### **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 2001	257			Repo Filed		· :	CAND	DATE		СОМ	4ITTEE	<b>✓</b>	LOBE	YIST			
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		DayP	AC												
Street Address:	PO Box 60178	3																
City:	King of Prussi	a						State:	PA			<b>Zip Code:</b> 19406						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		0 DA		POST-	3.		AMENDM REPORT		Yes	No	•		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	<b>-</b> 5.		O DAY POST- ELECTION			6.		TERMINATION REPORT?		Yes	No	•		
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2016					IG METH				PAPER DI				TTE		
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	у	
								мо	DAY	ΥI	EAR	17 STS DEM 46						
SENATOR IN T	HE GENERAL ASSE	EMBLY						11		8	2016	(SEE INSTRUCTIONS FOR CODES)						
	Receipts and	МО	DAY	YEAR	R			МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY			
Expenditures	s from:		11 29	2	016	TC	)	12	2	31	2016							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			52,0	057.26							
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule I	:)	\$			3,	500.00							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			55,	557.26							
D. Total Expen	ditures (From Sch	edule II	I)				\$			6,7	782.17							
E. Ending Cash	Balance (Subtract	Line D	From Line C	<b>C)</b>			\$			48,7	75.09							
F. Value Of In-	Kind Contributions	Receiv	ed (From Sc	hedu	le II)		\$				0.00							
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	)			\$				0.00			•				
				AFF	ΊDΑ\	/IT	SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign h	nere. I	If this	is a	Can	didate r	eport,	candi	date sig	ın here.						
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	edules	s filed o	on pa	aper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	e,	
Sworn to and subs	cribed before me this day of	•	20							5	Signature	of Perso	n Submit	ting Rep	ort		-	
			-									Prin	ted Name	e			-	
My Commission Ex	Signatu opires	re										Ema	il				-	
	мо	D	AY	YR					Ar	ea Cod	de		ne Teleph	none Nui	nber		-	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee,	, Cai	ndida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politic	al c	ommi	ittee has r	ot viola	ted ar	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	,	
Sworn to and subsc	ribed before me this										s	ignature (	of Candid	ate			-	
	day of		_ 20									Drinte	ed Name				-	
	Signature																_	
My Commission Exp	_										_	Ema	il		_			
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numb	er		

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
DayPAC	From:	11/29/20	<u>16</u> To:	12/31/2016
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)			\$	3,000.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporting	Period	(3)	\$	3,500.00
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			\$	3,500.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

### 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 Cand	idate		Rep	oorting P	eriod			
			Fro	m:		To	):	
					DATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 P	eriod			
DayPAC	From:	11/29/2016	То:	12/31/2016	

DATE AMOUNT

Full Name of Contributing Committee  Laborers District Council Pac Fund				DAY	YEAR	
Mailing Address 665 N. Broad Street 3rd Floor					\$ 3,000.00	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191232418	12	14	2016	

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

**PAGE TOTAL** 3,000.00

### 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			Rep	orting Pe	riod			
DayPAC			Fror	n:	11/29/2	<u>016</u> To	: <u>12</u>	<u>2/31/2016</u>
				D/	ATE		АМО	UNT
Full Name of Contributor Jerald Slipakoff				МО	DAY	YEAR		
Mailing 530 Mulberry Ln						2016	\$	500.00
<b>City</b> Haverford	State PA	<b>Zip Code (Plu</b> : 190411914	s 4)	12	14	2016		
Employer Name Galman Group				Occupat	tion	leal Esta	ate Owner /	' Manag
Employer Mailing Address/Principal Place Business	e of	City		•	State		Zip Code (	Plus 4)
261 Old York RdSte 110		Jenkinto	wn		PA		19046	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PAG	<b>E TOTAL</b> 500.00

### 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Peri	od	
DayPAC	From:	<u>11/29/2016</u> <b>To:</b>	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		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:

				Fro	om:		10:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	<u> </u>				Occupa	<u> </u> tion			
Employer Mailing Address/F Business	Principal Place of	City	State		Zip 4)	Code(Plus	Descri	ption of C	Contribution
Enter Grand Total of Pa Summary Page, Section		, In-Kind	 Contributions De	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
DayPAC			From	11/29	9/2016	То:	12/31/2016
				DATE			
To Whom Paid			МО	DAY	YEAR		
Cycle Strategy							
Mailing Address 231 N 3rd St #406			12	6	2016	\$	915.43
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	<u>'</u>	
	PA	191061223	Reimbursements				
<b>To Whom Paid</b> Daylin Leach			мо	DAY	YEAR		
Mailing Address 421 Alderbrook Dr			12	6	2016	\$ \$	3,433.18
<b>City</b> Wayne	State	Zip Code (Plus 4)	Descrip	tion of Exp	l penditure	<u> </u>	
	PA	190872247	Rembursement				
<b>To Whom Paid</b> NGP VAN Inc.			МО	DAY	YEAR		
Mailing Address 1101 15th St NW Ste 500			12	6	2016	\$	600.00
<b>City</b> Washington	State	Zip Code (Plus 4)	Description of Expenditure				
j	DC	200055006	Software				
To Whom Paid Daylin Leach			МО	DAY	YEAR		
Mailing Address 421 Alderbrook Dr			12	14	2016	\$	1,735.40
<b>City</b> Wayne	State	Zip Code (Plus 4)	Descrip	tion of Exp	) penditure	<u>                                     </u>	
,	PA	190872247	Reimbursements				
To Whom Paid At&t			мо	DAY	YEAR		
Mailing Address 208 S Akard St			12	27	2016	\$	98.16
City Dallas	State	Zip Code (Plus 4)	Descrin	Description of Expenditure			
	TX	752024295	Operating Expense				
		_	_				PAGE TOTAL
<b>Enter Grand Total of Expen</b>	ditures on Page 1, Re	port Cover Page, Item I	<b>)</b> .			1	