

# 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 : 20140264		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: REFORM PA PAC											
Street Address: PO BOX 124											
City: MANCHESTER					State: PA		Zip Code: 17345				
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 <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016	FILING METHOD ( ) CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					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					\$ 97,081.59						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 49,000.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 146,081.59						
D. Total Expenditures (From Schedule III)					\$ 119,306.44						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 26,775.15						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 408,063.55						

## 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

Printed Name

Signature

Email

My Commission Expires

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
REFORM PA PAC	From: <u>10/25/2016</u> To: <u>11/28/2016</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 15,000.00
<b>All Other Contributions (Part D)</b>	\$ 34,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 49,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 49,000.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
REFORM PA PAC	<b>From:</b> <u>10/25/2016</u> <b>To:</b> <u>11/28/2016</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	15,000.00
SCOTT WAGNER FOR SENATE								
Mailing Address								
PO BOX 141				11	23	2016		
City	MANCHESTER		State					

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

<b>PAGE TOTAL</b>
\$ 15,000.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  REFORM PA PAC	<b>Reporting Period</b>  <b>From:</b> <u>10/25/2016</u> <b>To:</b> <u>11/28/2016</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
STEPHEN POND							
<b>Mailing Address</b> PO BOX 10858				11	2	2016	\$ 2,000.00
<b>City</b> GREENSBORO	<b>State</b> NC	<b>Zip Code (Plus 4)</b> 27404					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

Full Name of Contributor				MO	DAY	YEAR	
SCOTT WAGNER							
<b>Mailing Address</b> PO BOX 1627				11	2	2016	\$ 30,000.00
<b>City</b> YORK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17405					
<b>Employer Name</b> PENN WASTE				<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	
PO BOX 3066			YORK		PA	17402	

Full Name of Contributor				MO	DAY	YEAR	
SCOTT HARTMAN							
<b>Mailing Address</b> 2295 SUSQUEHANNA TRAIL				11	30	2016	\$ 2,000.00
<b>City</b> YORK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17404					
<b>Employer Name</b> RUTTERS				<b>Occupation</b> MANAGEMENT			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	
2295 SUSQUEHANNA TRAIL			YORK		PA	17404	

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

**PAGE TOTAL**

\$ 34,000.00

## 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.**

<b>PAGE TOTAL</b>	
\$	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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
REFORM PA PAC		From: <u>10/25/2016</u> To: <u>11/28/2016</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
REFORM PA PAC	From <u>10/25/2016</u> To: <u>11/28/2016</u>

DATE				AMOUNT		
To Whom Paid MCLAUGHLIN & ASSOC.			MO	DAY	YEAR	\$ 33,500.00
Mailing Address 566 S. ROUTE 303			10	26	2016	
City BLAUVELT	State NY	Zip Code (Plus 4) 10913	Description of Expenditure POLLING-ERIE			
To Whom Paid SRCC			MO	DAY	YEAR	\$ 30,200.00
Mailing Address 800 N. 3RD ST. SUITE 303			10	28	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure DONATION			
To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 49.64
Mailing Address 2555 COLDSRING RD.			10	28	2016	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure REIMBURSEMENT EXP.			
To Whom Paid WHITE ROSE			MO	DAY	YEAR	\$ 726.46
Mailing Address 48 N. BEAVER ST.			11	1	2016	
City YORK	State PA	Zip Code (Plus 4) 17401	Description of Expenditure IN-KIND - SEARS RACE			
To Whom Paid ARLINGTON EDITS			MO	DAY	YEAR	\$ 40,000.00
Mailing Address 201 N. UNION ST.			11	2	2016	
City ALEXANDRIA	State VA	Zip Code (Plus 4) 22314	Description of Expenditure MEDIA BUY-LAUGHLIN			

To Whom Paid ROCKWOOD STRATEGIES			MO	DAY	YEAR	\$ 2,200.00
Mailing Address 5482 RM KEI CIRCLE			11	16	2016	
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18902	Description of Expenditure CONSULTING			
To Whom Paid REBECCA REAM			MO	DAY	YEAR	\$ 1,200.00
Mailing Address 1950 BRETTON LANE			11	4	2016	
City YORK	State PA	Zip Code (Plus 4) 17408	Description of Expenditure ADMIN FEE			
To Whom Paid INTELLIGENT DIRECT			MO	DAY	YEAR	\$ 1,044.71
Mailing Address PO BOX 119			11	15	2016	
City WELLSBORO	State PA	Zip Code (Plus 4) 16901	Description of Expenditure MAP			
To Whom Paid BACCO PIZZERIA			MO	DAY	YEAR	\$ 43.40
Mailing Address 20 N. 2ND ST.			11	4	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure LUNCH			
To Whom Paid M&T BANK			MO	DAY	YEAR	\$ 150.00
Mailing Address 4301 N. GEORGE ST.			11	8	2016	
City MANCHESTER	State PA	Zip Code (Plus 4) 17345	Description of Expenditure SERVICE CHARGE			
To Whom Paid MAVERICK FINANCE			MO	DAY	YEAR	\$ 3,874.07
Mailing Address 403 N. SECOND ST. 2FL			11	16	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure FUNDRAISING & REIMBURSE			

To Whom Paid BMD DESIGN			MO	DAY	YEAR	\$ 275.75
Mailing Address 125 S. CAMP ST.			11	16	2016	
City WINDSOR	State PA	Zip Code (Plus 4) 17366	Description of Expenditure DESIGN WORK			

To Whom Paid YORK CTY. REPUBLICAN COMM.			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2453 KINGSTON CT.			11	16	2016	
City YORK	State PA	Zip Code (Plus 4) 17402	Description of Expenditure DONATION			

To Whom Paid REBECCA REAM			MO	DAY	YEAR	\$ 1,239.59
Mailing Address 1950 BRETTON LANE			11	18	2016	
City YORK	State PA	Zip Code (Plus 4) 17408	Description of Expenditure ADMIN FEE			

To Whom Paid MAVERICK FINANCE			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 403 N. SECOND ST. 2FL			11	18	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure OCT. CONSULTING FEE			

To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 572.14
Mailing Address 2555 COLDSRING RD.			11	22	2016	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure NOV. FEE & REIMBURSE			

To Whom Paid REBECCA REAM			MO	DAY	YEAR	\$ 1,200.00
Mailing Address 1950 BRETTON LANE			12	1	2016	
City YORK	State PA	Zip Code (Plus 4) 17408	Description of Expenditure ADMINISTRATIVE FEE			

<b>To Whom Paid</b> BOOKS A MILLION			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 3000 WHITE FORD RD.			11	29	2016	
<b>City</b> YORK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17402	<b>Description of Expenditure</b> BOOKLETS			

  

<b>To Whom Paid</b> BOOKS A MILLION			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 3000 WHITE FORD RD.			11	29	2016	
<b>City</b> YORK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17402	<b>Description of Expenditure</b> BOOKLETS			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 119,306.44

**SCHEDULE IV**  
**STATEMENT OF UNPAID DEBTS**  
 Use this Section to itemize all unpaid debts and obligations  
 which are outstanding at the end of the reporting period

<b>Name of Filing Committee or Candidate</b> REFORM PA PAC				<b>Reporting Period</b> From: <u>10/25/2016</u> To: <u>11/28/2016</u>			
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DATE				Outstanding Balance of Debt
<b>Name of Creditor</b> SCOTT WAGNER				\$ 30,000.00
<b>Mailing Address</b> PO BOX 1627				
11	2	2016		
<b>City</b> YORK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17402		<b>Description of Debt</b> LOAN

  

DATE				Outstanding Balance of Debt
<b>Name of Creditor</b> SCOTT WAGNER				\$ 378,063.55
<b>Mailing Address</b> PO BOX 1627				
12	5	2016		
<b>City</b> YORK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17405		<b>Description of Debt</b> LOANS BROUGHT FORWARD

  

<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>	<b>PAGE TOTAL</b>  \$ 408,063.55
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