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 9000)297				port ed B		CAN	DII	DATE		COMN	MITTEE	√	LOB	BYIST				
Name of Filing C	Committee, Candid	late or L	obbyist:		PSP	PA-PC	OLITI	CAL SI	JPP	ORT F	OR P	OLITIC	AL ACTIO	L ACTION						
Street Address:	600 THIRD A	VE																		
City:	KINGSTON							State	!	PA			Zip Cod	e : 18	3704-5	815				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY	DAY PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes		No	\		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIC	DAY PRI	E-	5. X	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	 	No	/		
report type)	ANNUAL REPORT	7.	Year 20	14				NG MET					PAPER		\	DISI	ETTE			
Name of Office S	Sought by Candida	ite:	-					DATE	0	F ELE	CTIO	N	District Number	Office Code	Pa	rty Coo	le Cou			
	,							МО		DAY	YE	AR	Number	code			40			
									11		4	2014		(SEE IN	STRUCTI	ONS FO	R CODES	5)		
	Receipts and	МО	DAY	YEAR	2			МО		DAY	YI	EAR	FO	R OFFI	CE USE	ONL	Y			
Expenditures	from:		9	16 2	014	T	0		10	2	20	2014								
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				5,4	151.23								
B. Total Moneta	ary Contributions	And Rec	eipts (Fr	om Sche	edule	e I)	\$					0.00								
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				5,4	151.23								
D. Total Expend	ditures (From Sch	edule II	I)				\$				5	00.00								
E. Ending Cash Balance (Subtract Line D From Line C)							\$				4,9	51.23								
F. Value Of In-	Kind Contribution	s Receiv	ed (Fron	1 Schedu	le II	I)	\$					0.00								
G. Unpaid Debt	ts And Obligations	(From S	Schedule	IV)			\$			0.00										
				AFF	FID/	AVI	ΓSE	CTIO	N											
PART I - If this is	s a Committee rep	ort, trea	surer sig	gn here.	If th	nis is	a Car	ndidate	e re	port, o	andi	date sig	ın here.							
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached	schedule	s file	d on	paper	or by el	ectr	onic m	edium	, are to t	he best of	my kno	wledge	and b	elief , tı	rue		
Sworn to and subs	cribed before me thi day of	s	20						•		S	ignature	of Person	Submit	ting Re	port				
	Signatu	ıre					-		•				Print	ed Name	•			-		
My Commission Ex	cpires								-				Emai	l I				-		
	мо	D	AY	YR						Are	ea Coc	le	Daytim	e Teleph	one Nu	mber				
Part II- If this is	a report of a can	didate's	authoriz	ed Comr	nitte	ee, C	andid	ate sh	all s	sign he	ere.									
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and l	belief this	s poli	itical	comm	ittee ha	s no	ot viola	ted an	y provisi	ions of the	act of J	une 3,1	937 (F	.L. 133	з,		
Sworn to and subsc	ribed before me this											Si	ignature o	f Candid	ate			-		
	day of						-						Printe	d Name				-		
Mu Committee:	Signature						-		-				Emai	ı				_		
My Commission Exp							_											_		
	МО	D	AY	YR	2		-			Area	Code		Da	ytime T	elepho	ne Nun	nber	_		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION	From:	9/16/2014	<u>4</u> To:	10/20/2014
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	J 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 Commi	ttee or Candidate		Reporti	ng Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	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 of Candidate				Reporting Period From: To:					
			Fro	m:		10):		
					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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

			_	orting Pe				
			Fror	n:		To):	
				D.	ATE		A	MOUNT
				мо	DAY	YEAR		
							\$	0.00
State	Zi	p Code (Plus	s 4)					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4) al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4) Occupation Oliver State	State Zip Code (Plus 4) Occupation Olympia Place of City State Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Olivy State Zip Code Occupation State Zip Code

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 Candid	ate		Report	ting Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				МО	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)				
Receipt Description		·					
Enter Grand Total of Part E on Sch	edule I. Detaile	d Summary Page	Section	4			PAGE TOTAL
The stand rotal of rare E on och	caale 1, betallet	a cammary rage,	2001.011	••			\$ 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	İ	
PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION	From:	<u>9/16/2014</u> To:	10/20/2014
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	1				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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION	From	9/16/2014	То:	10/20/2014

			DATE				AMOUNT
To Whom Paid Friends of Eileen Cipirani			мо	DAY	YEAR		
Mailing Address 1109 Chicory Court			10	7	2014	\$	500.00
City Exeter	State PA	Zip Code (Plus 4) 18643	Description of Expenditure Contribution				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 500.00