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 2010	0004			Rep File			CAI	NDI	DATE		COM	AITTEE	V	LUBE	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIE	ND	S OF	MARC	ΥT	OEPEL				•			
Street Address:	923 KULP RO	AD											_				
City:	PERKIOMENV	ILLE						State	: :	PA			Zip Co	de: 18	8074		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	POST-	3. X		AMENDMENT REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7.	Year 2014					IG ME					PAPER		\checkmark	DISKE	ΓΤΕ
Name of Office S	ought by Candida	te:	-					DAT	ΕO	F ELE	СТІО	N	District Number	Office Code	Pari	y Code	County Code
DEDDECENTATI	VE IN THE CENER) AL ACC	EMDLV					МО		DAY	YE	AR	147	STH	REP		46
REPRESENTATI	VE IN THE GENEF	KAL ASS	EMDLI						11		4	2014		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR				МО		DAY	YE	AR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		5 6	2	014	Т	0		6		9	2014					
A. Amount Brought Forward From Last Report								-			48,1	183.33					
B. Total Moneta	I)	\$				5,0	00.00										
C. Total Funds Available (Sum Of Lines A and B)							\$				53,1	183.33					
D. Total Expenditures (From Schedule III)							\$				2,8	325.67					
E. Ending Cash Balance (Subtract Line D From Line C)							\$				50,3	57.66					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II))	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			'		
				AFF	IDA	VI	T SE	CTIC	N								
I swear (or affirm)	that this report, inc	-	_									_		of my knov	wledge a	nd belie	ef , true
correct and comple	ete. cribed before me this	_															
	day of	•	20				_				S	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re					_						Prin	ted Name	•		
My Commission Ex	pires						_						Ema	il			
	МО	D.	AY	YR						Are	ea Cod	le	Daytin	ne Teleph	one Nui	nber	_
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sh	nall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and beli	ief this	politi	ical	comm	ittee h	as n	ot viola	ed an	y provis	ions of th	e act of J	une 3,19)37 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20									s	ignature	of Candida	ate		
	<u> </u>		-				-						Printe	ed Name			
My Commission Exp	Signature ires						_			Email					-		
	МО	D	AY	YR			-			Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	_			
Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF MARCY TOEPEL	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)			\$	2,000.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	J Period	(2)	\$	2,000.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	1,500.00
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			\$	3,500.00

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 Cand	Name of Filing Committee or Candidate			Period			
FRIENDS OF MARCY TOEPEL			From:	<u>5/6/</u>	2014 T o) :	6/9/2014
				DATE			AMOUNT
Full Name of Contributing Committee RANGE RESOURCES ENERGY INDEP			МО	DAY	YEAR		
Mailing Address P.O. BOX 545						\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 17108	4) 5		5 2014		
Full Name of Contributing Committee PENNSYLVANIA EMERGENCY PHYSI	МО	DAY	YEAR				
Mailing Address 200 N. THIRD City HARRISBURG	STREET SUITE 1 State PA	Zip Code (Plus 17101	4)		5 2014	\$	250.00
Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC	МО	DAY	YEAR				
Mailing Address 218 NORTH S	TREET					\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 17101	4)	;	5 2014		
Full Name of Contributing Committee	<u>'</u>		мо	DAY	YEAR		
Mailing Address 1901 MARKET			1 5		5 2014	\$	250.00
City PHILADELPHIA	State PA	Zip Code (Plus 19103	4)		2014		
Full Name of Contributing Committee PHARMPAC PHARMACY PAC				DAY	YEAR		
Mailing Address 508 NORTH TI	HIRD STREET					\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 171011199	4)		5 2014		

Full Name of Contributing Committee BUCHANAN INGERSOL & ROONEY COM	CHANAN INGERSOL & ROONEY COMMITTEE FOR EFFECTIVE STATE GOVT.					
Mailing Address 301 GRANT ST., 2	OTH FLOOR 1 OXFOR	RD CTR.				\$ 250.00
City PITTSBURG	State	Zip Code (Plus 4)	5	6	2014	
	PA	15219				
Full Name of Contributing Committee PA BAR PAC	МО	DAY	YEAR			
Mailing Address P.O. BOX 186						\$ 250.00
City HARRISBURG	State	Zip Code (Plus 4)	5	6	2014	
	PA	17108				
Full Name of Contributing Committee VERIZON COMMUNICATIONS INC.	МО	DAY	YEAR			
Mailing Address GOOD GOV'T CLUB, PA 303 WALNUT ST, 12TH FLOOR					\$ 250.00	
City HARRISBURG	State	Zip Code (Plus 4)	5	6	2014	
	PA	17101				

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

PAGE TOTAL \$ 2,000.00

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 Committee or Cand	idate		Reporting Period					
			From: To):		
					DATE		АМ	OUNT
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	me of Filing Committee or Candidate			Period				
FRIENDS OF MARCY TOEPEL			From:	<u>5/</u>	6/2014	То:		6/9/2014
				DA	TE		Α	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
ABBVIE PAC								
Mailing Address 1 N. WAUKEGAN RO	AD			_	_		\$	500.00
City N. CHICAGO	State	Zip Code	e (Plus 4)	5	6	2014	1	
	IL	60064						
Full Name of Contributing Committee				МО	DAY	YEAR		
Z PAC PA SOCIETY OF ANESTHESIOLO	GIST PAC							
Mailing Address 50 S. PROVIDENCE	RD						\$	1,000.00
City MEDIA	State	Zip Code	e (Plus 4)	5	6	2014	1	
	PA	19063						
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	1,500.00

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 Candi	nme of Filing Committee or Candidate			Reporting Period					
				Fror	n:		To):	
					D	ATE		Al	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address	ddress							\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion			
Employer Mailing Address/Principal Business	l Place of		City			State		Zip Cod	e (Plus 4)
Enter Grand Total of Part C on S	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P \$	AGE TOTAL 0.00
							L		

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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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									
FRIENDS OF MARCY TOEPEL	From:	<u>5/6/2014</u> To:	6/9/2014							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	eriod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled 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	е				Re	porting	Period				
					Fro	om:		То:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	-1		•			Occupa	ation				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
FRIENDS OF MARCY TOEPEL			From	<u>5/0</u>	<u>6/2014</u>	То:	6/9/2014
		l		DATE			AMOUNT
To Whom Paid HRCC			МО	DAY	YEAR		
Mailing Address P.O. BOX 1	1787		5	30	2014	\$	1,000.00
City HARRISBURG	PA 17108			ption of Exp			
To Whom Paid FRIENDS OF MARCIA HAHN			МО	DAY	YEAR		
Mailing Address 136 E. NORTHAMPTON ST			5	30	2014	\$	500.00
City BATH	State PA	Zip Code (Plus 4) 18014		ption of Exp			
To Whom Paid MARCY TOEPEL	·		МО	DAY	YEAR		
Mailing Address 307 HAMPT	ON CIRCLE		5	30	2014	\$	620.00
City GILBERTSVILLE	State PA	Zip Code (Plus 4) 19525		ption of Exp URSEMENT AISER			OR 5-5-14
To Whom Paid HALLOWELL & BRANSTET	TER		МО	DAY	YEAR		
Mailing Address 3031 LOGAN STREET		5	30	2014	\$	705.67	
City CAMP HILL	CAMP HILL State PA 2ip Code (Plus 4) 17011			ption of Exp			
	 						PAGE TOTAL

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

2,825.67