

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 : 20140011		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: AUMENT FOR SENATE										
Street Address: PO BOX 194										
City: LANDISVILLE			State: PA	Zip Code: 17538-0194						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2016	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	
SENATOR IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	36	STS	REP	36
				11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2016	TO	4	11	2016		
A. Amount Brought Forward From Last Report				\$		20,778.27				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		500.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		21,278.27				
D. Total Expenditures (From Schedule III)				\$		8,982.77				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		12,295.50				
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
AUMENT FOR SENATE	From: <u>1/1/2016</u> To: <u>4/11/2016</u>

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)	\$ 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 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
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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	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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.

PAGE TOTAL
\$ 0.00

**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
	From: _____ To: _____

	DATE	AMOUNT
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Full Name of Contributor	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 AUMENT FOR SENATE	Reporting Period From: <u>1/1/2016</u> To: <u>4/11/2016</u>
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	DATE		AMOUNT
Full Name of Contributing Committee ABBOTT EMPLOYEE PAC	MO	DAY	YEAR
Mailing Address 100 ABBOTT PARK RD D312 AP6D-2	2	17	2016
City ABBOTT PARK			
State IL			
Zip Code (Plus 4) 60064-6028			
			\$ 500.00

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

PAGE TOTAL
\$ 500.00

**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	
Mailing Address				\$ 0.00
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:	

Full Name	DATE			AMOUNT
	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 AUMENT FOR SENATE	Reporting Period From: <u>1/1/2016</u> To: <u>4/11/2016</u>
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 RECEIVED - 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	\$ 0.00
Mailing Address							
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
AUMENT FOR SENATE	From <u>1/1/2016</u> To: <u>4/11/2016</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Republican Committee of Lancaster County	1	7	2016	\$ 200.00
Mailing Address 902 Columbia Avenue				
City Lancaster	State PA	Zip Code (Plus 4) 17603	Description of Expenditure Contribution	
To Whom Paid USPS	1	21	2016	\$ 72.00
Mailing Address 241 Elizabeth Street				
City Landisville	State PA	Zip Code (Plus 4) 17538	Description of Expenditure PO Box Fee	
To Whom Paid USPS	1	28	2016	\$ 2.13
Mailing Address 241 Elizabeth Street				
City Landisville	State PA	Zip Code (Plus 4) 17538	Description of Expenditure Postage	
To Whom Paid Warwick Area Republican Committee	1	29	2016	\$ 500.00
Mailing Address 6 Sherri Lane				
City Lititz	State PA	Zip Code (Plus 4) 17543	Description of Expenditure Contribution	
To Whom Paid CAM Notary	2	1	2016	\$ 5.00
Mailing Address 3626 Columbia Avenue				
City Lancaster	State PA	Zip Code (Plus 4) 17603	Description of Expenditure Notary Fee	

To Whom Paid Elizabethtown Area Republican Committee			MO	DAY	YEAR	
Mailing Address 2595 Donegal Springs Road			2	5	2016	
City Marietta	State PA	Zip Code (Plus 4) 17547	Description of Expenditure Contribution			
To Whom Paid Susquehanna Polling and Research			MO	DAY	YEAR	
Mailing Address 10 N. Progress Avenue			2	17	2016	
City Harrisburg	State PA	Zip Code (Plus 4) 17109	Description of Expenditure Research			
To Whom Paid Staples			MO	DAY	YEAR	
Mailing Address 1296 Lititz Pike			2	24	2016	
City Lancaster	State PA	Zip Code (Plus 4) 17601	Description of Expenditure Administrative			
To Whom Paid Smucker For Congress			MO	DAY	YEAR	
Mailing Address Box 1551			4	5	2016	
City Lancaster	State PA	Zip Code (Plus 4) 17608	Description of Expenditure Contribution			
To Whom Paid Microsoft			MO	DAY	YEAR	
Mailing Address One Microsoft Way			3	10	2016	
City Redmond	State WA	Zip Code (Plus 4) 98052	Description of Expenditure Adminstrative			
To Whom Paid Ryan Aument			MO	DAY	YEAR	
Mailing Address 96 Farmington Place			3	10	2016	
City Landisville	State PA	Zip Code (Plus 4) 17538	Description of Expenditure Reimbursement for Aument cell phone			

To Whom Paid Manheim Central Foundation for Educational Excellence			MO	DAY	YEAR	\$ 275.00
Mailing Address 281 White Oak Road			3	16	2016	
City Manheim	State PA	Zip Code (Plus 4) 17545	Description of Expenditure Contribution			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 8,982.77

