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 20:	140118			Repor Filed E		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIS	r i	
Name of Filing C	committee, Cand	idate or L	obbyist:			-	WANDA F	RIEND	S OF	CAMP						
Street Address:	1594 CUMB	ERLAND S	ST, STE 28	0												
City:	LEBANON						State:	PA			Zip Code: 17042					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	2. X	30 D/ PRIM		POST-	3.		AMENDN REPORT		Yes		No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE-	- 5.	30 D/ ELEC		POST-	6.		TERMIN REPORT		Yes	I	No	\checkmark
report type)	ANNUAL REPOR	T 7.	Year 2014	ŀ			NG METHO CHECK O				PAPER		\checkmark	DIS	(ETTE	
Name of Office S	L Sought by Candic	late:					DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	ty Coo	le Cou Cod	
							мо	DAY YEAR 102 STH REP						>	38	
REPRESENTATI	VE IN THE GEN	ERAL ASS	DEMIRLY				11		4	2014		(SEE INS	TRUCTI	ONS FO	R CODE	S)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONL	Y	
Expenditures	from:		4 1	L 20	014 T	0	5		5	2014						
A. Amount Bro	ught Forward Fr	om Last R	leport			\$	_		ç	25.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (Fror	n Sched	lule I)	\$;		1,9	15.00						
C. Total Funds	Available (Sum	Of Lines A	and B)			\$;		2,8	840.00						
D. Total Expen	ditures (From So	hedule II:	I)			\$;		2,1	08.00						
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)		\$			7	32.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	Schedule	e II)	\$;		4	50.00	1					
G. Unpaid Debt	s And Obligation	ns (From S	Schedule I	V)		\$;			0.00						
				AFFI	[DAVI	T SE	CTION									
PART I - If this is		• •	-					• •		-	-					
I swear (or affirm) correct and comple		ncluding th	e attached so	chedules	filed on	paper	or by elect	ronic me	edium,	, are to t	the best o	of my knov	vledge	and b	elief , t	rue
Sworn to and subs	cribed before me t day of	his	20						s	ignature	e of Perso	n Submitt	ing Re	port		
	Signa	ture				-					Prin	ited Name				_
My Commission Ex	cpires					_					Ema	il				
	мо	D	AY	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	l Comm	ittee, C	andid	late shall	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and bel	lief this p	political	comm	nittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (F	P.L. 13	33,
Sworn to and subso	ribed before me th day of	is	20							s	ignature	of Candida	ite			-
						-					Printe	ed Name				-
My Commission Exp	Signatur	e				-					Ema	il				_
						_										_
	мо	D	AY	YR				Area	Code		D	aytime Te	elephor	ne Nur	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BECHTOLD, WANDA FRIENDS OF CAMP From: <u>4/1/2014</u> **To:** <u>5/5/2014</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 90.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 250.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 250.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 300.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 300.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 1,275.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,915.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	e		Repor					
			From: To:					
		·			DATE			AMOUNT
Full Name of Contributing Committee			м	10	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	•)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$	0.00	

PART B 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 Candidate Reporting Period										
BECHTOLD, WANDA FRIENDS OF CAMP From: <u>4/1/2014</u> To								<u>5/5/2014</u>		
					DATE			AMOUNT		
Full Name of Contributor Kline, Patricia				мо	DAY	YEAR				
Mailing Address PO box 215 City Lawn	State PA	Zip Code (Plus 4 17041)	4	18	2014	\$	100.00		
Full Name of Contributor Bentz, Rhonnda				мо	DAY	YEAR				
Mailing Address 37 Willow Ave							\$	150.00		
City Cleona	State PA	Zip Code (Plus 4 17042)	4	12	2014				
Enter Grand Total of Part A on	Schedule I, Detaile	ed Summary Pag	je, S	ection 2			\$	PAGE TOTAL 250.00		

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	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

PART D 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				
BECHTOLD, WANDA FRIENDS OF CAME	0			From:		<u>4/1/2014</u> T		<u>14</u> To: <u>5/</u>		<u>5/5/2014</u>
					D/	TE			АМО	UNT
Full Name of Contributor Keiper, Greg					мо	DAY	YEAF	ર	\$	300.00
Mailing Address 1111 Washington Si	t.				4	18	201	1		
City Lebanon	State	Zip	Code (Plus	4)	4	10	201	4		
	PA	170)42							
Employer Name Retired					Occupat	ion	Retired	d		
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Code (Plus 4)
Retired			Retired			PA		1	.7042	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umma	ary Page,	Sectio	on 3.			\$	PAG	E TOTAL 300.00

PART E **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 Perio	d			
BECHTOLD, WANDA FRIENDS OF CAMP			From:		<u>4/1/201</u>	<u>4</u> To:		<u>5/5/2014</u>
				D	ATE			AMOUNT
Full Name Rhonnda/Camp Wanda				мо	DAY	YEAR		3 90.00
Mailing Address 1594 Cumberland Str				4	18	201	4	
City Lebanon	State PA	Zip Code (17042	Plus 4)					
Receipt Description Presale spaghett	i dinner tix	•						
Full Name Rhonnda/Camp Wanda				мо	DAY	YEAR	4	885.00
Mailing Address 1594 Cumberland Str	eet			4	21	201	4	
City Lebanon	State PA	Zip Code (17042	Plus 4)					
Receipt Description Spaghetti Dinner	door sales	1					_	
		_		_				PAGE TOTAL
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	nary Page,	Section	4.			\$	1,275.00

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	
BECHTOLD, WANDA FRIENDS OF CAMP	From:	<u>4/1/2014</u> To:	<u>5/5/2014</u>
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	TF)		
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)	\$	450.00
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, 3		\$	450.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Cano	lidate		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 Section 2.	Schedule II, In-Kii	nd Contributions Detai	led Sum	mary Pag	je,	F	PAGE TOTAL
						\$	0.00

PAGE 10

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Re	porting I	Period				
BECHTOLD, WANDA FRIENDS OF CAMP	BECHTOLD, WANDA FRIENDS OF CAMP					<u>4</u> To:	b: <u>5/5/2014</u>		
					DATE		AMOUNT		
Full Name of Contributor Tom Strohm				мо	DAY	YEAR			
Mailing Address 480 Vine St.				4	30	2014	\$ 450.00		
City Lebanon	State PA	Zip Code(Plus 4) 17042							
Employer of Contributor George Stro	ohm, Inc.			Occupa	ation Pl	umber			
Employer Mailing Address/Principal Place of BusinessCity480 Vine St.Lebanon			Stat PA		Code(Plus 4))42	Us 4) Description of Contribution Signs approx. date paid			
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 450.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
BECHTOLD, WANDA FRIENDS OF CAMP			From	<u>4/</u>	<u>1/2014</u>	То:	<u>5/5/2014</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Kwik Quality Press									
Mailing Address 732 Locust St			4	8	2014	\$	63.60		
City Lebanon	State	Zip Code (Plus 4)	Description of Expenditure						
	РА	17042	Spaghe	tti dinner t	ickets				
To Whom Paid Friendship Fire Company			мо	DAY	YEAR				
Mailing Address 610 S. 2nd St			4	16	2014	\$	70.00		
City Lebanon	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17042	Fee for town hall						
To Whom Paid Karen Balaban LLC			мо	DAY	YEAR				
Mailing Address PO Box 821			4	10	2014	\$	320.00		
City Harrisburg	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure				
_	PA	17108	Legal fees						
To Whom Paid All About You Catering			мо	DAY	YEAR				
Mailing Address 302 E. Lehman St			4	19	2014	\$	646.33		
City Lebanon	State	Zip Code (Plus 4)	Descript	l tion of Exp					
	PA	17042	-	tti dinner	circirci				
To Whom Paid Elaine's Catering			мо	DAY	YEAR				
Mailing Address 237 S. 6th St.			4	18	2014	\$	75.00		
	Stata	Zin Codo (Blue 4)		tion of Exp					
City Lebanon State Zip Code (Plus 4) PA 17042			-	for town h					
To Whom Paid		17072							
The H&H Group			мо	DAY	YEAR				
Mailing Address 13 Southgate Dr.			4	29	2014	\$	611.23		
City Lebanon	State	Zip Code (Plus 4)	Descript	l tion of Exp	1				
	PA	17042	Description of Expenditure Brochure & campaign cards						

To W	nom Paid				мо	DAY	YEAR	
Карр	Advertising				no	2711	12/11	
Mailin	ng Address	100 E. Cumberland S	St.		4	25	2014	\$ 321.84
City	City Lebanon State Zip Code (Plus 4) Description of Expenditure							
			PA	17042	Print ad	vertising		
								PAGE TOTAL
Enter	r Grand Tota	l of Expenditures o	n Page 1, Report C	over Page, Item D.	ı			\$ 2,108.00