Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 2014C1307 Number :						port ed B		CA	NDI	DATE	\	CO	MMITTEE		LOBI	BYIST			
Name of Filing C	committee	e, Candida	ate or L	obbyist:		Tho	mas	W W	olf										
Street Address:																			
City:									State	e:				Zip Code	e: 17	347			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	POST-	3.		AMENDME REPORT?	NT	Yes	No)	\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA' ELECTION	y pre	≣-	5.	30 DA		Р	POST-	6. 3	X	TERMINATION Yes REPORT?			No)	√
report type)	ANNUAL	REPORT	7.	Year 2014					NG ME					PAPER DISKE			TTE		
Name of Office S	L Sought by	Candidat	:e:						DAT	ΈO	F ELE	СТІ	ON	District Office Party Code Number Code					
	,								МО		DAY	,	YEAR	-1	GOV	DEN	1	Code 67	
GOVERNOR										11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	R			МО		DAY	,	YEAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			10 21	2	014	Т	0		11	2	24	2014						
A. Amount Bro	ught Forv	vard From	ı Last R	eport				\$			(10,0	11,	,964.53)						
B. Total Moneta	ary Contri	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)								\$			(10,0	11,	,964.53)						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$					199.20						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$			(10,0	12,	163.73)	-					
F. Value Of In-	Kind Cont	ributions	Receive	ed (From Se	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00						
					AFF	ID	AVI	T SE	CTI	NC									
PART I - If this is		•	•	_							• •		_						
I swear (or affirm) correct and complete		eport, inclu	uding the	attached scl	nedule:	s file	ed on	paper	or by	electi	ronic m	ediu	ım, are to t	the best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20									Signature	e of Person	Submitti	ing Rep	ort		
		Signatur	e					-						Printe	ed Name				_
My Commission Ex	cpires							_		•				Email					
		МО	D	AY	YR						Are	ea C	ode	Daytime	Telepho	one Nu	mber		ᆜ
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate s	hall	sign 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 l	as n	ot viola	ted	any provis	ions of the	act of Ju	ine 3,1	937 (P.I	133	3,
Sworn to and subsc	ribed befor	re me this		20						Signature of Candidate							-		
								-						Printed	Name				-
		Signature						_						E					_
My Commission Exp	ires													Email					
	_	мо	D	AY	YR	l		_			Area	Cod	e	Day	time Te	lephon	e Numb	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Thomas W Wolf	From:	10/21/201	<u>4</u> To:	11/24/2014
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)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2	250.00) in the			
Name of Filing Committee or Candidate			Reporting Period From: To			o:		
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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 Candi	date			Reporting Period					
			From:			To	ō:		
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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.)

ame of Filing Committee or Candidate		Reporting Period								
				From:				То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address							\$		0.00	
City State Zip Code (Plus 4)				4)						
Employer Name		•			Occupation					
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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 Peri	od							
Thomas W Wolf	From:	<u>10/21/2014</u> To:	11/24/2014						
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 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 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	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period				
					Fro	m:		То	То:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det				etailed				PAGE TOTAL			
Summary Page, Section 3.											0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	late		Reporti				
Thomas W Wolf	From <u>10/21/2014</u> To:				11/24/2014		
		AMOUNT					
To Whom Paid Tom Wolf for Governor			мо	DAY	YEAR		
Mailing Address PO Box 1707			11	3	2014	\$	199.20
City York	Zip Code (Plus 4) 174051707	Description of Expenditure In-Kind Campaign Car Lease					
Fatou Cuand Tatal of Fun anditum					PAGE TOTAL		
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item I						\$	199.20