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 2000	207			Rep File			CANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	Committee, Candid	ate or L	obbyist:		Penr	nsyl	vania	Future F	und				_				
Street Address:																	
City:	Harrisburg							State:	PA			Zip Cod	le: 17	7112			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7. X	Year 2016					IG METHO				PAPER		/	DISKE	ГТЕ	
Name of Office S	Sought by Candida	te:						DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR			<u> </u>		22	
								11		8	2016		(SEE IN	STRUCTI	ONS FOR C	ODES)	,
	Receipts and	МО	DAY YE	AR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures							2017										
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			639,4	184.29						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	che	dule	I)	\$			16,0	00.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			655,4	184.29						
D. Total Expenditures (From Schedule III) \$ 25,085.						85.22											
E. Ending Cash Balance (Subtract Line D From Line C) \$ 630,					530,3	99.07											
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sche	dul	e II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			A	FF.	IDA	۱۷۲	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f thi	is is	a Can	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	ules	filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	f , tru	16
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ıre					- -					Prin	ted Name	e			-
My Commission Ex	cpires											Ema	il				_
	мо	D	AY	ΥR					Arc	ea Cod	e	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief t	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333	3,
Sworn to and subsc	ribed before me this day of		20						-		S	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
,																	_
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	J Period		
Pennsylvania Future Fund	From:	11/29/20	<u>16</u> To:	1/2/2017
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)			\$	16,000.00
TOTAL for the Reporting	Period	(3)	\$	16,000.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	16,000.00

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 Candidat	e	'	Reporting	Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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 C	Candidate		Re	eporting P	eriod			
			Fr	rom:		To):	
			•		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	(Plus 4)					
								DACE TOTAL

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				
			From:			То:		
				DA	TE		A	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sur	nmary P	age, Sectio	n 3.			\$	0.00

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 of Candidate				Reporting Period					
Pennsylvania Future Fund				Fron	n:	11/29/2	<u>016</u> To):	1/2/2017
	DATE I Name of Contributor I lewing LLP Illing Address I PA I ployer Name Saul Ewing LLP I Name of Contributor I ployer Mailing Address/Principal Place of Business I State PA I State PA I ployer Name I ling Address I State PA I Name of Contributor Indra Schultz Newman I ling Address I Gladwyne State PA I ployer Name PA I Name of Contributor Indra Schultz Newman I ployer Name PA I ployer Mailing Address/Principal Place of Business I ployer Name PA I ployer Mailing Address/Principal Place of Business I ployer Mailing Address/Principal Place of Business I ployer Mailing Address/Principal Place of Business I ployer Mailing Address PA I ployer Ma			ATE		AMOUNT			
Full Name of Contributor					мо	DAY	VEAD		
Saul Ewing LLP					МО	DAY	YEAR	\$	10,000.00
Mailing Address					12	16	2016		
City Philadelphia	State	Zi	p Code (Plus	4)	12	10	2010		
	_{PA}	19	1022186						
Employer Name Saul Ewing LLP					Occupat	ion	Partners	ship	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	e (Plus 4)
			Philadelph	iia		PA		191022	186
Full Name of Contributor						•			
Sandra Schultz Newman					МО	DAY	YEAR	\$	1,000.00
Mailing Address								7	
City Gladwyne	State	Zi	p Code (Plus	3 4)	12	12	2016		
,	l _{PA}	19	0035						
Employer Name					Occupat	ion			
Employer Mailing Address/Principal Place	e of Business		City		<u> </u>	State		Zip Cod	e (Plus 4)
						PA			
Full Name of Contributor					мо	DAY	YEAR		
Kamal Shahid					MO	DAT	TEAR	\$	5,000.00
Mailing Address					12	12	2016		
City Philadelphia	State	Zi	p Code (Plus	4)	1-		2010		
	l _{PA}	19	106						
Employer Name KS Engineers					Occupat	ion	nginee	r	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	e (Plus 4)
			Philadelph	iia		PA		19106	
Enter Grand Total of Part C on Sche	dula I Datailad Si		nami Daga	Coatia	2	-		P	AGE TOTAL
CINCL Granu TOLAL OF PART C ON SCHOOL	uule 1, Detalled Si	urnn	nary Page,	Section	лі э.			\$	16,000.00

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		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Per	iod	
Pennsylvania Future Fund	From:	<u>11/29/2016</u> To:	1/2/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting P	Period		
Pennsylvania Future Fund	From	11/29/2016	То:	1/2/2017

					DATE			AMOUNT			
To Wi	nom Paid			мо	DAY	YEAR					
Aume	nt for Senate			М		1 Z / LIK					
Mailin	g Address			11	30	2016	\$	2,500.00			
City	Landisville	State	Zip Code (Plus 4)	Descrip	Description of Expenditure						
		PA	17538	Contribu	ution						
To Wh	nom Paid			мо	DAY	YEAR					
Roser	mary Brown for State Repre	esentative		М		IZAK					
Mailin	g Address			11	30	2016	\$	1,000.00			
City	Tannersville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		PA	18372	Contribu	ution						
To W	nom Paid			мо	DAY	YEAR					
Fed E	x			М		IZAK					
Mailing Address				12	2	2016	\$	158.28			
City Pittsburgh State Zip Code (Plus 4)			Descript	tion of Exp	enditure						
		PA	152507461	shipping	g charges						
To W	nom Paid			мо	DAY	YEAR					
Repub	olican State Committee			1-10		1 Z / LIK					
Mailin	g Address			12	6	2016	\$	10,000.00			
City	Harrisburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
		PA	17101	Contribu	Contribution						
To Wh	nom Paid			мо	DAY	YEAR					
Repub	olican State Committee			1-10		1 Z / LIK					
Mailin	g Address			12	6	2016	\$	10,000.00			
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
PA 17101				Contribu	ution						
To W	nom Paid			мо	DAY	YEAR					
Archw	Archway Press, Inc.			1.10		- 27.113					
NA = 111	Mailing Address			12	22	2016	\$	893.05			
Maiiin		City Sharon Hill State Zip Code (Plus 4)) Description of Expenditure						
	Sharon Hill	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					

To Whom Paid Tri-State Consulting Mailing Address			МО	DAY	YEAR		
			1-10		ILAK		
			12	29	2016	\$	470.00
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17111	expense reimbursement postage				
To Whom Paid			мо	DAY	YEAR		
ACH Direct			1-10		12/11		
Mailing Address			12	2	2016	\$	43.94
City Allen	State	Zip Code (Plus 4)	Description of Expenditure				
	TX	75013	Global STL				
To Whom Paid			мо	DAY	YEAR		
ACH Direct			140		LAK		
Mailing Address			12	12	2016	\$	19.95
City Allen	State	Zip Code (Plus 4)	Description of Expenditure				
	TX	75013	ACH Fees				
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	25,085.22