

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 : 8400088		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: VOLUNTEER FOR ARGALL							
Street Address: P.O. BOX 241							
City: TAMAQUA				State: PA		Zip Code: 18252	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. X	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
SENATOR IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	
				11	8	2016	
						(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY
		9	20	2016		10	24
						2016	
A. Amount Brought Forward From Last Report				\$ 327,338.71			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 42,800.00			
C. Total Funds Available (Sum Of Lines A and B)				\$ 370,138.71			
D. Total Expenditures (From Schedule III)				\$ 101,190.26			
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 268,948.45			
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 of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
VOLUNTEER FOR ARGALL	From: <u>9/20/2016</u> To: <u>10/24/2016</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)	\$ 17,200.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 17,200.00

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.)	\$ 17,200.00
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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
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 VOLUNTEER FOR ARGALL	Reporting Period From: <u>9/20/2016</u> To: <u>10/24/2016</u>
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				DATE	AMOUNT		
Full Name of Contributing Committee YEI PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address P.O. BOX 14145				8	11	2016	
City READING	State PA	Zip Code (Plus 4) 196124145					
Full Name of Contributing Committee VALUE DRUG CO. PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address P.O. BOX 2448 1 GOLFVIEW DRIVE				6	3	2016	
City ALTOONA	State PA	Zip Code (Plus 4) 16603					
Full Name of Contributing Committee TROOPERS ASSOCIATION PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 3625 VARTAN WAY				6	3	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110					
Full Name of Contributing Committee TRANSPORTATION CONSTRUCTION INDUSTRIES PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 800 N. THIRD STREET				6	3	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee STATE STREET ADVISORS PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 500 N. 3RD ST. 11TH FLOOR				7	12	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee STANDARD BREEDERS ASSN OF PA				MO	DAY	YEAR	\$ 500.00
Mailing Address 2310 HANOVER PIKE				6	3	2016	
City HANOVER	State PA	Zip Code (Plus 4) 17331					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 3,000.00
PSCOA			9	3	2016	
Mailing Address	2421 N FRONT ST					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17110	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
PAWC-PAC			6	3	2016	
Mailing Address	800 WEST HERSHEY PARK DRIVE					
City	HERSHEY	State	PA	Zip Code (Plus 4)	17033	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
PA FUTURE FUND PAC			8	11	2016	
Mailing Address	P.O. BOX 5028					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17110	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
PA CHIROPRACTIC ASSOCIATION PAC			9	7	2016	
Mailing Address	1335 N. FRONT ST					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17102	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 300.00
PA CEMETERY, CREMATION & FUNERAL ASSOCIATION PAC			6	3	2016	
Mailing Address	3051 GREEN POND RD					
City	EASTON	State	PA	Zip Code (Plus 4)	18045	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
PA ARCHITECTS PAC			6	3	2016	
Mailing Address	240 NORTH THIRD STREET 12TH FLOOR					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
NATIONWIDE PA PAC			7	12	2016	
Mailing Address	1 NATIONWIDE PLAZA					
City	COLUMBUS	State	OH	Zip Code (Plus 4)	43216	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
MONSANTO CITIZENSHIP FUND			6	3	2016	
Mailing Address	800 N. LINDENBERGH BLVD					
City	ST. LOUIS	State	MO	Zip Code (Plus 4)	63167	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
MALADY & WOOTEN PUBLIC AFFAIRS			6	3	2016	
Mailing Address	604 NORTH THIRD STREET					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
LAWPAC			6	3	2016	
Mailing Address	800 NORTH THIRD STREET					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17102	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
IRONWORKERS LOCAL UNION 420 PAC			9	7	2016	
Mailing Address	1645 FAIRVIEW STREET					
City	READING	State	PA	Zip Code (Plus 4)	19606	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
FIRST ENERGY CORP. PAC			6	3	2016	
Mailing Address	76 S. MAIN ST.					
City	AKRON	State	OH	Zip Code (Plus 4)	44308	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 400.00
FARMER			9	7	2016	
Mailing Address	P.O. BOX 8736 510 S. 31ST STREET					
City	CAMP HILL	State	PA	Zip Code (Plus 4)	17011	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
DBA LEINBACH FOR COMMISSIONER			6	3	2016	
Mailing Address	PO BOX 13715					
City	READING	State	PA	Zip Code (Plus 4)	19612	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
COALITION FOR PA'S FUTURE			6	3	2016	
Mailing Address	P.O. BOX 12090					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17108	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
CITIZENS FOR A GROWING ECONOMY			6	3	2016	
Mailing Address	PO BOX 308					
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17108	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
CHAMBER PAC			6	3	2016	
Mailing Address 417 WALNUT ST						
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
CAMERON COMPANIES PAC			6	3	2016	
Mailing Address PO BOX 220						
City SOLEBURY	State PA	Zip Code (Plus 4) 18963				

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

PAGE TOTAL
\$ 17,200.00

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	\$ 0.00
Mailing Address			DAY	
City	State	Zip Code (Plus 4)	YEAR	
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:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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		Reporting Period	
VOLUNTEER FOR ARGALL		From: <u>9/20/2016</u> To: <u>10/24/2016</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 RECIEVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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
	From To:

			DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 0.00

