Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 2014	0277			Report Filed B		CANDI	DATE		СОММ	AITTEE	✓	LOBI	BYIST	
Name of Filing (Committee, Candid	ate or L	obbyist:			-	I DR PERRY								
Street Address:	PO BOX 147														
City:	RED LION						State:	PA			Zip Co	de: 17	356		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIM		POST-	3.		AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5.	30 D/ ELEC		POST- 6. X			TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT 7. Year 2016 FILING METHOD () CHECK ONE								PAPER		\checkmark	DISKE	TTE		
Name of Office	L Sought by Candida	te:					DATE O	F ELEC		N	District Number	Office	Par	ty Code	County Code
							мо	DAY	YE	AR			I		
							11		8	2016	·	(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAR			мо	DAY	YE.	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:	:	10 25	20	016 T	0	11	2	28	2016					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$		2	237,5	77.58					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sched	lule I)	\$			22,7	63.15					
C. Total Funds Available (Sum Of Lines A and B) \$ 260,340.73															
D. Total Expen	ditures (From Sch	edule II	I)			\$			30,4	43.47					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$		2	29,89	97.26					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	e II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$				0.00					
				AFF]	[DAVI	T SE	CTION								
	s a Committee rep	•	-					• •		-					
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium,	are to t	the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me thi day of	S	20						Si	gnature	e of Perso	on Submitt	ing Rep	oort	
	Signatu	ire				_					Prin	ited Name	1		
My Commission E	xpires					_					Ema	nil			
	мо	D	AY	YR				Are	a Code	9	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, C	andid	ate shall	sign he	re.						
I swear (or affirm) No 320) as amend) that to the best of ı ed.	ny knowle	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any	/ provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before me this day of		20							S	ignature	of Candida	ate		
			-~			-					Printe	ed Name			
My Commission Exp	Signature bires					-					Ema	il			
	мо	D	۹Y	YR		-		Area C	Code		D	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PATRIOTS FOR PERRY	From:	<u>10/25/201</u>	<u>6</u> To:	<u>11/28/2016</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	J 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			\$	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					Period			
			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PART B 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 Candidat	e			orting P	eriod					
	From: To:									
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								
PAGE TOTAL										
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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		Report	ting Perio	od				
					From: To:				
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	Section				\$		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	d	
PATRIOTS FOR PERRY	From:	<u>10/25/2016</u> то:	<u>11/28/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				g Period			
	From: To:						
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rej	porting P	eriod			
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion	_		
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4) Description of			f Contribution		

		I		
Enter Grand Total of Part G on Schedule II, In	-Kind Contribut	ions Detailed		PAGE TOTAL
Summary Page, Section 3.				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
PATRIOTS FOR PERRY			From	m <u>10/25/2016</u>			<u>11/28/2016</u>
			DATE				AMOUNT
To Whom Paid ALL OTHER DISBURSEMENTS			мо	DAY	YEAR		
Mailing Address			11	28	2016	\$	30,443.47
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	30,443.47