### **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 2015	0209			Rep File			CA	NDI	DATE		COM	AITTEE	<b>V</b>	LOBE	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIE	NDS	S OF	GREC	S RO	THMAI	V						
Street Address:	P.O. BOX 147	1															
City:	CAMP HILL							State	e:	PA			Zip Co	de: 17	7001		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA		P	POST-	3.		AMENDN REPORT		Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	<b>✓</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2016					NG ME					PAPER		$\overline{}$	DISKE	ΓΤΕ
Name of Office S	ought by Candida	te:						DAT	ΈO	F ELEC	CTIC	N	District Number	Office Code	Par	ty Code	County Code
DEDDECENTATI	VE IN THE GENER	ما ۸۵۸	EMRIV					МО		DAY	YI	AR	87	STH	REP	•	21
REFRESENTATI	VE IN THE GENER	AL ASS	LMDLI						11		8	2016		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	l			МО		DAY	YI	EAR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		11 29	20	016	T	0		12	(3)	31	2016					
A. Amount Bro	ught Forward Fror	n Last R	eport				\$				24,6	550.73					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule :	I)	\$					0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				24,6	550.73					
D. Total Expend	ditures (From Sch	edule II	I)				\$				2,5	48.63					
E. Ending Cash	Balance (Subtrac	Line D	From Line	C)			\$				22,1	.02.10					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00			1		
				AFF	IDA'	VIT	ΓSE	CTI	NC								
I swear (or affirm)	that this report, incl		_							-		_		of my kno	wledge a	and belie	ef , true
correct and comple	ete. cribed before me this											_					
	day of		20								9	Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	re					-						Prin	ted Name	Э		
My Commission Ex	pires						_		·				Ema	il			
	МО	D	AY	YR					Area Code Daytime Telephone Number							nber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee	e, Ca	andid	ate s	•								
No 320) as amende		ıy knowl	edge and beli	ief this	politi	cal	comm	ittee l	nas n	ot violat	ed an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20									S	ignature	of Candid	ate		
							•						Printe	ed Name			
My Commission Exp	Signature ires						•						Ema	nil			—
	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	g Period		
FRIENDS OF GREG ROTHMAN	From:	11/29/20	<u>16</u> То:	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 ar 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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL	
\$ 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 Fining Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	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			
			Fron	n:		To	):	
				D	ATE		АМС	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(	<b>GE TOTAL</b> 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	
FRIENDS OF GREG ROTHMAN	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 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 Candid	ate		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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (	Contributions De	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	indidate		Reporti	ng Period			
FRIENDS OF GREG ROTHMAN			From	11/29	9/2016	То:	12/31/2016
				DATE			AMOUNT
<b>To Whom Paid</b> DTR CONSULTING			мо	DAY	YEAR		
Mailing Address 210 KELKER	ST		12	1	2016	\$ \$	500.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102		otion of Exp SSIONAL S			
To Whom Paid HAMPDEN YOUTH BASEBALL AS	SSOCIATION		мо	DAY	YEAR		
Mailing Address C/O JAY WI	EDERHOLD 827 MANDY	/ LN	12	6	2016	\$	200.00
City CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	<b>Descrip</b> BILLBC	otion of Exp	penditure		
To Whom Paid KEYSTONE REPORT, LLC			МО	DAY	YEAR		
Mailing Address 1739 CREEK	( VISTA DR		12	14	2016	\$	750.00
City NEW CUMBERLAND	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17070	<b>Descrip</b> ADS	otion of Exp	penditure	:	
To Whom Paid MAVERICK FINANCE			МО	DAY	YEAR		
Mailing Address 403 N SECO	ND ST 2FL		12	19	2016	\$	975.30
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	<b>Descrip</b> COMMI	otion of Exp	penditure		
<b>To Whom Paid</b> PEALER'S FLOWER SHOP			МО	DAY	YEAR		
Mailing Address 3720 TRIND	LKE RD		12	22	2016	\$	123.33
City CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011		otion of Exp			
Enter Grand Total of Expend	itures on Dage 1 Do	nort Cover Page Item I	<u> </u>				PAGE TOTAL
Litter Grand Total of Expend	.carcs on rage 1, Re	port cover raye, Itelli l				\$	2,548.63