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 | 2016 | C0258 | | | | port ed B | | CAND | DATE | √ | СО | MMITTEE | | LOBI | BYIST | | |
|---|----------------------|--------------|-----------|-----------------------|---------|--------|--------------|----------------|-------------|-----------|----------|-------------|--------------------|----------------|---------|-----------|----------|----|
| Name of Filing C | Committe | e, Candida | ate or Lo | obbyist: | | DA۱ | /ID (| G. AR | GALL | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code | e: 18 | 240 | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. X | 30 DA PRIMA | | POST- | 3. | | AMENDME REPORT? | NT | Yes | No | • | / |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | y pri | ≣- | 5. | 30 DA ELECT | | POST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | No | • | / |
| report type) | ANNUAL | REPORT | 7. | Year 2016 | | | | | NG METH | | | | PAPER | PAPER | | | | |
| Name of Office S | Sought by | Candidat | e: | | | | | | DATE C | F ELE | CTI | ON | District Number | Office Code | Par | ty Code | Count | y |
| | | | | | | | | | МО | DAY | Y | 'EAR | 29 | STS | REP | | Code | _ |
| SENATOR IN TH | HE GENE | RAL ASSE | :MBLY | | | | | | 11 | | 8 | 2016 | | (SEE INS | TRUCTI | ONS FOR (| CODES) | |
| Summary of | Receipts | s and | МО | DAY | YEAR | R. | | | МО | DAY | Y | /EAR | FOF | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 3 8 | 2 | 016 | Т | 0 | 4 | | 11 | 2016 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | 1 Last R | eport | | | | \$ | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions A | and Rec | eipts (From | Sche | dule | e I) | \$ | | | | 534.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | | 534.00 | | | | | | |
| D. Total Expend | ditures (I | From Sche | dule II | I) | | | | \$ | | | | 534.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line | C) | | | \$ | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receive | ed (From S | chedu | le I | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | chedule IV |) | | | \$ | | | | 0.00 | | ' | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Comm | ittee repo | ort, trea | surer sign | here. | If th | nis is | a Can | ndidate r | eport, o | cand | idate sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached sc | hedule | s file | d on | paper (| or by elect | tronic m | ediur | n, are to t | the best of | my know | /ledge | and beli | ef , tru | e, |
| Sworn to and subs | cribed before day of | ore me this | | 20 | | | | | | | | Signature | of Person | Submitt | ing Rep | ort | | - |
| | _ | Signatur | re | | | | | - - | | | | | Printe | ed Name | | | | - |
| My Commission Ex | cpires | | | | | | | _ | | | | | Email | | | | | - |
| | | мо | D# | ΑY | YR | | | | | Ar | ea Co | de | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report | of a cand | idate's | authorized | Comn | nitte | ee, C | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | tical | commi | ittee has r | not viola | ted a | ny provisi | ions of the | act of Ju | ine 3,1 | 937 (P.L | . 1333 | , |
| Sworn to and subsc | | re me this | | | | | | | | | | Si | ignature of | Candida | te | | | - |
| | day of — | | | | | | | _ | | | | | Printed | Name | | | | - |
| | ; | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | oires | | | | | | | | | | | | Email | | | | | |
| | _ | МО | D/ | AY | YR | 1 | | - | | Area | Code | 1 | Day | time Te | lephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | Period | | | | | | | | |
|--|-----------|---------|--------------|------------------|--|--|--|--|--|--|
| DAVID G. ARGALL | From: | 3/8/201 | <u>6</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) | | | \$ | 534.00 | | | | | | |
| All Other Contributions (Part D) | | | \$ | 0.00 | | | | | | |
| TOTAL for the Reporting | Period | (3) | \$ | 534.00 | | | | | | |
| 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 | | | \$ | 534.00 | | | | | | |

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 Candida | e | | Reporting Period | | | | | | |
|-------------------------------------|-------|-------------------|------------------|----|------|------|----|--------|--|
| F | | | From: To | | | | o: | | |
| | | · | | | DATE | | | AMOUNT | |
| Full Name of Contributing Committee | | | N | мо | DAY | YEAR | | | |
| 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.

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 Candida | Name of Filling Committee of Candidate | | | Reporting Period | | | | | | |
|-------------------------------------|--|-------------------|-------|------------------|------|------|------------|--------|--|--|
| | | | From: | | | To |) : | | | |
| | | I. | | | DATE | | | AMOUNT | | |
| 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.

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 Per | Reporting Period | | | | | | |
|---------------------------------------|---------------|------------------|-----|-----------|--|--|--|--|
| DAVID G. ARGALL | From: | <u>3/8/2016</u> | То: | 4/11/2016 | | | | |

DATE **AMOUNT Full Name of Contributing Committee** DAY YEAR мо **VOLUNTEERS FOR ARGALL** 534.00 **Mailing Address** PO BOX 241 2 9 2016 City TAMAQUA State Zip Code (Plus 4) PA 18252

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

PAGE TOTAL \$ 534.00

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 Candidate | 1 | | | Repo | orting Pe | riod | | | |
|---------------------------------------|------------------|---------|--------------|---------|-----------|-------|------|--------|-----------------|
| | | | | Fron | n: | | To |): | |
| | | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | | |
| City | State | Zi | p Code (Plus | s 4) | | | | | |
| Employer Name | | • | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | | State | | Zip Co | ode (Plus 4) |
| Enter Grand Total of Part C on Sch | edule I, Detaile | ed Sumn | nary Page, | Section | on 3. | | | \$ | PAGE TOTAL 0.00 |

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 | ing Peri | od | | | |
|----------------------------|---------------------------|-------------------|--------|----------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | • | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | ıs 4) | | | | | |
| Receipt Description | <u>'</u> | <u>'</u> | | | • | | | |
| Futor Curred Total of Bout | For Cabadula I Batailad | I Common Posts Co | | 4 | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule 1, Detailed | Summary Page, Se | ection | 4. | | | \$ | 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 | | | | | | | | |
|--|---|---------------------|------------------|--|--|--|--|--|--|
| DAVID G. ARGALL | From: | 3/8/2016 To: | <u>4/11/2016</u> | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Car | ndidate | | Reportin | g Period | | | | |
|---------------------------------|---|-------------------|----------|---------------------|------|-------------|------------|------|
| | | | From: | | | To | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | | • | • | | | | |
| | | | | | - | | | |
| | nter Grand Total of Part F on Schedule II, In-Kind Contributions De | | | ailed Summary Page, | | | PAGE TOTAL | |
| Section 2. | | | | | | \$ | (| 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | portin | ng Pe | riod | | | | |
|---|------------------|------|------------------|--------|--------|--------|-------------|-------|-----|---------------|----------|
| | | | | Fro | m: | | | To: | | | |
| | | | | | | | DATE | | | АМО | UNT |
| Full Name of Contributor | | | | | мо | | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | | |
| Employer of Contributor | | | | | Оссі | upati | ion | | | | |
| Employer Mailing Address/Principal Plac | e of Business | Cit | ty | Stat | e Z | Zip Co | ode(Plus 4) | Descr | ipt | tion of Contr | ribution |
| Enter Grand Total of Part G on Sch | edule II, In-Kir | nd (| Contributions D | etaile | ed | | - | | | PAG | E TOTAL |
| Summary Page, Section 3. | , | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | |
|---------------------------------------|------------------|----------|-----|-----------|--|
| DAVID G. ARGALL | From | 3/8/2016 | То: | 4/11/2016 | |

| | | | | DATE | | | AMOUNT | |
|-----------------------------|----------------------------|-------|-------------------|---------|-------------|----------|--------|------------|
| To WI | nom Paid | | | мо | DAY | YEAR | | |
| DAVID G ARGALL | | | | | | ILAK | | |
| Mailing Address 106 LAKE DR | | | | 2 | 29 | 2016 | \$ | 534.00 |
| City | NESQUEHONING | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 18240 | MILEAG | E REIMBUI | RSEMENT | _ | |
| | | | | | | | | PAGE TOTAL |
| Ente | r Grand Total of Expenditu | \$ | 534.00 | | | | | |