### **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 201	60090				Repo Filed		<b>/</b> :	CA	NDII	DATE		СОМ	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyis	st:		DELO	RET	ГО, Т	ONY	FRI	ENDS	OF		<u>_</u>					
Street Address: 1438 PHILADELPHIA STREET																			
City:	INDIANA								State	<b>:</b>	PA <b>Zip Code:</b> 15701-040					400			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F	RIDAY ARY	PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT		Yes	N	lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F	FRIDAY TION	PRE-	- 5.		30 DA		Р	OST-	6. <b>X</b>	(	TERMINA REPORT		Yes	Ν	lo	<b>/</b>
report type)	ANNUAL REPOR	7.	Year	2016	FILING METHO ( ) CHECK O							PAPER		<b>√</b>	DISK	ETTE			
Name of Office S	ought by Candid	ate:							DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	e Coui	
CENIATOD IN TI	HE GENERAL ASS	SEMBLV							мо		DAY	Y	EAR	41	STS	DEI	1	32	
SLINATOR IN TI	IL GLIVLKAL AS	SLIVIDLT								11		8	2016		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of		МО	DA	Y	YEAR				МО		DAY	Y	'EAR	FO	R OFFIC	E USE	ONL	7	
Expenditures	trom:		10	25	20	16	TC	<b>)</b>		11	:	28	2016						
A. Amount Bro	ught Forward Fro	m Last R	eport					\$				4,	240.68						
B. Total Monetary Contributions And Receipts (From Schedule I) \$											1,	894.50							
C. Total Funds Available (Sum Of Lines A and B)								\$				6,	135.18						
D. Total Expenditures (From Schedule III)							\$				4,	900.02							
E. Ending Cash Balance (Subtract Line D From Line C)							\$				1,	235.16							
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fr	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedu	ıle IV)	)			\$					0.00						
					AFFI	[DA\	/IT	SE	CTIO	NC									
PART I - If this is		-		_									_		6 may 1 m a y			!:_£	
correct and comple	that this report, in ete.	cluding th	e attaci	ieu scn	eaules	mea c	оп р	арег	ог ву е	electr	onic m	ealun	n, are to t	ne best o	r my knov	vieage	anu be	iiei , ti	ue
Sworn to and subs	cribed before me th day of	is	20							,			Signature	of Perso	n Submitt	ing Re <sub>l</sub>	ort		
	Signat	ure	_				_							Prin	ted Name				
My Commission Ex	pires									•				Ema	il				
	МО	D	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a car	ndidate's	autho	rized (	Commi	ittee,	, Ca	ndid	ate si	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge ar	nd belie	f this p	politic	al c	omm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me thi day of	5	20										s	ignature o	of Candida	ite			- J
			_ 20 _											Printe	d Name				-
	Signature	l					_							Ema	il				_
My Commission Exp	ires													Eiila	·•				_
	МО	D	AY		YR						Area	Code	1	Da	aytime Te	lephor	e Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
DELORETO, TONY FRIENDS OF	From:	10/25/201	<u>6</u> To:	11/28/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	119.50
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	100.00
All Other Contributions (Part B)	\$	775.00		
TOTAL for the Reporting	J Period	(2)	\$	875.00
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)			\$	400.00
TOTAL for the Reporting	y Period	(3)	\$	900.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,894.50

#### **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		
DELORETO, TONY FRIENDS OF	From:	10/25/2016	То:	11/28/2016
		DATE		AMOUNT

Full Name of Contributing Committee  ARMSTRONG CO DEM COM				DAY	YEAR	
Mailing Address 307 N PENNA AVE						\$ 100.00
City APOLLO	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 156130000	10	28	2016	

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

**PAGE TOTAL \$** 100.00

## 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 Filing Committee or Candidate			Rep	Reporting Period					
DELORETO, TONY FRIENDS OF			Fro	m:	10/25/2	2016 <b>T</b> o	):	11/28/2016	
					DATE			AMOUNT	
<b>Full Name of Contributor</b> Albert Patti				МО	DAY	YEAR			
Mailing Address 797 Wayne Ave							\$	200.00	
<b>City</b> Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701		10	28	2016			
Full Name of Contributor Kathleen Werner Millward				МО	DAY	YEAR			
Mailing Address 505 Stable Road  City Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701		10	26	2016	\$	50.00	
<b>Full Name of Contributor</b> John Hanna				МО	DAY	YEAR			
Mailing Address 3 Coates Lane							\$	100.00	
<b>City</b> Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701		10	28	2016			
Full Name of Contributor Peter Broad				МО	DAY	YEAR			
Mailing Address 215 N 15th St  City Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701		10	28	2016	\$	100.00	
<b>Full Name of Contributor</b> Robert Watta				МО	DAY	YEAR			
Mailing Address 50 College Lodge Rd						\$	225.00		
<b>City</b> Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701		10	28	2016			

Full Name of Contributor Sara Steelman				МО	DAY	YEAR	
Mailing Address	220 N 6th St						\$ 100.00
City Indiana		State	Zip Code (Plus 4)	10	26	2016	
		PA	15701				

**PAGE TOTAL \$** 775.00

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	Reporting Period						
DELORETO, TONY FRIENDS OF	From:	10/25/2016	То:	<u>11/28/2016</u>			

DATE AMOUNT

Full Name of Contributing Committee Pennsylvania AFL-CIO	МО	DAY	YEAR			
Mailing Address 600 N 2ND ST						<b>\$</b> 500.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	10	29	2016	

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

**PAGE TOTAL \$** 500.00

## 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					Reporting Period						
DELORETO, TONY	DELORETO, TONY FRIENDS OF Fro					10/25/2	<u>016</u> To	To: <u>11/28/2016</u>			
					D/	ATE		АМО	UNT		
Full Name of Control Rotary Club of Ind					мо	DAY	YEAR				
Mailing Address	L05 Nicola Ln				10	26	2016	\$	400.00		
City Indiana		State	Zip Code (Pl	us 4)	10	26	2016				
		PA	15701								
Employer Name	N/A				Occupat	tion N	I/A				
Employer Mailing A Business	ddress/Principal Plac	e of	City			State		Zip Code (	Plus 4)		
Rotary Club of Ind	iana		Indiana	1		PA		15701			
Enter Grand Tota	l of Part C on Sche	dule I, Detailed Su	ımmary Pag	e, Secti	on 3.			PAG	E TOTAL		
		·	, ,				\$	•	400.00		

## 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		AI	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	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Peri	od							
DELORETO, TONY FRIENDS OF	From:	<u>10/25/2016</u> <b>To:</b>	<u>11/28/2016</u>						
1. 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 Candidate R			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		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	:		
						DATE				AMOUNT
Full Name of Contributor					мо	DAY	YEAR	1		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi <sub> </sub> 4)	p Code(Plu	s Desc	cript	tion o	f 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

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Re	Reporting Period						
DELORETO, TONY FRIENDS OF Fro	rom <u>10</u>	)/25/201 <u>6</u>	То:	11/28/2016			

					DATE		AMOUNT			
<b>To Whom Paid</b> Clara Roberts				мо	DAY	YEAR				
Mailing Address 1500 Philadelphia St					27	2016	\$	800.00		
City Indiana	State         Zip Code (Plus 4)           PA         15701				Description of Expenditure Staffing Bonus					
To Whom Paid Eleanor Horvath				МО	DAY	YEAR				
Mailing Address P.O. Box 2					27	2016	\$	800.00		
City Tire Hill	Tire Hill State Zip Code (Plus 4) PA 15959				Description of Expenditure Staffing Bonus					
To Whom Paid Eric Barker				МО	DAY	YEAR				
Mailing Address	662 Chestnut St			10	27	2016	\$	2,650.00		
City Indiana	State Zip Code (Plus 4) PA 15701				Description of Expenditure Online Ad Reimbursement					
<b>To Whom Paid</b> Renda Broadcast	ing			МО	DAY	YEAR				
Mailing Address 840 Philadelphia St					28	2016	\$	229.16		
<b>City</b> Indiana		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701		otion of Exp Advertising					
To Whom Paid Eleanor Horvath				МО	DAY	YEAR				
Mailing Address	P.O. Box 2			11	2	2016	\$	100.00		
City Tire Hill		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15959	1	otion of Exp Ad Reimbu					

To Whom Paid Eleanor Horvath				мо	DAY	YEAR				
Mailing Address	P.O. Box 2				14	2016	\$	47.70		
City Tire Hill	State         Zip Code (Plus 4)           PA         15959				Description of Expenditure Online Ad Reimbursement					
To Whom Paid Eleanor Horvath				МО	DAY	YEAR				
Mailing Address	P.O. Box 2				17	2016	\$	73.16		
City Tire Hill		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15959	Description of Expenditure Online Ad Reimbursement						
<b>To Whom Paid</b> Eric Barker				МО	DAY	YEAR				
Mailing Address	662 Chestnut St			11	3	2016	\$	200.00		
<b>City</b> Indiana		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	Description of Expenditure Online Ad Reimbursement						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	<b>PAGE TOTAL</b> 4,900.02		