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	l 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	≣-	5.	30 DA		PC	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No)	√
report type)	ANNUAL	REPORT	7.	Year 2014					IG MET					PAPER		\checkmark	DISKE	TTE	
Name of Office C	Sought by	Candidat						` '				CTION		District	Office	Par	ty Code		
Name of Office S	ougnt by	Candidat	.e:						МО		DAY	YEAR	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	R			МО		DAY	YEAF	₹	FOF	R OFFIC	E USE	ONLY		
Expenditures	from:			5 6	2	014	Т	0		6		9 2	014						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$	'		(10,0	07,785.	08)						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				C	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	.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	')			\$				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	e sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by el	ectro	onic me	edium, ar	e to t	he best of	my knov	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20						-		Sign	ature	of Person	Submitt	ing Rep	ort		
	<u>-</u>	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	ions of the	act of Ju	ine 3,1	937 (P.L	133	3,
Sworn to and subsc	ribed befo	re me this								•			Si	ignature of	Candida	te			-
	day of							_		-									_
		Signat						_						Printed	Name				
My Commission Exp		Signature								_				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	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	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	y 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	y 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
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

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

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

PAGE TOTAL
\$ 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		Reporting Period						
				From: T			o:		
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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	me of Filing Committee or Candidate			Rep	orting Pe	riod			
				Fror	n:		To):	
					D	ATE		AI	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zip Cod	de (Plus	s 4)					
Employer Name	•				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Cod	e (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	Page,	Section	on 3.			P \$	AGE 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 Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
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	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 Candidat	:e		Reporting	g Period			
			From:			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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y 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 l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
Thomas W Wolf			From	<u>5/0</u>	<u>5/2014</u>	То:	6/9/2014
				DATE			AMOUNT
To Whom Paid Tom Wolf for Governor			мо	DAY	YEAR		
Mailing Address PO Box 1	707		5	27	2014	\$	168.33
City York	State PA	Zip Code (Plus 4) 174051707		otion of Exp			
To Whom Paid Tom Wolf for Governor			мо	DAY	YEAR		
Mailing Address PO Box 1	707		5	27	2014	\$	157.30
City York	State PA	Zip Code (Plus 4) 174051707	1	otion of Exp	enditure		
Enter Grand Total of Expe	nditures on Page 1, Re	eport Cover Page, Item D).				PAGE TOTAL

325.63