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 :	20120129		**Report Filed By :**	**CANDIDATE**		**COMMITTEE**	✓	**LOBBYIST**					
Name of Filing Committee, Candidate or Lobbyist:	REGAN, MIKE CITIZENS FOR												
Street Address:													
City:	DILLSBURG			**State:**	PA			**Zip Code:**	17019-9370				
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		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. **X**		TERMINATION REPORT?	Yes		No	✓	
	ANNUAL REPORT	7.	**Year** 2015		**FILING METHOD ( ) CHECK ONE**			**PAPER**	✓		**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**
	8	15	2015		11	23	2015	

A. Amount Brought Forward From Last Report	$	10,229.73
B. Total Monetary Contributions And Receipts (From Schedule I)	$	500.00
C. Total Funds Available (Sum Of Lines A and B)	$	10,729.73
D. Total Expenditures (From Schedule III)	$	4,823.52
E. Ending Cash Balance (Subtract Line D From Line C)	$	5,906.21
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
REGAN, MIKE CITIZENS FOR	From: 8/15/2015 To: 11/23/2015

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)	$	500.00
All Other Contributions (Part B)	$	0.00
TOTAL for the Reporting Period (2)	$	500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	$	500.00

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
REGAN, MIKE CITIZENS FOR	From: 8/15/2015 To: 11/23/2015

Full Name of Contributing Committee	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
PA COAL PAC Mailing Address	HARRISBURG	PA	171010000	10	26	2015	$ 250.00
PA MEDICAL PAC (PAM PAC) Mailing Address	HARRISBURG	PA	171050000	10	26	2015	$ 250.00

PAGE TOTAL $ 500.00

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.

(Exclude contributions from political committees reported in Part A)

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

Full Name of Contributor			DATE MO	DAY	YEAR	AMOUNT
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 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 Period From: To:

Full Name of Contributing Committee			DATE MO	DAY	YEAR	AMOUNT
Mailing Address						$ 0.00
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 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	$ 0.00
Mailing Address						
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	Reporting Period
REGAN, MIKE CITIZENS FOR	From: 8/15/2015 To: 11/23/2015

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	**(1)**	**$** 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.01 TO $250.00 (FROM PART F)		
TOTAL for the Reporting Period	**(2)**	**$** 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER $250.00 (FROM PART G)		
TOTAL for the Reporting Period	**(3)**	**$** 0.00
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.)		**$** 0.00

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:

			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	

	PAGE TOTAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
REGAN, MIKE CITIZENS FOR	From 8/15/2015 To: 11/23/2015

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT	Description of Expenditure
Zandoria Binner		Dillsburg	PA	17019	8	18	2015	$ 165.00	Donation
YCCD		York	PA	17402	8	27	2015	$ 50.00	Clay Shoot
CCRC		Carlisle	PA	17013	10	1	2015	$ 585.00	Oktoberfest
Hampden Township Veterans Committee		Mechanicsburg	PA	17050	9	16	2015	$ 600.00	Golf Outing Sponsor
CCRC		Carlisle	PA	17013	9	17	2015	$ 100.00	Donation
Polar Bear Foundation		Dillsburg	PA	17019	9	17	2015	$ 100.00	Golf Sponsor

To Whom Paid			MO	DAY	YEAR	
LMC Truck						
Mailing Address			9	1	2015	$ 484.05
City Lenexa	State KS	Zip Code (Plus 4) 66219	Description of Expenditure Vehicle Expenses			

To Whom Paid			MO	DAY	YEAR	
USPS Dillsburg						
Mailing Address			9	11	2015	$ 67.35
City Dillsburg	State PA	Zip Code (Plus 4) 17019	Description of Expenditure Postage			

To Whom Paid			MO	DAY	YEAR	
USPS Lemoyne						
Mailing Address			9	16	2015	$ 34.70
City Lemoyne	State PA	Zip Code (Plus 4) 17043	Description of Expenditure Postage			

To Whom Paid			MO	DAY	YEAR	
Cork & Fork						
Mailing Address			9	23	2015	$ 68.01
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Lunch Meeting			

To Whom Paid			MO	DAY	YEAR	
Action of PA						
Mailing Address			10	6	2015	$ 100.00
City West Chester	State PA	Zip Code (Plus 4) 19380	Description of Expenditure Donation			

To Whom Paid			MO	DAY	YEAR	
Shumaker's Service Inc						
Mailing Address			10	6	2015	$ 1,410.54
City Dillsburg	State PA	Zip Code (Plus 4) 17019	Description of Expenditure Vehicle Expenses			

To Whom Paid			MO	DAY	YEAR	
Friends of Vince DiFilippo						
Mailing Address			10	13	2015	$ 300.00
City Mechanicsburg	State PA	Zip Code (Plus 4) 17050	Description of Expenditure Donation			

To Whom Paid			MO	DAY	YEAR	
Wegman's						
Mailing Address			10	19	2015	$ 162.81
City Mechanicsburg	State PA	Zip Code (Plus 4) 17050	Description of Expenditure Candy for Parade			

To Whom Paid			MO	DAY	YEAR	
YCRC						
Mailing Address			10	26	2015	$ 500.00
City York	**State** PA	**Zip Code (Plus 4)** 17402	**Description of Expenditure** Annual Dinner			

To Whom Paid			MO	DAY	YEAR	
Carrabba's Italian Grill						
Mailing Address			10	28	2015	$ 96.06
City Mechanicsburg	**State** PA	**Zip Code (Plus 4)** 17050	**Description of Expenditure** Dinner Meeting			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	**PAGE TOTAL** $ 4,823.52