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 Report Filed By: CANDIDATE COMMITTEE LOBBYIS							BYIST											
Name of Filing C	ommittee, Cand	idate or L	.obbyist:		Tho	omas	w W	olf										
Street Address:																		
City:								State:					Zip Code	17	347			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE-	-	2.	30 DA PRIMA		PC	OST-	3.		AMENDME REPORT?	NT	Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	Y PRE	Ε-	5.	30 DA		PC	POST- 6.			TERMINAT REPORT?	Yes	No	,	/	
report type)	ANNUAL REPOR	PRT 7. X Year 2014 FILING METHOL () CHECK ON								PAPER		\	DISKE	TTE				
Name of Office S	ought by Candic	late:						DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Code	Cour	
	-							МО		DAY	YEAR		-1	GOV	DEN	1	67	
GOVERNOR								1	.1		4 20	14		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR	₹			МО		DAY	YEAR		FOR	OFFIC	E USE	ONLY		
Expenditures	from:		11 25	2	2014	1 T	0	1	L2	3	1 20)14						
A. Amount Bro	ught Forward Fr	om Last F	leport				\$			(10,01	12,163.7	73)						
B. Total Moneta	ary Contribution	s And Rec	:eipts (From	1 Sche	dule	e I)	\$				0.	00						
C. Total Funds	Available (Sum (Of Lines F	(and B)				\$			(10,01	12,163.7	73)						
D. Total Expend	ditures (From Sc	hedule II	I)				\$				0.	00						
E. Ending Cash	Balance (Subtra	ict Line D	From Line (C)			\$		((10,01	2,163.7	3)						
F. Value Of In-	Kind Contributio	ns Receiv	red (From So	chedu	le I	Ί)	\$				0.0	00						
G. Unpaid Debt	ts And Obligation	ıs (From	Schedule IV	<u>')</u>			\$				0.	00		1				
				AFF	-ID	AVI	T SE	CTIO	V									
PART I - If this is	s a Committee re	port, trea	asurer sign l	here.	If th	his is	a Can	ndidate	rep	ort, c	andidate	sig	n here.					
I swear (or affirm) correct and comple		icluding the	e attached sch	hedules	s file	ed on	paper (or by ele	ctro	onic me	dium, are	to t	he best of r	ny know	/ledge	and beli	ef , tr	пе
Sworn to and subs	scribed before me tl day of	nis	20						-		Signa	ture	of Person	Submitt	ing Rep	oort		-
	Signa	+			_		- -		-				Printe	d Name				-
My Commission Ex	-	lure							-				Email					-
	МО	D	PAY	YR					_	Are	a Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	ee, C	andida	ate sha	ll s	ign he	re.							
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	; poli	itical	comm	ittee has	no	t violate	ed any pro	ovisi	ons of the a	act of Ju	ne 3,1	937 (P.L	. 133	3,
Sworn to and subsc		is							•			Si	gnature of	Candida	te			-
	day of		_ 20				-		-				Printed	Name				-
	Signature						-		_									_
My Commission Exp	ires												Email					
	МО		DAY	YR			-		-	Area C	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		
Thomas W Wolf	From:	11/25/201	<u>4</u> To:	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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting				
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	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

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 Fining Committee of Candidate			Rep					
Fi						0:		
					DATE		АМ	OUNT
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	nme of Filing Committee or Candidate			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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Rep	orting Pe	riod				
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	-				
Receipt Description		•				•		
Enter Grand Total of Part E	on Schedule T. Detailed	l Summary Page	Section	4			P	AGE TOTAL
	c concadie 1, betanet	. cammary rage,	200.011	••			\$	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 Pe	riod	
Thomas W Wolf	From:	11/25/2014 To :	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	OR .	
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)	\$	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 Candidat	ame of Filing Committee or Candidate					porting P	Period				
					Fro	om:		To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (lame of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid				DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				