### **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 2008	3026				eport led B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	late or L	obbyist:		VO	GEL,	ELDE	R FOR S	ENATE									
Street Address:	PO BOX 23																	
City:	BEAVER							State:	PA			Zip Cod	le: 15	5009				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	<b>\</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	E-	5.	30 DA ELECT	'	POST-	6.		TERMINA REPORT		Yes	No		<b>/</b>	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2014					IG METH							DISKE	TTE		
Name of Office S	Sought by Candida	ite:	-					DATE C	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Coun		
	,							МО	DAY	Y	EAR	Number	code	<u> </u>		code		
								11		4	2014		(SEE IN	STRUCTI	ONS FOR C	ODES)	)	
	Receipts and	МО	DAY	YEAR	₹			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	s from:		11 25	2	014	4 <b>T</b>	0	12	2	31	2014							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		62,	,480.44							
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dul	le I)	\$				0.00	0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			62,	480.44	.44						
D. Total Expend	ditures (From Sch	edule II	I)				\$			(	519.26							
E. Ending Cash	Balance (Subtra	t Line D	From Line C	<b>:</b> )			\$			61,8	361.18							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le I	II)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			1				
				AFF	ID	AVI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere.	If ti	his is	a Can	ididate r	eport, d	candi	date sig	ın here.						
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sch	edule	s file	ed on	paper (	or by elect	tronic m	ediun	ı, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue.	
Sworn to and subs	cribed before me the	s	20							:	Signature	of Perso	n Submit	ting Rep	ort		_	
	Signate	ıre					-					Prin	ted Name	e			_	
My Commission Ex	cpires						_					Ema	il					
	мо	D	AY	YR					Are	ea Co	de	Daytim	e Telepl	none Nu	mber			
Part II- If this is	a report of a can	didate's	authorized (	Comn	nitt	ee, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	ef this	pol	litical	commi	ittee has n	ot viola	ted aı	ny provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,	
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-	
							-					Printe	d Name				-	
My Commission Exp	Signature						-					Ema	il				-	
Try Commission Exp																		
	МО	D	AY	YR	- <b>-</b>				Area	Code		Da	aytime T	elephor	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
VOGEL, ELDER FOR SENATE	From:	11/25/201	<u>4</u> То:	12/31/2014
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

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	'	Reporting	Period			
		'	From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
Mailing Address		_				\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

### **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.

Name of Filing Com	nittee or Candidate	1	Reporting	Period			
		1	From:		To	<b>)</b> :	
		<u> </u>		DATE			AMOUNT
Full Name of Contribu	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	I			1	1		PAGE TOTAL

#### **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		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							<b>+</b>	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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				Rep	orting Pe	riod			
				Fron	n:		Te	):	
					D	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umm	ary Page,	Section	on 3.				PAGE TOTAL
								\$	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 Candidate		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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	
VOGEL, ELDER FOR SENATE	From:	<u>11/25/2014</u> <b>To:</b>	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	t	
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 Candidate	Reporting Period							
	From:			То:				
				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 Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

619.26

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period			
VOGEL, ELDER FOR SENATE	VOGEL, ELDER FOR SENATE			11/2	5/2014	То:	12/31/2014
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Apple Castle							
Mailing Address RT 18 New Castle/Sharon Road			12	26	2014	\$	227.40
City New Wilmington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16142	Christm	nas			
To Whom Paid			МО	DAY	YEAR		
Elder Vogel, Jr.			1410	DAI	ILAK		
Mailing Address 489 Glen Ede	en Road		12	26	2014	\$	391.86
City Rochester	City Rochester State Zip Code (Plus 4)			tion of Exp	enditure		
	PA	15074	Reimbu	rsement w	ith Recei	ots	
							PAGE TOTAL

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