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 E		CAND	IDATE	\	CC	MMITTEE		LOBI	BYIST	
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		DA۱	VID	G. AR	GALL								
Street Address:																	
City:									State:				Zip Code	: 18	240		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	>
report type)	ANNUAL	REPORT	7.	Year 2016					NG METH				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by	, Candidat	te:						DATE ()F ELE	CTIC)N	District Number	Office Code	Par	ty Code	County Code
	,								МО	DAY	ΥI	EAR	Number	code			Couc
									11		8	2016		(SEE INS	TRUCTI	ONS FOR C	CODES)
Summary of		s and	МО	DAY	YEAR	2			мо	DAY	Y	EAR	FOR	OFFIC	E USE	ONLY	
Expenditures	from:			4 12	2	016	T	0	5	5	16	2016					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$		•	•	0.00					
B. Total Monet	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$			4	435.88					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			4	435.88					
D. Total Expend	ditures (I	From Sche	edule II	I)				\$			4	135.88					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				0.00		,			
					AFF	·ID	AVI	T SE	CTION								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, (candi	date sig	jn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (or by elec	tronic m	edium	, are to t	the best of	my know	/ledge	and belie	ef , true
Sworn to and subs	cribed bef	ore me this		20							S	Signature	e of Person	Submitt	ing Rep	ort	
	<u> </u>	Signatu	re					_					Printe	d Name			
My Commission Ex	cpires												Email				
		мо	D	AY	YR					Ar	ea Coo	ie	Daytime	Telepho	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	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	itical	commi	ittee has ı	not viola	ted ar	y provis	ions of the	act of Ju	ine 3,1	937 (P.L.	. 1333,
Sworn to and subsc		re me this										s	ignature of	Candida	te		
	day of —							_					Printed	Name			
	;	Signature						-						-			
My Commission Exp	ires												Email				
	_	МО	D	AY	YR	<u> </u>		-		Area	Code		Day	rtime Te	lephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DAVID G. ARGALL	From:	4/12/201	<u>6</u> To:	<u>5/16/2016</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	435.88
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	435.88
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	435.88

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 Commi	ttee or Candidate	•		Re	eporting	Period			
				Fr	om:		То	:	
				•		DATE			AMOUNT
Full Name of Contribution	ng Committee				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.

			кероги	g Peri	od			
			From:			To) :	
				DA	TE			AMOUNT
Full Name of Contributor			М) D	AY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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 Pe	eriod		
DAVID G. ARGALL	From:	4/12/2016	То:	<u>5/16/2016</u>

DATE AMOUNT

Full Name of Contributing Committee			мо	DAY	YEAR	
VOLUNTEERS FOR ARGALL				DA!	ILAK	\$ 435.88
Mailing Address PO BOX 241			4	30	2016	,
City TAMAQUA	State	Zip Code (Plus 4)	'		2010	
	PA	18252				

PAGE TOTAL\$ 435.88

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

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			Rep	orting Pe	riod			
			Fron	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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 Comment Page 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 Perio	od	
DAVID G. ARGALL	From:	4/12/2016 To :	<u>5/16/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	TF)		
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,	<u> </u>	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			To:		
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
DAVID G. ARGALL	From	4/12/2016	То:	5/16/2016

				DATE		AMOUNT	
To Whom Paid				МО	DAY	YEAR	
DAVID G ARGALL				140		ILAK	
Mailing Address 106 LAKE DR				4	30	2016	\$ 435.88
City	NESQUEHONING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	18240	MILEAGE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
							\$ 435.88