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	2016c	0816				Rep File			CA	NDI	DATE	√	C	OMMITTEE		Ш	LOBBYIST		r	
Name of Filing C	Committee,	Candida	te or Lo	obbyis	st:	ī	LAUG	HL	IN,D	ANIE	L J										
Street Address:																					
City:										Stat	e:				Zip C	ode	: 16	506			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND F PRIMA		PRE-	2		30 DA		Р	OST-	3.			AMENDMENT REPORT?		Yes	\	No	
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND F		/ PRE-	- 5		30 DA		Р	OST-	6.			TERMINATION REPORT?		Yes		No	\
report type)	ANNUAL RI	EPORT	7. X	Year	2016					NG MI					PAPE	PAPER			DIS	KETTE	
Name of Office S	Sought by Ca	andidate	e:	•			•			DAT	E O	F ELE	CTI	ON	Distric Numb		Office Code	Par	ty Co	de Cou Cod	
CENATOD IN T		I ACCEI	MDIV							МО		DAY	'	YEAR	49		STS	REP	ı	25	
SENATOR IN TH	TE GENEKA	L ASSE	MBLI								11		8	2016			(SEE INS	TRUCTI	DNS FO	R CODE	S)
Summary of Expenditures		and	МО	DA		YEAR		_	^	МО		DAY		YEAR	_	FOR	OFFIC	E USE	ONL	Y	
-				11	29	20	016	T	1		12		31	2016	4						
A. Amount Bro				-					\$			((10,	975.00)							
B. Total Moneta						Sched	dule .		\$						_						
C. Total Funds	Available (S	Sum Of I	Lines A	and B	3)				\$			((10,	975.00							
D. Total Expenditures (From Schedule III) \$ 39,000.00																					
E. Ending Cash	Balance (S	ubtract	Line D	From	Line C	:)			\$			(49,9	975.00)	_						
F. Value Of In-	Kind Contril	butions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00							
G. Unpaid Debt	s And Oblig	ations (From S	Schedu	ule IV)			\$					0.00							
						AFF]	IDA'	VI	ΓSE	CTI	NC										
PART I - If this is		-	-		_										_						
I swear (or affirm) correct and complete		ort, inclu	iding the	attach	ned sch	edules	filed	on I	paper	or by	electr	onic m	ediu	m, are to	the best	of	my know	rledge	and b	elief , t	rue
Sworn to and subs	cribed before	me this		20										Signatu	e of Per	son	Submitt	ing Rep	ort		_
		Signature	•	_					• •						Pi	inte	d Name				_
My Commission Ex		oignatur (_								-				Er	nail					-
	мс)	D#	ΑY		YR			-			Are	ea C	ode	Dayt	ime	Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	idate's	autho	rized	Comm	ittee	, Ca	andid	ate s	hall	sign he	ere.								
I swear (or affirm) No 320) as amende		est of my	y knowle	edge an	nd belie	ef this	politi	cal	comm	ittee l	nas no	ot viola	ted a	any provi	sions of	the	act of Ju	ine 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before	me this												:	Signatur	e of	Candida	te			-
	day of			20 –					-						P-:-	****	Nam-				_
	C:~	nature							-						Prii	ited	Name				
My Commission Exp	_	a.ui E									•				Er	nail					
		мо	DA	AY		YR			•			Area	Cod	e		Day	rtime Te	lephor	ie Nui	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
LAUGHLIN,DANIEL J	From:	11/29/201	<u>.6</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)			\$	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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	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	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	nmittee		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.

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.

(EXCIU	ue contributions fro	om pontical comm	iiile	es re	portea	III Part	A)		
Name of Filing Committe	e or Candidate		Reporting Period						
			Fro	m:		To	o :		
		ı			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.

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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	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 or Candidate			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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	od	
LAUGHLIN,DANIEL J	From:	11/29/2016 To:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Car	ame of Filing Committee or Candidate				Reporting 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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•		
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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
LAUGHLIN,DANIEL J	From	11/29/2016	То:	12/31/2016			

							DATE			AMOUNT
To Wh	om Paid					мо	DAY	YEAR		
Comm	nittee to Ele	ct Dan Laughlin				140		12/11		
Mailing Address 8345 Edinboro Rd.					12	6	2016	\$	39,000.00	
City	Erie		State		Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			PA		16509	Loan to	committe	е		
										PAGE TOTAL
Enter	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								\$	39,000.00