### **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 2	2014C	1092				eport led B		CAND	IDATE	<b>√</b>	СО	MMITTEE		LOBE	BYIST		
Name of Filing C	ommittee, Ca	ndidat	te or Lo	obbyist:		ART	T HA	YWOO	)D									
Street Address:																		
City:									State:				Zip Code	: 19	095			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	POST- 3. <b>X</b>			AMENDMENT REPORT?			•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	<u>-</u>	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>/</b>
report type)	ANNUAL REP	ORT 7	·	Year 2014 FILING METHOD ( ) CHECK ONE							PAPER		<b>/</b>	DISKE	TTE			
Name of Office S	ought by Can	didate	 ::			_			DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YEAR	2	4	STS	DEN	1		
SENATOR IN TH	HE GENERAL .	ASSEM	1BLY						1:	ı	4 2	014		(SEE INS	TRUCTIO	ONS FOR C	CODES	,
Summary of		ıd	МО	DAY	YEAR	Ł		l	МО	DAY	YEAR	ł	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			5 6	2	014	<b>T</b>	0	(	5	9 2	014						
A. Amount Bro	ught Forward	From	Last R	eport				\$	-		0	0.00						
B. Total Moneta	ary Contributi	ons Ar	nd Reco	eipts (From	Sche	dule	e I)	\$			2,353	3.22						
C. Total Funds	Available (Su	m Of L	.ines A	and B)				\$			2,353	3.22						
D. Total Expend	ditures (From	Sched	iule III	[)				\$			2,353	.22						
E. Ending Cash	Balance (Sub	tract L	Line D	From Line C	2)			\$			0	.00						
F. Value Of In-	Kind Contribu	tions F	Receive	ed (From Sc	hedu	le I	I)	\$			0	.00						
G. Unpaid Debt	s And Obligat	ions (l	From S	chedule IV	)			\$			0	.00		•				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	a Committee	repor	t, trea	surer sign h	nere.	If th	his is	a Can	ididate i	eport,	candidat	e sig	ın here.					
I swear (or affirm) correct and comple	that this reportete.	t, includ	ling the	attached sch	iedules	s file	ed on	paper o	or by elec	tronic m	edium, ar	e to t	the best of i	my know	/ledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before m day of	e this		20							Sign	ature	of Person	Submitti	ing Rep	ort		-
	Sic	gnature						- -					Printe	d Name				-
My Commission Ex	-	,											Email					-
	мо		DA	ΑY	YR			_		Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	candid	date's	authorized	Comn	nitte	ee, C	andida	ate shal	sign h	ere.							
I swear (or affirm) No 320) as amende		it of my	knowle	dge and belie	ef this	poli	itical	commi	ittee has	not viola	ted any p	rovisi	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		this										Si	ignature of	Candida	te			-
	day of 							_					Printed	Name				-
	Signa	ture				_		-										_
My Commission Exp	_												Email					
	мс	<u> </u>	DA	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	g Period		
ART HAYWOOD	From:	<u>5/6/201</u>	<u>4</u> То:	: <u>6/9/2014</u>
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)			\$	2,353.22
TOTAL for the Reporting	Period	(3)	\$	2,353.22
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) 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			\$	2,353.22

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Comm		Reporti					
		From:		То	:		
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		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 Committee or Candida	ite		Rep	oorting P	eriod				
F					From: To:				
					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		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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	Name of Filing Committee or Candidate					Reporting Period				
ART HAYWOOD			Fro	m:	<u>5/6/2</u>	<u>014</u> To	: <u>6/9/2014</u>			
				D	ATE		AMOUNT			
Full Name of Contributor ART HAYWOOD				МО	DAY	YEAR				
Mailing 443 RILES MILL							<b>\$</b> 1,461.00			
City WYNCOTE	<b>State</b> PA	Zip Code (Plu	ıs 4)	5	16	2014				
Employer Name HAYWOOD LLC		<u> </u>		Occupa	tion L	.AWYER				
Employer Mailing Address/Principal Place Business	e of	City		•	State		Zip Code (Plus 4)			
215 12TH11TH FLOOR		PHILA			PA		19107			
Full Name of Contributor ART HAYWOOD				мо	DAY	YEAR				
Mailing 443 RILES MILL							<b>\$</b> 892.22			
City WYNCOTE	<b>State</b> PA	Zip Code (Plu	ıs 4)	6	6	2014				
Employer Name HAYWOOD LLC				Occupa	tion L	AWYER				
Employer Mailing Address/Principal Place Business	e of	City			State		Zip Code (Plus 4)			
215 12TH11TH FLOOR		PHILA			PA		19107			
•										

## 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	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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		
ART HAYWOOD	From:	<u>5/6/2014</u> <b>To:</b>	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:				
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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 Candi	Name of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion		1	
Employer Mailing Address/Principal Business	Place of	City		State		Zip 4)	Code(Plus	Descr	iption (	of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period					
ART HAYWOOD			From	From <u>5/6/2014</u> To:					
			DATE AMOUN						
To Whom Paid RADIO ONE			мо	DAY	YEAR				
Mailing Address 2 BALA PLA	ZA SUITE 700		5	16	2014	\$	1,461.00		
City BALA CYNWD	State PA	<b>Zip Code (Plus 4)</b> 19004	<b>Descri</b> RADIO	ption of Exp					
<b>To Whom Paid</b> BRENDA JAKSON			мо	DAY	YEAR				
Mailing Address 7015 BOYER	R		6	6	2014	\$	892.22		
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19119	<b>Descri</b> CONSU	ption of Exp	penditure				
Enter Grand Total of Expend	litures on Page 1, Re	eport Cover Page, Item [	).				PAGE TOTAL		

2,353.22