Campaign Finance Report

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

Filer Identificati Number :	on 20	12C0202				Repo			CA	NDI	DATE	~	CC	MMITTE		LOB	BYIS	Т	
Name of Filing C	ommittee, Cand	lidate or I	Lobb	byist:		GENE	Y/	٩W											
Street Address:																			
City:									Stat	e:				Zip Cod	e : 17	7754			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDAY RIMARY	PRE-	2.		30 DA		Р	OST-	3.		AMENDM REPORT?	ENT	Yes] [No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDAY LECTION	PRE-	- 5.		30 DA		POST- 6. TERMINATION Yes REPORT?						1 1	No	/	
report type)	ANNUAL REPO	RT 7.	Ye	ear 2012							THOD PAPER V						DIS	KETTE	
Name of Office S	ought by Candi	date:					-		DAT	E O	F ELE	CTI	ON	District Number	Office Code	Pai	rty Co	de Cou Cod	
CENIATOR IN TI	IE CENEDAL AG	CEMBLY							МО		DAY	١	YEAR	23	STS	REF)	41	
SENATOR IN TH	TE GENERAL AS	SEMBLY								11		6	2012		(SEE IN	STRUCTI	ONS F	OR CODES	S)
Summary of		МО		DAY	YEAR				МО		DAY	١	YEAR	FO	R OFFI	CE USE	ONL	Υ.	
Expenditures	trom:		9	18	20)12	T	0		10	:	22	2012						
A. Amount Bro	ught Forward F	rom Last F	Repo	ort				\$			(1	.48,	914.23)						
B. Total Moneta	ary Contribution	ıs And Re	ceip	ots (From	Sched	dule 1	[)	\$				7	,500.00						
C. Total Funds	Available (Sum	Of Lines A	A an	nd B)				\$			(1	41,	414.23)						
D. Total Expend	ditures (From S	chedule I	II)					\$					0.00						
E. Ending Cash	Balance (Subtr	act Line D	Fro	om Line C)			\$			(1	41,4	414.23)	-					
F. Value Of In-	Kind Contribution	ons Receiv	ved	(From Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Sch	edule IV)	١			\$					0.00			'			
					AFFI	[DA	VΙ	ΓSE	CTI	ON									
PART I - If this is		• •		_							•		_						
I swear (or affirm) correct and comple		ncluaing th	ie ati	tacned sch	eauies	Tilea	on į	paper	or by	electi	onic m	earui	m, are to	ne best of	ту кпо	wieage	and b	ellet , t	rue
Sworn to and subs	cribed before me t day of	this	20	0									Signature	of Person	Submit	ting Re	port		
	Signa	ature						- -						Print	ed Name	•			_
My Commission Ex	rpires							_		•				Emai	l				
	МО		PAY		YR						Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	andidate's	aut	thorized (Comm	ittee	, Ca	andid	ate s	hall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge	e and belie	f this	politic	cal	comm	ittee l	has n	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before me the day of	ıis	-	0									s	ignature o	f Candid	ate			_
			_ 20					•						Printe	d Name				-
My Commission Exp	Signatu	re						•						Emai	I				-
·								•											_
	МО	C	DAY		YR						Area	Code	е	Da	ytime T	elephor	ne Nu	mber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
GENE YAW	From:	9/18/201	<u>2</u> To:	10/22/2012			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	•						
TOTAL for the Reporting	g 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	g Period	(2)	\$	0.00			
3. Contributions Received Over \$250.00 (From Part C and Part D)							
Contributions Received From Political Committees (Part C)			\$	0.00			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting	g Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	0.00			
			ı				
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period						
			From:		То	:				
		·		DATE			AMOUNT			
Full Name of Contributing Co	ommittee		МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

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 Commit	tee or Candidate		Report	ting P	eriod			
			From:			To) :	
					DATE			AMOUNT
Full Name of Contributor			r	мо	DAY	YEAR		
							\$	0.00
Mailing Address						1		
Mailing Address City	State	Zip Code (Plus 4))					

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

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	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	orting Pe	riod					
			Fror	From: To) :		
				D	ATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address							7			
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00		

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee	or Candidate		Report	ting Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary 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 Perio	d	
GENE YAW	From:	<u>9/18/2012</u> To:	10/22/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	ame 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)									
Description of Contribution:		•	•	•		•					
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL				
						\$	(0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL	
Lines Grand Total of Expenditures (ni rage 1, keport c	Lovei Fage, Itelli L	, .			\$	0.00	