income from Schedule						. 8	
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,			ome			. 9	
\$27,700 Head of	10	Adjustments to income from Sche						. 10	
household,	11	Subtract line 10 from line 9. This is						. 11	
\$20,800 If you checked	12	Standard deduction or itemized						. 12	
any box under Standard	13	Qualified business income deducti						. 10	
Deduction, see instructions.	14	Add lines 12 and 13						. 14	7-30000 70000000
Journali delletto.	1 15	Subtract line 14 from line 11 If zor	o or loc	e enter -I). This is w	OUR *	avanie income	3	1.5	41 /89

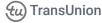
Form 1040 (202)	3)							Page 2
Tax and	16	Tax (see instructions). Check if any from Form((s): 1 🗌 881	4 2 🗌 4972	з 🗌		16	9,604.
Credits	17	Amount from Schedule 2, line 3					17	0.
	18	Add lines 16 and 17					18	9,604.
	19	Child tax credit or credit for other dependent	s from Sched	ule 8812			19	1,000.
	20	Amount from Schedule 3, line 8					20	1,519.
	21	Add lines 19 and 20					21	2,519.
	22	Subtract line 21 from line 18. If zero or less, e	enter -0				22	7,085.
	23	Other taxes, including self-employment tax, f	from Schedule	e 2, line 21			23	5,212.
	24	Add lines 22 and 23. This is your total tax					24	12,297.
Payments	25	Federal income tax withheld from:						
<i>9.0</i>	а	Form(s) W-2		9 20 30 E E	25a 6	,418.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	6,418.
If you have a	26	2023 estimated tax payments and amount ap	oplied from 20)22 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27		1	
attach Sch. EIC.	28	Additional child tax credit from Schedule 8812			28			
	29	American opportunity credit from Form 8863,	, line 8		29 1	,000.		
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are your	total other pa	ayments and refu	ndable credits		32	1,000.
	33	Add lines 25d, 26, and 32. These are your tot					33	7,418.
Refund	34	If line 33 is more than line 24, subtract line 24	from line 33.	This is the amoun	t you overpaid		34	
	35a	Amount of line 34 you want refunded to you		is attached, chec	k here	. 🗆	35a	
Direct deposit?	b	Routing number X X X X X X X X X X C Type: Checking Savings						
See instructions.	d	Account number X X X X X X X X X X X X X X X X X X X						
	36	Amount of line 34 you want applied to your 2	jalan.					
Amount	37	Subtract line 33 from line 24. This is the amo						
You Owe		For details on how to pay, go to www.irs.gov.					37	5,033.
	38	Estimated tax penalty (see instructions) .			38	154.		经营业
Third Party		you want to allow another person to disc			See	amalata k	olow	□ No.
Designee		structions						
		Designee's name Sandra C. Thomas, CPA Phone no. (330)725-3162 Personal identification number (PIN)						6 0 7 8 0
Sign	Un	der penalties of perjury, I declare that I have examined	I this return and	accompanying sched	lules and statemen	ts, and to t	ne best	of my knowledge and
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						
Here	Yo	ur signature	Date Tour Cooppanier					nt you an Identity
				SALES		(see		IN, enter it here
Joint return? See instructions.		ouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	n .		1000 mg	nt your spouse an
Keep a copy for		buse's signature. If a joint return, both must sign.	Date	Spouse's occupation) i	Ident	ity Prote	ection PIN, enter it here
your records.	92	TEACHER (see in					nst.)	
	Ph	one no.	Email address	fmkasunick				
Paid		parer's name Preparer's signatu			Date	PTIN		Check if:
Preparer	Sai	ndra C. Thomas, CPA Sandra C.	Thomas,	CPA	04/10/2024	P0144		X Self-employed
Use Only	Fir	m's name SC Thomas & Associa				Phor	e no. (330)725-3162
OSC OIIIY	Fir	m's address 3599 Reserve Common:	s Drive 1	Medina OH	44256	Firm	s EIN	82-2006662
	The state of the s							- 4040



← Your credit reports



EQ Equifax



Experian credit reportFRED A KASUNICK

As of Apr 9, 2024 V

FICO SCORE 8 (1)

Experian data Apr 9, 2024

838

EXCEPTIONAL

300

850

Personal information

NAME ADDRESSES

FRED A KASUNICK 348 PLYMOUTH DR

BAY VILLAGE, OH 44140-1451

16827 FISCHER RD

CLEVELAND, OH 44107-5537

GENERATIONAL IDENTIFIER 21990 RIVER OAKS DR

ROCKY RIVER, OH 44116-3121

YEAR OF BIRTH EMPLOYERS



ALSO KNOWN AS

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See Matches



PERSONAL STATEMENTS

NO STATEMENT(S) PRESENT AT THIS TIME

Quick actions



Manage Experian CreditLock



Print your report



File a dispute



Build credit without debt!^Ø Meet the Experian Smart Money[™] Digital Checking Account.

Banking services provided by Community Federal Savings Bank, Member FDIC. Experian is not a bank.

You have 6 open accounts

Total balance: \$29,246

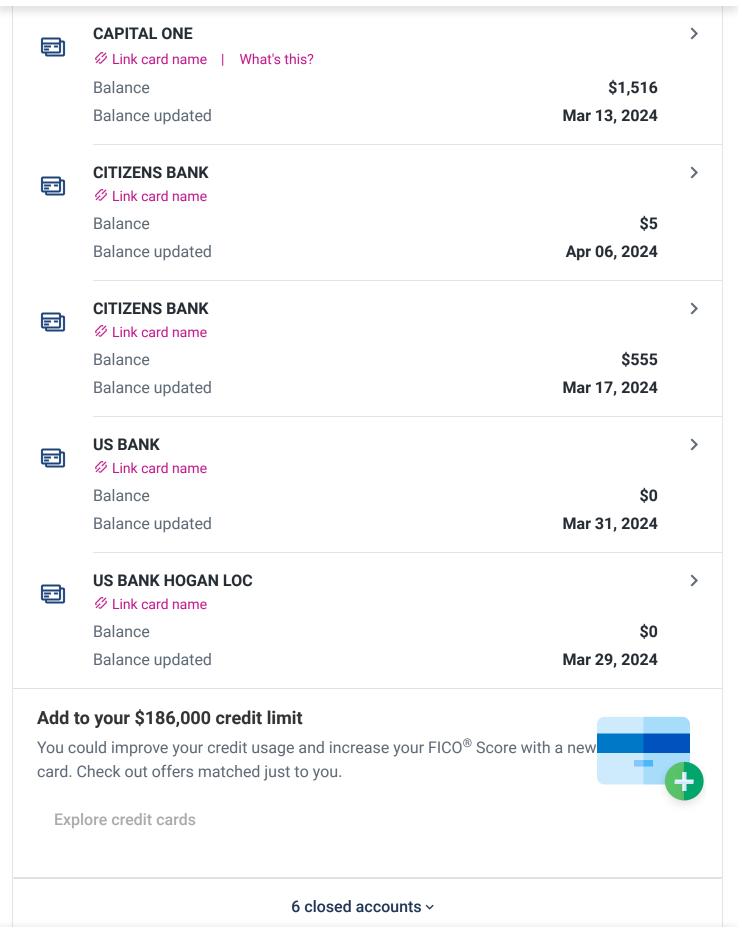
Credit cards or credit lines

Total balance: \$2,076

1% credit usage ①

Credit used: \$2,076 Credit limit: \$186,000







Real estate loans Total balance: \$27,170 **US BANK HOME MORTGAGE** > Balance \$27,170 Balance updated Mar 05, 2024 2 closed accounts >

0 collections

Experian has no collections on file for you as of Apr 9, 2024. If you fall behind on payments, your lender or service provider may sell your debt to a collections agency, so remember to pay on time.

0 inquiries

If you apply for credit, your inquiries—or a list of lenders who have accessed your credit file regarding a credit application—will appear here.

Your Experian credit file is unlocked.

Locking your credit file can help prevent unauthorized access.





0 public records

This is where public records, such as bankruptcies, would appear on your report.



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FAQs

What is a credit report?	+
What is included in a credit report?	+
What is not included in a credit report?	+
Where does the information in your credit reports come from?	+
Will checking your credit reports hurt your credit score?	+
When is your Experian credit report updated?	+



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4/10/2024 3:30:43 PM

in

Case No(s). 17-0336-EL-AGG

Summary: In the Matter of the Application of Ohio Energy Consultants