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	20160	0090				port ed B		CANE	DID	ATE		COMN	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee	, Candida	ite or Lo	obbyist:		DEL	ORE	TO, T	ONY FF	RIE	NDS (OF							
Street Address:	1438	PHILADE	LPHIA	STREET															
City:	INDIA	NA							State:	ļ	PA			Zip Cod	de: 15	701-0	400		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA		PC	OST-	3. X		AMENDM REPORT		Yes	N	0	/
(place X to the right of	6TH TUES		4.	2ND FRIDA	AY PRE	≣-	5.	30 DA		PC	OST-	6.		TERMINA REPORT		Yes	N	0	\
report type)	ANNUAL	REPORT	7.	Year 2016					NG METH CHECK					PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by	Candidat	e:						DATE	OF	ELEC	CTIO	N	District Number	Office Code	Pa	ty Cod	Cour	
GENIATOR IN T	IE GENER								МО	ı	DAY	YE	AR	41	STS	DE	М	32	
SENATOR IN TH	HE GENER	AL ASSE	MBLY						1	1		8	2016		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	ł			МО	I	DAY	YE	AR	FO	R OFFI	E USE	ONLY		
Expenditures	from:			4 12	2 2	016	T	0		5	1	.6	2016						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$	_			3,7	01.88						
B. Total Moneta	ary Contri	butions A	and Rec	eipts (Fror	n Sche	dule	e I)	\$				1,1	24.97						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				4,8	326.85						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				2,4	04.84						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				2,4	22.01						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	Schedu	le II	I)	\$				2	37.00						
G. Unpaid Debt	s And Obl	igations	(From S	Schedule I	V)			\$					0.00			'			
					AFF	ID/	AVI	ΓSE	CTION	1									
PART I - If this is	s a Commi	ttee repo	rt, trea	surer sign	here.	If th	nis is	a Car	ndidate	rep	ort, c	andio	date sig	ın here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached so	chedule	s file	d on	paper	or by ele	ctro	onic me	dium	, are to t	he best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed befo day of	re me this		20						-		s	ignature	of Perso	n Submitt	ing Re	oort		
		Signatur						- -		-				Prin	ted Name	1			_
My Commission Ex	cpires	Signatur	e							-				Ema	il				-
	1	чо	D/	AY	YR			-		_	Are	a Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	l Comn	nitte	ee, C	andid	ate shal	II s	ign he	re.							司
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and be	ief this	poli	tical	comm	ittee has	no	t violat	ed an	y provisi	ions of th	e act of J	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		e me this								•			Si	ignature o	of Candida	ate			-
	day of ——							-		-				Printe	d Name				_
	s	ignature						-		_									_
My Commission Exp		_								_				Ema	il				
	_	мо	D	AY	YR	ł		•		-	Area	Code		Da	aytime T	elepho	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DELORETO, TONY FRIENDS OF	From:	4/12/201	<u>б</u> То:	<u>5/16/2016</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	142.97
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)	\$	700.00		
TOTAL for the Reporting	\$	700.00		
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)			\$	282.00
TOTAL for the Reporting	J Period	(3)	\$	282.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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	nd enter am ge, Item B.	ount)	\$	1,124.97

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-				
Name of Filing Comm	nittee or Candidate		Reporting Period						
			From:			То	:		
		L			DATE			AMOUNT	
Full Name of Contribut	ing Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	•	•				-		DAGE TOTAL	

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

0.00

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)

value of Filling Committee of Candidate				orting Pe	eriod			
DELORETO, TONY FRIENDS OF			Fro	m:	4/12/2	2 <u>016</u> To):	5/16/2016
					DATE			AMOUNT
Full Name of Contributor George Bieger				МО	DAY	YEAR		
Mailing Address 20 Shady Dr							\$	100.00
City Indiana	State PA	Zip Code (Plus 4) 15701		4	30	30 2016		
Full Name of Contributor Mary E Chandler				МО	DAY	YEAR		
Mailing Address 228 Spring Road					_		\$	100.00
City Malverin	State PA	Zip Code (Plus 4) 19355		5	4	2016		
Full Name of Contributor John A Hanna				МО	DAY	YEAR		
Mailing Address 3 Coates Lane							\$	100.00
City Indiana	State PA	Zip Code (Plus 4) 15701		4	26	2016		
Full Name of Contributor David R. Tabish				МО	DAY	YEAR		
Mailing Address 49 Townview Rd City Indiana	State	Zip Code (Plus 4)		4	21	2016	\$	100.00
City Indiana	PA	15701						
Full Name of Contributor Chere A. Winnek-Shawer				МО	DAY	YEAR		
Mailing Address 229 S 7th St							\$	100.00
City Indiana	State PA	Zip Code (Plus 4) 15701		4	13	2016		

Full Name of Contributor Michael A Crevak	chael A Crevak					
Mailing Address 390 Turner Dr						\$ 100.00
City Blairsville	State PA	Zip Code (Plus 4) 15717	4	12	2016	
Full Name of Contributor Barbara Ando				DAY	YEAR	
Mailing Address 940 Gemmell Road						
Mailing Address 940 Gemme	ell Road			12	2016	\$ 100.00

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

PAGE TOTAL \$ 700.00											
\$	700.00										

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 Candi	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Committ	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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 C	me of Filing Committee or Candidate				orting Pe	riod			
DELORETO, TOI	NY FRIENDS OF			Fron	n:	4/12/2	<u>016</u> To	: <u>!</u>	5/16/2016
					D	ATE		АМО	UNT
Full Name of Cor Kathleen Werne					МО	DAY	YEAR		
Mailing Address	505 Stable Road						\$	282.00	
City Indiana		State	Zip Code (Plus	5 4)) 4 14 20				
2.7.0.7.0.7		PA	15701						
Employer Name	None				Occupation Retired				
Employer Mailing Business	Address/Principal Plac	e of	City			State		Zip Code (Plus 4)
N/A			N/A			PA		15701	
Enter Grand To	Enter Grand Total of Part C on Schedule I, Detailed Summary Page, S							PAG	E TOTAL
		,	, 3.,				\$.	282.00

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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Pe	riod						
DELORETO, TONY FRIENDS OF	From:	4/12/2016 To :	<u>5/16/2016</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	20.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	217.00					
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,	•	\$	237.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	ime of Filing Committee or Candidate					Reporting Period						
DELORETO, TONY FRIENDS OF			From:	<u>4</u> ,	<u>/12/2016</u>	5 To : <u>5/16/2016</u>						
		•		DATE			AMOUNT					
Full Name of Contributor PENNSYLVANIANS FOR BERNIE SANDER	МО	DAY	YEAR									
Mailing Address 5216 EARL DRIVE			4	28	2016	\$	217.00					
City HARRISBURG	State	Zip Code (Plus 4)	7									
Description of Contribution: Office Supplies												

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

PAGE TOTAL

\$ 217.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	ame of Filing Committee or Candidate			Re	porting F	Period				
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor			1			Occupa	tion		1	
Employer Mailing Address/Principal Place of Business City State				State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporti	Reporting Period					
DELORETO, TONY FRIENDS OF				From	4/12	5/16/2016				
					DATE			AMOUNT		
To Whom Paid The Penn				мо	DAY	YEAR				
Mailing Address 319 Pratt Dr					14	2016	\$	282.50		
City Indiana		State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure				
		PA	15701		Newspaper Ad					
To Whom Paid Apollo Elks #386				мо	DAY	YEAR				
Mailing Address	151 Elks Lodge Drive	Э		4	20	2016	\$	100.00		
City Apollo		State PA	Zip Code (Plus 4) 15701		Description of Expenditure Polka for Charity Donation					
To Whom Paid Ellie Horvath				мо	DAY	YEAR				
Mailing Address	P. O. Box 2			4	20	2016	\$	1,000.00		
City Tire Hill		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	15959	Staffing	9					
To Whom Paid Clara Roberts				мо	DAY	YEAR				
Mailing Address 1500 Philadelphia St			4	20	2016	\$	1,000.00			
				_	•	•				

To Whom Paid Henry Hall Technical Services				DAY	YEAR		
Mailing Address 708 Philadelphia St				26	2016	\$	20.11
City Indiana	State PA	Zip Code (Plus 4) 15701	Description of Expenditure Copies				

15701

Zip Code (Plus 4)

Description of Expenditure

Staffing

State

PA

City

Indiana

2.23
2.23
E TOTAL
2,404.84