

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 :				2016c0492				Report Filed By :		CANDIDATE		✓		COMMITTEE		LOBBYIST							
Name of Filing Committee, Candidate or Lobbyist: REGAN,MICHAEL R																							
Street Address:																							
City:								State:				Zip Code: 17019											
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		No		✓			
		6TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST-ELECTION		6. X		TERMINATION REPORT?		Yes		No		✓			
		ANNUAL REPORT		7.		Year 2016				FILING METHOD () CHECK ONE				PAPER		✓		DISKETTE					
Name of Office Sought by Candidate: SENATOR IN THE GENERAL ASSEMBLY										DATE OF ELECTION				District Number		Office Code		Party Code		County Code			
										MO		DAY		YEAR		31		STS		REP		67	
										11		8		2016				(SEE INSTRUCTIONS FOR CODES)					
Summary of Receipts and Expenditures from:				MO		DAY		YEAR		TO				MO		DAY		YEAR		FOR OFFICE USE ONLY			
				10		25		2016						11		28		2016					
A. Amount Brought Forward From Last Report										\$								0.00					
B. Total Monetary Contributions And Receipts (From Schedule I)										\$								0.00					
C. Total Funds Available (Sum Of Lines A and B)										\$								0.00					
D. Total Expenditures (From Schedule III)										\$								0.00					
E. Ending Cash Balance (Subtract Line D From Line C)										\$								0.00					
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

My Commission Expires

MO	DAY	YR
----	-----	----

Printed Name _____

Email

Area Code	Daytime Telephone Number
214	214-750-1111
214	214-750-1112
214	214-750-1113
214	214-750-1114
214	214-750-1115
214	214-750-1116
214	214-750-1117
214	214-750-1118
214	214-750-1119
214	214-750-1120
214	214-750-1121
214	214-750-1122
214	214-750-1123
214	214-750-1124
214	214-750-1125
214	214-750-1126
214	214-750-1127
214	214-750-1128
214	214-750-1129
214	214-750-1130
214	214-750-1131
214	214-750-1132
214	214-750-1133
214	214-750-1134
214	214-750-1135
214	214-750-1136
214	214-750-1137
214	214-750-1138
214	214-750-1139
214	214-750-1140
214	214-750-1141
214	214-750-1142
214	214-750-1143
214	214-750-1144
214	214-750-1145
214	214-750-1146
214	214-750-1147
214	214-750-1148
214	214-750-1149
214	214-750-1150
214	214-750-1151
214	214-750-1152
214	214-750-1153
214	214-750-1154
214	214-750-1155
214	214-750-1156
214	214-750-1157
214	214-750-1158
214	214-750-1159
214	214-750-1160
214	214-750-1161
214	214-750-1162
214	214-750-1163
214	214-750-1164
214	214-750-1165
214	214-750-1166
214	214-750-1167
214	214-750-1168
214	214-750-1169
214	214-750-1170
214	214-750-1171
214	214-750-1172
214	214-750-1173
214	214-750-1174
214	214-750-1175
214	214-750-1176
214	214-750-1177
214	214-750-1178
214	214-750-1179
214	214-750-1180
214	214-750-1181
214	214-750-1182
214	214-750-1183
214	214-750-1184
214	214-750-1185
214	214-750-1186
214	214-750-1187
214	214-750-1188
214	214-750-1189
214	214-750-1190
214	214-750-1191
214	214-750-1192
214	214-750-1193
214	214-750-1194
214	214-750-1195
214	214-750-1196
214	214-750-1197
214	214-750-1198
214	214-750-1199
214	214-750-1200
214	214-750-1201
214	214-750-1202
214	214-750-1203
214	214-750-1204
214	214-750-1205
214	214-750-1206
214	214-750-1207
214	214-750-1208
214	214-750-1209
214	214-750-1210
214	214-750-1211
214	214-750-1212
214	214-750-1213
214	214-750-1214
214	214-750-1215
214	214-750-1216
214	214-750-1217
214	214-750-1218
214	214-750-1219
214	214-750-1220
214	214-750-1221
214	214-750-1222
214	214-750-1223
214	214-750-1224
214	214-750-1225
214	214-750-1226
214	214-750-1227
214	214-750-1228
214	214-750-1229
214</	

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

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
REGAN,MICHAEL R	From: <u>10/25/2016</u> To: <u>11/28/2016</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)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
---	---------

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 Candidate				Reporting Period			
				From:		To:	
				DATE	AMOUNT		
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	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
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 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	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
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:
---------------------------------------	--

				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	
REGAN,MICHAEL R		From: <u>10/25/2016</u> To: <u>11/28/2016</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:
---------------------------------------	--

			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

