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	C1307				port		CAN	DID	ATE	✓	СО	MMITTEE		LOBI	BYIST				
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:				W W	olf												
		•		<u> </u>																	
Street Address:																					
City:									State:					Zip Code	e: 17	347					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		PC	OST-	3. X		AMENDME REPORT?	NT	Yes	No)	√		
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		PC	OST-	6.		TERMINAT REPORT?							
report type)	ANNUAL	REPORT	7.	Year 2014					IG MET					PAPER	APER DISK						
Name of Office S	Sought by	Candidat						` '				CTION		District	Office	Par	ty Code				
Name of Office S	ought by	Candidat	.e:						МО		DAY	YEAF	2	Number -1	GOV GOV	DEN	1	Code 67	-		
GOVERNOR										11		4 2	014		(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of	Receipts	and	МО	DAY	YEAR	₹			МО		DAY	YEAF	₹	FOF	OFFIC	E USE	ONLY				
Expenditures	from:			5 6	2	014	Т	0		6		9 2	2014								
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport			1	\$	'		(10,0	07,785	.08)								
B. Total Monet	ary Contr	ibutions <i>A</i>	and Rec	eipts (From	Sche	dule	e I)	\$				(0.00								
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			(10,0	07,785	.08)								
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				325	5.63								
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$		((10,0	08,110.	71)								
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0	.00								
G. Unpaid Debt	ts And Ob	ligations	(From S	Schedule IV	')			\$				C	0.00								
					AFF	ID	AVI	T SE	CTIO	Ν											
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	rep	ort, c	andidat	te sig	ın here.							
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by ele	ectro	onic me	edium, ar	e to t	he best of	my know	/ledge	and beli	ef , tr	ue		
Sworn to and subs	cribed befo	ore me this		20						-		Sign	ature	of Person	Submitt	ing Rep	ort		_		
	_	Signatur	·e					- -		-				Printe	ed Name				-		
My Commission Ex	cpires									_				Email					-		
		мо	D	AY	YR						Are	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 sha	all s	ign he	ere.									
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	t violat	ted any p	rovisi	ons of the	act of Ju	ine 3,1	937 (P.L	133	з,		
Sworn to and subsc		re me this								-			Si	Signature of Candidate							
	day of —			_ 20				_		-				Defeat.	Nau				_		
		Signature						-						Printed	Name						
My Commission Exp		Jigilature								-				Email					_		
	_	МО	D	AY	YR	l		-		-	Area	Code		Day	time Te	lephon	e Numb	er	-		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
Thomas W Wolf	From:	5/6/201	<u>4</u> To:	6/9/2014
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	J Period	(4)	\$	0.00
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

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 Candi	date	R	eporting	Period			
		F	rom:		То	ŧ	
		•		DATE			AMOUNT
Full Name of Contributing Committee	2		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.

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			
			Fro	m:		To):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
					Ī	I	Ī	
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			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			
			Fron	n:		Т	o:	
				D/	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							7	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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	i	
Thomas W Wolf	From:	<u>5/6/2014</u> To :	6/9/2014
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	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 Cand	lame of Filing Committee or Candidate Rep					Reporting Period				
			From:			To:				
				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	Schedule II, In-Ki	nd Contributions Detai	led 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	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

325.63

STATEMENT OF EXPENDITURES

Thomas W Wolf							
			From	<u>5/(</u>	<u>6/2014</u>	То:	6/9/2014
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Tom Wolf for Governor							
Mailing Address			5	27	2014	\$	168.33
City York	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	174051707	In-Kind	Catering			
To Whom Paid			МО	DAY	YEAR		
Tom Wolf for Governor			140		ILAK		
Mailing Address			5	27	2014	\$	157.30
City York	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	l	
	PA	174051707	In-Kind	Catering			
Enter Grand Total of Expend	itures on Page 1 Re	nort Cover Page. Item F).				PAGE TOTAL