Campaign Finance Report

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

Filer Identification 20140277 Number :						Report CANDI Filed By :			DATE		СОМ	4ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Cand	idate or L	obbyist:		PAT	TRIO	TS FO	R PERRY	1							
Street Address:	PO BOX 14	7														
City:	RED LION							State:	PA			Zip Cod	le: 1	7356		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY 2. X					ARY	3.		AMENDM REPORT?		Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTIOI						POST-	6.		TERMINA REPORT?		Yes	No	\
report type)	ANNUAL REPOR	RT 7.	Year 2016					NG METH CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Candi	date:						DATE C)F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
								МО	DAY	YE	AR			•	•	
								11		8	2016		(SEE IN	ISTRUCTIO	NS FOR C	ODES)
Summary of Receipts and Expenditures from: MO DAY YEAR TO								МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
			3 8	2	016	5 T	0	4	l l	11	2016					
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			242,3	311.00					
B. Total Moneta	ary Contribution	s And Rec	eipts (From	Sche	dule	e I)	\$			45,4	130.93					
C. Total Funds Available (Sum Of Lines A and B)							\$			287,7	741.93					
D. Total Expend	ditures (From S	chedule II	I)				\$			11,9	71.38					
E. Ending Cash	Balance (Subtr	act Line D	From Line (C)			\$:	275,7	70.55					
F. Value Of In-	Kind Contribution	ns Receiv	ed (From So	chedu	le I	Ί)	\$				0.00					
G. Unpaid Debt	s And Obligatio	ns (From S	Schedule IV)			\$				0.00			'		
				AFF	·ID	AVI	ΓSE	CTION								
PART I - If this is		- /	_						-							
I swear (or affirm) correct and comple		ncluding th	e attached sch	nedule	s file	ed on	paper	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge a	ind belie	f , true
Sworn to and subs	cribed before me t day of	his	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signa	ture					-					Prin	ted Nam	e		
My Commission Ex	cpires											Ema	il			
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Telep	hone Nur	nber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	poli	itical	comm	ittee has r	not viola	ted an	y provisi	ions of the	e act of J	lune 3,19	37 (P.L.	1333,
Sworn to and subsc		is									Si	ignature o	of Candid	late		
-	day of		_ 20				_					Drinto	d Name			
	Signatu	<u> </u>					-						aiile			
My Commission Exp	_											Ema	ii			
	мо	D	AY	YR	t .		-		Area	Code		Da	aytime 1	Telephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PATRIOTS FOR PERRY	From:	<u>3/8/201</u>	<u>6</u> То:	4/11/2016
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)	\$	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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

PAGE TOTAL \$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)

Name of Filling Committee of Candidate				oorting P m:				
					DATE		Al	MOUNT
Full Name of Contributor				МО	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 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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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 Candid	Name of Filing Committee or Candidate			Rep	orting Pe	riod				
							To	То:		
					D	ATE		A	MOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address							\$	0.00		
City	State	Zi	ip Code (Plus	5 4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Business	Place of		City			State		Zip Cod	le (Plus 4)	
Enter Grand Total of Part C on S	Schedule I, Detail	led Sumr	mary Page,	Section	on 3.			P	O.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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
- Country of Furt 2	Juliana 1/ Butanet	. January rage,		••			\$	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		
PATRIOTS FOR PERRY	From:	3/8/2016 To :	<u>4/11/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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 Candidat	Name of Filing Committee or Candidate Re						
	From:						
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		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:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

11,971.38

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	te		Reportir	ng Period			
PATRIOTS FOR PERRY			From	<u>3/8</u>	<u>3/2016</u>	То:	4/11/2016
				DATE			AMOUNT
To Whom Paid ALL OTHER DISBURSEMENTS			мо	DAY	YEAR		
Mailing Address			4	11	2016	\$	11,971.38
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		•	•				PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.