Campaign Finance Report

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

Filer Identification	on	20150	20407				eport led B		CAND	CANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, C	andida	ite or Lo	obbyist:		ВОЕ	в сн	IARLES	S									
Street Address:																		
City:									State:				Zip Code	: 17	011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	√ No	ı	
	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDAY ELECTION	PRE	<u>-</u>	5.	30 DA ELECT		POST-	6.	TERMINATION REPORT?		Yes	No		\	
	ANNUAL REI	PORT	7.	Year 2015					IG METH CHECK C			PAPER		\	DISKE	TTE		
Name of Office S	ought by Ca	ndidat	.e:						DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	Cour	
	· ·								МО	DAY	YEAR	2	87	STH	DEN	1	1	
REPRESENTATI	VE IN THE G	SENERA	AL ASS	EMBLY				Ì	8	3	4 2	015		(SEE INS	TRUCTI	ONS FOR	CODES	,
Summary of I		nd	МО	DAY	YEAR	Ł			МО	DAY	YEAF	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			5 11	21	015	, T	0	7	7 :	20 2	2015						
A. Amount Brou	ught Forward	d From	ı Last R	eport				\$			C	0.00						
B. Total Moneta	ary Contribut	tions A	ınd Rec	eipts (From	Sche	dule	e I)	\$			2,136	5.11						
C. Total Funds Available (Sum Of Lines A and B) \$ 2,136.11																		
D. Total Expenditures (From Schedule III) \$ 4,889.75										ļ								
E. Ending Cash	Balance (Su	btract	Line D	From Line C	.)			\$			(2,753.	64)						
F. Value Of In-I	Kind Contrib	utions	Receive	ed (From Sc	hedu	le II	I)	\$			0	.00						
G. Unpaid Debt	s And Obliga	ations ((From S	ichedule IV))			\$			C	0.00		'				
					AFF	ID/	AVI	T SE	CTION									
PART I - If this is	a Committe	e repo	rt, trea	surer sign h	iere. 1	If th	nis is	a Can	ididate r	eport, o	candidat	te sig	ın here.					
I swear (or affirm) correct and comple	that this repo	rt, inclu	ıding the	: attached sch	edules	s file	ed on	paper o	or by elec	tronic m	edium, ar	e to t	the best of i	ny knov	rledge	and beli	ef , tr	ue
Sworn to and subse	cribed before n	me this		20							Sign	nature	of Person	Submitt	ing Rep	oort		-
	<u> </u>	Signature						- -					Printe	d Name				-1
My Commission Ex		Ignaca.											Email					-
	МО		D#	AY	YR	_				Are	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	a cand	idate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	f this	poli	itical	commi	ittee has i	not viola	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc		ne this										s	ignature of	Candida	te			-
	day of ——							_					Printed	Name				-
	Sign	nature				—		-					Timeca	- Tunic				_
My Commission Exp	_												Email					
	м	мо	D/	AY	YR	!		-		Area	Code		Day	time Te	lephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BOB CHARLES	From:	<u>5/11/201</u>	<u>5</u> To:	7/20/2015
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)			\$	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)	\$	2,136.11
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			\$	2,136.11

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	eporting						
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Co	ommittee		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 Committ	tee or Candidate		Report	ing P	eriod			
			From:			To):	
		•			DATE			AMOUNT
Full Name of Contributor			M	10	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.

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.

lame of Filing Committee or Candidate			Reporting	Period						
			From:			То:				
				DA	TE		,	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							- \$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary 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	nme of Filing Committee or Candidate				orting Pe	riod				
Fro							To	То:		
					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	Reporting P	eriod	
BOB CHARLES	From:	<u>5/11/2015</u> To:	7/20/2015

			D	ATE		AMO	DUNT		
Full Name			МО	DAY	VEAD		2 126 11		
FRIENDS OF BOB CHARLES			МО	DAY	YEAR	\$	2,136.11		
Mailing Address PO BOX 1603			7	13	2015				
City CAMP HILL	State	Zip Code (Plus 4)] ′	13	2013				
	PA	17011							
Receipt Description REIMBURSEMENT FOR SIGN PURCHASE									

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ 2,136.11

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 Perio	od	
BOB CHARLES	From:	<u>5/11/2015</u> To:	7/20/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F	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	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 Can	Reporting 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 or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	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				Rep	porting	Period			
	F						То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	j Period		
BOB CHARLES	From	<u>5/11/2015</u>	То:	7/20/2015
		DATE		AMOUNT

			DATE				AMOUNT
To Whom Paid			МО	DAY	YEAR		
FRIENDS OF BOB CHARLES			1-10				
Mailing Address PO BOX 1608			6	24	2015	\$	2,500.00
City CAMP HILL	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17011	CAMPAIGN CONTRIBUTION				
To Whom Paid CAPITOL PROMOTIONS INC			мо	DAY	YEAR		
Mailing Address PO BOX 231			7	1	2015	\$	2,136.11
City GLENSIDE	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19038	YARD SIGNS				
To Whom Paid FRIENDS OF BOB CHARLES			мо	DAY	YEAR		
Mailing Address PO BOX 1608			7	1	2015	\$	253.64
City CAMP HILL	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17011	FOOD FOR FUNDRAISER				
							PAGE TOTAL
Enter Grand Total of Expendi	tures on Page 1, Re	port Cover Page, Item D	•			\$	4,889.75