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 2014	0264			Report Filed E		CA	NDI	DATE		COM	AITTEE	Y	LUB	51131	
Name of Filing C	ommittee, Candida	ate or L	obbyist:	İ	REFORM	M PA F	PAC		•							
Street Address:	PO BOX 124															
City:	MANCHESTER						Stat	e:	PA			Zip Co	de: 17	'345		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2014				NG MI					PAPER		$ \checkmark $	DISKE	TTE
Name of Office S	ought by Candidat	te:	•			_	DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY	YE	AR					
				_				11		4	2014		(SEE IN	STRUCTI	ONS FOR O	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
			11 25	20)14 T	0		12	3	31	2014					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$					114.27					
B. Total Moneta	ary Contributions <i>I</i>	And Rec	eipts (Fron	n Sched	dule I)	\$				48,0)63.55					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				55,4	177.82					
D. Total Expend	ditures (From Sche	edule II	I)			\$				49,3	63.55					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				6,1	14.27					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$				2,1	47.10					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$			3	308,0	36.55					
				AFF:	IDAVI	T SE	CTI	NC								
I swear (or affirm)	that this report, incl	•	_						-		_		f my knov	wledge	and belie	ef , true
Sworn to and subs	ete. cribed before me this															
	day of					_				5	ignature	of Perso	n Submit	ting Ke	oort	
	Signatu	re				_						Prin	ted Name	•		
My Commission Ex						_						Ema				
	МО		AY	YR						a Cod	le	Daytin	ne Teleph	one Nu	mber	
	a report of a cand				•						v provic	ions of th	o act of 1	uno 2 1	027 (B.I	1222
No 320) as amende	ed.	iy Kilowi	euge and ben	iei tilis	political	Collina	iittee i	145 II	ot violat	eu an	y provis	ions or th	e act of J	uiie 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature	of Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires					_						Ema	il			—
	мо	D	AY	YR		-			Area	Code		D	aytime T	elephor	ne Numb	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
REFORM PA PAC	From:	11/25/20	<u>l4</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)			\$	48,063.55
TOTAL for the Reporting	Period	(3)	\$	48,063.55
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 Page			\$	48,063.55

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	F	Reporting	Period			
		F	rom:		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.

	e or Candidate	1.	Reporting	Period			
		!	From:		To	o:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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			Repo	orting Per	riod			
REFORM PA PAC			Fron	m: <u>11/25/2014</u>			4 To : 12/31/2014	
				DA	ATE		Α	MOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	48,063.55
SCOTT WAGNER								
Mailing Address PO BOX 1627				11	26	2014	1	
City YORK	State	Zip Code (Plus	5 4)		20	2011		
	PA	17405		l				
Employer Name PENN WASTE				Occupat	ion	PRESID	ENT	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Co	de (Plus 4)
PO BOX 3066		YORK			PA		17403	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			i \$	PAGE TOTAL 48,063.55

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	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address		_					
City	State	Zip Code (Plus 4)				
Receipt Description	•	•			•	•	
		_		_			PAGE TOTAL
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary Page,	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 Per	riod	
REFORM PA PAC	From:	11/25/2014 To :	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO)R	
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)	\$	2,147.10
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,		\$	2,147.10

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			To:	
		-		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Re	porting	Period		
REFORM PA PAC			Fro	om:	11/25/201	<u> 4</u> To:	12/31/2014
					DATE		AMOUNT
Full Name of Contributor SCOTT WAGNER				МО	DAY	YEAR	
Mailing Address PO BOX 1627				11	. 25	2014	\$ 1,877.10
City YORK	State PA	Zip Code(Plus 4) 17405					
Employer of Contributor PENN WASTE Occupation					oation PF	RESIDEN	T
Employer Mailing Address/Principal Plac PO BOX 3066		City YORK	Stat PA		p Code(Plus 4) 7402	1 '	ption of Contribution ION ATTORNEY
Full Name of Contributor SCOTT WAGNER				мо	DAY	YEAR	
Mailing Address PO BOX 1627				12	2 2	2014	\$ 270.00
City YORK	State PA	Zip Code(Plus 4) 17405		-			
Employer of Contributor PENN WAST	E			Occup	oation PF	RESIDEN	T
Employer Mailing Address/Principal Plac PO BOX 3066		City YORK	Stat PA		p Code(Plus 4) 7402		ption of Contribution ION ATTORNEY
Enter Grand Total of Part G on School Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 2,147.10

STATEMENT OF EXPENDITURES

Name of Filing Committee of	or Candidate		Reporti	ng Period			
REFORM PA PAC			From	11/2	<u>5/2014</u>	То:	12/31/2014
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
REAM PRINTING					1 = 1 111		
Mailing Address 515 FAR	MBROOK LANE		11	26	\$	48,063.55	
City YORK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17404	MAILER	S - SD46			
To Whom Paid			мо	DAY	YEAR		
AMANDA DAVIDSON							
Mailing Address 756 ATL	ANTIC AVE.		12	1	2014	\$	500.00
City YORK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17404	NOVEM	BER FEE			
To Whom Paid			мо	DAY	YEAR		
BMD DESIGN			140		ILAK		
Mailing Address 125 SOL	JTH CAMP ST.		12	1	2014	\$	800.00
City WINDSOR	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	17366	WEBSIT	E & l	OGO DE	SIGN	
Enter Grand Total of Exp	<u> </u>	'	•	E & l	.OGO DE	SIGN	PAGE TO
Grana rotal of Exp	chantares on ruge 1, Kep	post cores suge, recit b	•			٠.	40.060

49,363.55

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee	or Candidate		Reporti	ng Period				
REFORM PA PAC			From:	<u>11</u>	/25/2014	То:		12/31/2014
					DATE			Outstanding Balance of Debt
Name of Creditor				мо	DAY	YEAR		
SCOTT WAGNER								
Mailing Address PO BO	X 1627			10	9	2014	4 9	\$ 110,000.00
City YORK	State	Zip Code (P	lus 4)	Descript	tion of Deb	t		
	PA	17405		LOAN FO	OR TV AND	ADS -	SD4	46 RACE
Name of Creditor SCOTT WAGNER				мо	DAY	YEAR		
	X 1627			10	15	2014	4 !	\$ 75,000.00
City YORK	State	Zip Code (P	lus 4)	Descript	tion of Deb	t		
	PA	17405		LOAN FO	OR TV AND	ADS -	SD	46 RACE
Name of Creditor				мо	DAY	YEAR		
SCOTT WAGNER								
Mailing Address PO BO	X 1627			10	22	2014	4 !	\$ 75,000.00
Mailing Address PO BO City YORK	X 1627 State	Zip Code (P	lus 4)		22 tion of Deb		4 !	\$ 75,000.00
		Zip Code (P 17405	lus 4)	Descript		t	<u>' </u>	
	State	' '	lus 4)	Descript	tion of Deb	ot S - SD 4	<u>' </u>	
City YORK	State	' '	lus 4)	Descript	tion of Deb	t	<u>' </u>	
City YORK Name of Creditor SCOTT WAGNER	State	' '	lus 4)	Descript	tion of Deb	ot S - SD 4	16 R	
City YORK Name of Creditor SCOTT WAGNER	State PA	' '		Descript LOAN FO	DAY	YEAR 2014	16 R	ACE
City YORK Name of Creditor SCOTT WAGNER Mailing Address PO BO	State PA X 1627	17405		Descript LOAN FO MO 11 Descript	DAY	YEAR 2014	46 RA	ACE \$ 48,036.55
City YORK Name of Creditor SCOTT WAGNER Mailing Address PO BO City YORK	State PA X 1627 State	2ip Code (P 17405	lus 4)	MO 11 Descript LOAN FO	DAY 26 ction of Deb	YEAR 2014	46 RA	ACE \$ 48,036.55