

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 2008026		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: VOGEL, ELDER FOR SENATE										
Street Address:										
City: BEAVER			State: PA		Zip Code: 15009					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	20	2015	TO	11	23	2015		
A. Amount Brought Forward From Last Report				\$		107,733.95				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		2,460.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		110,193.95				
D. Total Expenditures (From Schedule III)				\$		6,280.99				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		103,912.96				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
VOGEL, ELDER FOR SENATE	From: <u>10/20/2015</u> To: <u>11/23/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 85.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 350.00
All Other Contributions (Part B)	\$ 1,025.00
TOTAL for the Reporting Period (2)	\$ 1,375.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,460.00
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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 VOGEL, ELDER FOR SENATE	Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u>
DATE	AMOUNT

Full Name of Contributing Committee	MO	DAY	YEAR	
Count on Camp for Commissioner				
Mailing Address				\$ 200.00
City Aliquippa State PA Zip Code (Plus 4) 15001	10	21	2015	
Full Name of Contributing Committee				
LOCAL 0712 IBEW COPE				
Mailing Address				\$ 150.00
City BEAVER State PA Zip Code (Plus 4) 15009-0000	10	21	2015	

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

PAGE TOTAL
\$ 350.00

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.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
VOGEL, ELDER FOR SENATE	From: <u>10/20/2015</u> To: <u>11/23/2015</u>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Jeffrey McConnell							\$ 75.00
Mailing Address							
City Volant	State PA	Zip Code (Plus 4) 16156		10	21	2015	
Ed Cline							\$ 150.00
Mailing Address							
City Beaver Falls	State PA	Zip Code (Plus 4) 15010		10	21	2015	
David Gabauer							\$ 100.00
Mailing Address							
City Beaver Falls	State PA	Zip Code (Plus 4) 15010		10	21	2015	
Leo Wolfe							\$ 100.00
Mailing Address							
City Beaver Falls	State PA	Zip Code (Plus 4) 15010		10	21	2015	
Deborah Boyd							\$ 150.00
Mailing Address							
City New Wilmington	State PA	Zip Code (Plus 4) 16142		10	21	2015	
Nicholas Unis							\$ 150.00
Mailing Address							
City Aliquippa	State PA	Zip Code (Plus 4) 15001		10	21	2015	
Sherman Hostetter							\$ 200.00
Mailing Address							
City Beaver	State PA	Zip Code (Plus 4) 15009		10	21	2015	

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Ellen Lilly						
Mailing Address						
City	Darlington	State	11	16	2015	
		PA				
		Zip Code (Plus 4)				
		16115				

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

PAGE TOTAL	
\$	1,025.00

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 Candidate VOGEL, ELDER FOR SENATE	Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	City	State	MO	DAY	YEAR	
GLAXOSMITHKLINE LLC PAC (FKA SMITHKLINE BEECHAM CORP PAC)	RESEARCH TRIANGLE	NC	11	16	2015	\$ 500.00
Mailing Address						
MICHAEL BAKER INTERNATIONAL PAC	MOON TOWNSHIP	PA	11	16	2015	\$ 500.00
Mailing Address						

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

PAGE TOTAL
\$ 1,000.00

PART D
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	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

PART E
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 Period
	From: _____ To: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR	\$	
Mailing Address					0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

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

PAGE TOTAL
\$ 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 VOGEL, ELDER FOR SENATE	Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
<p style="text-align: right;">TOTAL for the Reporting Period (1)</p>	<p style="text-align: right;">\$ 0.00</p>
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
<p style="text-align: right;">TOTAL for the Reporting Period (2)</p>	<p style="text-align: right;">\$ 0.00</p>
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
<p style="text-align: right;">TOTAL for the Reporting Period (3)</p>	<p style="text-align: right;">\$ 0.00</p>
<p>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)</p>	<p style="text-align: right;">\$ 0.00</p>

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Description of Contribution:

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL
	\$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				PAGE TOTAL	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
VOGEL, ELDER FOR SENATE	From <u>10/20/2015</u> To: <u>11/23/2015</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
Beaver County Festival of Trees	10	27	2015	\$	200.00
Mailing Address					
City Koppel	State PA	Zip Code (Plus 4) 16136	Description of Expenditure Tree Sponsor		
To Whom Paid	MO	DAY	YEAR		
CCBC	10	28	2015	\$	200.00
Mailing Address					
City Monaca	State PA	Zip Code (Plus 4) 15061	Description of Expenditure Veteran's Breakfast - 2 tables		
To Whom Paid	MO	DAY	YEAR		
Beaver County Tourism	10	28	2015	\$	75.00
Mailing Address					
City Beaver Falls	State PA	Zip Code (Plus 4) 15010	Description of Expenditure Member Dues		
To Whom Paid	MO	DAY	YEAR		
Friends of David J. Gabauer	10	28	2015	\$	750.00
Mailing Address					
City Beaver Falls	State PA	Zip Code (Plus 4) 15010	Description of Expenditure Contribution		
To Whom Paid	MO	DAY	YEAR		
Citizens for Jim Christiana	10	28	2015	\$	500.00
Mailing Address					
City Beaver	State PA	Zip Code (Plus 4) 15009	Description of Expenditure Event Table		
To Whom Paid	MO	DAY	YEAR		
Beaver County NAACP	10	28	2015	\$	50.00
Mailing Address					
City Aliquippa	State PA	Zip Code (Plus 4) 15001	Description of Expenditure Ad		

To Whom Paid Marquis Strategies, LLC			MO	DAY	YEAR	\$ 4,117.09
Mailing Address			10	28	2015	
City Beaver	State PA	Zip Code (Plus 4) 15009	Description of Expenditure Fundraising Consulting			
To Whom Paid Cascade Park Swimming Pool			MO	DAY	YEAR	\$ 25.00
Mailing Address			11	11	2015	
City New Castle	State PA	Zip Code (Plus 4) 16101	Description of Expenditure Event Ticket			
To Whom Paid InkStar			MO	DAY	YEAR	\$ 333.90
Mailing Address			11	11	2015	
City Beaver Falls	State PA	Zip Code (Plus 4) 15010	Description of Expenditure Invites for events			
To Whom Paid Marburger Dairy			MO	DAY	YEAR	\$ 30.00
Mailing Address			11	11	2015	
City Evans City	State PA	Zip Code (Plus 4) 16033	Description of Expenditure Drinks for Beaver Falls Parade			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 6,280.99

