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 | 2014 | C1091 | | | | port | | CAND | IDATE | ✓ | co | MMITTEE | | LOBI | BYIST | | |
|--|--|-------------|-----------|-----------------------|---------|--------|-------------|-------|--------------------|-----------|----------|----------|--------------------|----------------|---------|-----------|-----------|---|
| Name of Filing C | Committee | e, Candida | ate or Lo | obbyist: | | SCO | TTC | WAGN | IER | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code | e: 17 | 405 | | | |
| TYPE OF REPORT | 6TH TUES PRE-PRIM | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. X | 30 DA | | POST- | 3. | | AMENDME REPORT? | NT | Yes | No | Y | / |
| (place X to the right of | 6TH TUES PRE-ELEC | | 4. | 2ND FRIDA ELECTION | y pri | E- | 5. | 30 DA | | POST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | No | ~ | |
| report type) | ANNUAL | REPORT | 7. | Year 2014 | | | | | IG METH CHECK (| | | | | | DISKE | TTE | | |
| Name of Office S | L Sought by | Candidat | :e: | | | | | | DATE | OF ELE | CTION | | District Number | Office Code | Par | ty Code | County | |
| | | | | | | | | | МО | DAY | YEA | R | 28 | STS | REP | | code | |
| SENATOR IN TH | HE GENER | RAL ASSE | MBLY | | | | | | 1 | 1 | 4 | 2014 | | (SEE INS | TRUCTI | ONS FOR (| CODES) | |
| Summary of | | and | МО | DAY | YEAR | 2 | | | МО | DAY | YEA | ıR | FOF | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 4 1 | 2 | 014 | Т | 0 | | 5 | 5 | 2014 | | | | | | |
| A. Amount Bro | ught Forv | vard From | ı Last R | eport | | | | \$ | | (1 | 50,000 | 0.00) | | | | | | |
| B. Total Moneta | ary Contri | ibutions A | and Rec | eipts (From | Sche | dule | e I) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | (1 | 150,000 | 0.00) | | | | | | |
| D. Total Expend | ditures (F | rom Sche | dule II | I) | | | | \$ | | | 50,00 | 0.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line | C) | | | \$ | | (2 | 00,000 | .00) | _ | | | | | |
| F. Value Of In- | Kind Cont | tributions | Receive | ed (From S | chedu | le I | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | | - | | _ | | | | | | | | | | | | | | l |
| I swear (or affirm) correct and complete | | eport, incl | uding the | attached sc | hedule | s file | ed on | paper | or by elec | tronic m | edium, a | are to t | the best of | my know | /ledge | and beli | ef , true | |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | Sig | nature | e of Person | Submitt | ing Rep | ort | | |
| | | Signatur | ·e | | | | | - | | | | | Printe | ed Name | | | | |
| My Commission Ex | opires . | | | | | | | _ | | | | | Email | | | | | l |
| | | МО | D | AY | YR | | | | | Ar | ea Code | | Daytime | Teleph | one Nu | mber | | ╛ |
| Part II- If this is | a report | of a cand | idate's | authorized | Comn | nitte | ee, C | andid | ate shal | l sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | itical | comm | ittee has | not viola | ted any | provis | ions of the | act of Ju | ine 3,1 | 937 (P.L | . 1333, | l |
| Sworn to and subsc | ribed befor | re me this | | 20 | | | | | | | | s | ignature of | Candida | te | | | |
| | —————————————————————————————————————— | | | | | | | - | | | | | Printed | Name | | | | |
| | 9 | Signature | | | | | | - | | | | | | | | | | |
| My Commission Exp | ires | | | | | | | | | | | | Email | | | | | |
| | _ | МО | D | AY | YR | ł | | - | | Area | Code | | Day | time Te | lephon | e Numb | er | I |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|---------------|----------|
| SCOTT WAGNER | From: | 4/1/201 | <u>.4</u> To: | 5/5/2014 |
| 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) | \$ | 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 | 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 Page 1 | | | \$ | 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 | Name of Filing Committee or Candidate | | | | | Period | | | | |
|-----------------------------|---------------------------------------|--|-------------------|-----|-----|--------|------|----|--------|--|
| | | | | Fro | om: | | To | 1 | | |
| | | | · | | | DATE | | | AMOUNT | |
| Full Name of Contributing (| Committee | | | | 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.

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.

| Name of Filing Committee | e or Candidate | | Reporting | Period | | | |
|--------------------------|----------------|-------------------|-----------|--------|------|------------|--------|
| | | | From: | | To |) : | |
| | | ' | | DATE | | | AMOUNT |
| Full Name of Contributor | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | Ī | ĺ | |

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 | | | Reporting | Period | | | | |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|---------------|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | P | AMOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.0 |
| Mailing Address | | | | | | | - \$ | 0.0 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | 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 | n: | | To |) : | |
| | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 1 | |
| City | State | Zip Code (Plu | s 4) | | | | | |
| Employer Name | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | • | State | | Zip C | ode (Plus 4) |
| Enter Grand Total of Part C on Scho | dule I, Detailed S | Summary Page, | , Sectio | 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 of | or Candidate | | Report | ing Peri | od | | | |
|-----------------------------|---------------------------|---------------|---------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (I | Plus 4) | | | | | |
| Receipt Description | • | • | | | 1 | • | • | |
| Futor Coand Total of Bank | Cabadula I Detailed | Commence De | Cookie | | | | | PAGE TOTAL |
| Enter Grand Total of Part I | 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 | |
|--|-----------------|----------------------------|----------|
| SCOTT WAGNER | From: | <u>4/1/2014</u> To: | 5/5/2014 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | 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 | TF) | | |
| 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 | lame of Filing Committee or Candidate Rep | | | | | | | |
|---------------------------------------|---|----------------------|----------|----------|------|-------------|-----------|------|
| | F | | | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | - | - | • | • | • | | | |
| | | | | | | | | |
| Enter Grand Total of Part F on Sche | dule II, In-Kind | d Contributions Deta | iled Sum | mary Pag | ge, | | PAGE TOTA | L |
| Section 2. | | | | | | \$ | | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Rep | porting | Period | | | |
|---|------------------|------|------------------|--------|---------|--------------|--------|-------|-----------------|
| | | | | Fro | m: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | - | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | у | State | e Zip | Code(Plus 4) | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch | edule II, In-Kin | nd C | Contributions D | etaile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | | | | | | | | | 0.00 |

50,000.00

STATEMENT OF EXPENDITURES

| Name of Filing Committee o | r Candidate | | Reporting Period | | | | |
|----------------------------|-------------|-------------------|------------------|-------------|----------|----|------------|
| SCOTT WAGNER | From | 5/5/2014 | | | | | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | мо | DAY | YEAR | | |
| SCOTT WAGNER FOR SENA | TE | | 1-10 | | 12/110 | | |
| Mailing Address | | | 5 | 1 | 2014 | \$ | 50,000.00 |
| City YORK | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 17401 | LOAN | | | | |
| | | | | | | | PAGE TOTAL |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.