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 :		Report CANDIDA		IDATE		СОМІ	MITTEE	✓	LOBE	BYIST								
Name of Filing C	Committee, Candid	date or L	obbyist:	Y	⁄ΑW,	GE	NE F	RIENDS	OF F	OR S	ENATE							
Street Address:	PO BOX 3246	5																
City:	WILLIAMSPO	RT						State:	PA	PA			Zip Code: 17701-0000					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	RE-	2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY P ELECTION	RE-	- 5.		30 DA ELECT		POST-	POST- 6.			ATION ?	Yes	No	~		
report type)	ANNUAL REPORT	7.	Year 2015	Year 2015 FILING METH () CHECK								PAPER DISKETT			TTE			
Name of Office S	Sought by Candida	nte:						DATE	OF EL	ECT	ION	District Number	Office Code	Par	ty Code	County Code		
								МО	DAY	7	YEAR		10000	REP		41		
								1	1	3	2015	┢──	(SEE IN	ISTRUCTIO	ONS FOR O	ODES)		
	Receipts and	МО	DAY YE	AR				МО	DAY	7	YEAR	FC	R OFFI	CE USE	ONLY			
Expenditures	irom:		6 9	20	15	T	o —		9	14	2015							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			6	0,557.69							
B. Total Moneta	ary Contributions	And Rec	eipts (From Scl	hed	lule I)	\$				750.00							
C. Total Funds Available (Sum Of Lines A and B)							\$			6	1,307.69							
D. Total Expenditures (From Schedule III)							\$			9	9,118.34							
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$			52	2,189.35							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	dule	e II)		\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			57	7,829.00			1				
			AF	FI	DA۱	/I7	ΓSE	CTION	I								I	
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. I1	f this	is	a Can	ndidate	report	, can	didate si	gn here.						
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached schedu	les	filed o	on p	paper o	or by ele	ctronic	medi	um, are to	the best o	f my kno	wledge a	and belie	ef , true		
Sworn to and subs	cribed before me the	is	20								Signature	e of Perso	n Submit	ting Rep	ort			
	Signate	ıre					-					Prin	ted Nam	e				
My Commission Ex	cpires											Ema	il					
	мо	D	AY Y	/R						Area (Code	Daytin	e Telep	hone Nu	mber		J	
Part II- If this is	a report of a can	didate's	authorized Con	nm	ittee,	Ca	andida	ate sha	ll sign	here								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief tl	his į	politic	al o	commi	ittee has	not vio	lated	any provis	ions of th	e act of J	lune 3,19	937 (P.L	. 1333,	l	
Sworn to and subsc	ribed before me this	;									s	ignature o	of Candid	late				
	day of											Printe	d Name					
	Signature						-											
My Commission Exp	-											Ema	il					
	МО	D	AY	YR					Are	a Cod	le	D	aytime 1	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	J Period						
YAW, GENE FRIENDS OF FOR SENATE	From:	<u>6/9/201</u>	<u>5</u> To:	9/14/2015				
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)			\$	250.00				
All Other Contributions (Part B)			\$	0.00				
TOTAL for the Reporting	(2)	\$	250.00					
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	500.00				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting) Period	(3)	\$	500.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	j 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			\$	750.00				

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 Candidate
 Reporting Period

 YAW, GENE FRIENDS OF FOR SENATE
 From: 6/9/2015
 To: 9/14/2015

DATE AMOUNT

Full Name of Contrib Windstream PAC	Full Name of Contributing Committee Windstream PAC						
Mailing Address 4001 Rodney Parham Rd		6	15	2015	\$ 250.00		
City Little Rock		State AR	Zip Code (Plus 4) 72212)	13	2013	

PAGE TOTAL 250.00

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

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 Commi	ttee or Candidate	1	Reporting I	Period			
		ı	From:		To	o:	
		L		DATE			AMOUNT
Full Name of Contributor	r		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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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 Per	iod		
YAW, GENE FRIENDS OF FOR SENATE	From:	6/9/2015	То:	9/14/2015

DATE AMOUNT

Full Name of Contributing Committee	мо	DAY	YEAR			
LAWPAC				DAI	ILAK	\$ 500.00
Mailing Address 800 N Third St				15	2015	,
City Harrisburg	State	Zip Code (Plus 4)	6	13	2013	
	PA	17102				

PAGE TOTAL\$ 500.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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	nme of Filing Committee or Candidate				orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				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 Period		
YAW, GENE FRIENDS OF FOR SENATE	From:	<u>6/9/2015</u> To:	9/14/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Cand	lame of Filing Committee or Candidate Re						
			From:				
				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	Schedule 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	Name of Filing Committee or Candidate					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	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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
YAW, GENE FRIENDS OF FOR SENATE	From	6/9/2015	То:	9/14/2015

				DATE		AMOUNT				
To Whom Paid			МО	DAY	YEAR					
SRCC										
Mailing Address 112 State Street			8	31	2015	\$	5,000.00			
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	17101	contribution							
To Whom Paid			МО	DAY	YEAR					
Union County Assoc of Twsp off	icials		МО	DAT	TEAR					
Mailing Address unknown			8	26	2015	\$	70.00			
City Lewisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA 17837				ad					
To Whom Paid			МО	DAY	YEAR					
Bradford County Twsp Officers	Assoc		МО	DAT	TEAR					
Mailing Address 1863 N Orwo	ell Rd		8	26	2015	\$	50.00			
City Rome	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	18837	ad							
To Whom Paid			1	l _{DAY}	VEAD					
Bradford County Repub Cmte			МО	DAY	YEAR					
Mailing Address 918 W Lockhart St		8	26	2015	\$	150.00				
City Sayre	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	18840	ad							
To Whom Paid			MO DAY YEAR							
Susquehanna Bank			МО	DAT	TEAR					
Mailing Address Hepburn St		6	17	2015	\$	1,015.00				
				<u> </u>						
City Williamsport	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
City Williamsport	State PA	Zip Code (Plus 4) 17701		tion of Exp theck and t						
City Williamsport To Whom Paid			return o	theck and t	fee					
To Whom Paid				_						
To Whom Paid Troy Fair			return o	theck and t	fee	\$	100.00			
To Whom Paid Troy Fair			MO 8	DAY	YEAR 2015	\$	100.00			

PAGE 13

	PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$	9,118.34	

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			ing Period					
YAW, GENE FRIENDS OF FOR SENATE			From:		<u>6/9/2015</u>	То:		9/14/2015
DATE						Outstanding Balance of Debt		
Name of Creditor Gene Yaw			мо	DAY	YEAR			
Mailing Address 1416 Mountview Ave			9	14	2015	\$	57,829.00	
City Montoursville	State	Zip Code (F	Plus 4)	Descript	Description of Debt			
	PA	17754	754 loan balance carried for				rd	
								PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	57,829.00