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	2016	C0490				port ed B		CAN	DII	DATE	√	CO	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		KEE	FER	, DAV	VN WE	TZE	EL .								
Street Address:																			
City:									State:					Zip Code	e: 17	019			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	√ N	0	
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	≣-	5. X	30 DA		Р	POST- 6. TERMINATION REPORT?					Yes	N	0	\
report type)	ANNUAL	. REPORT	7.	Year 2016					IG MET							\checkmark	DISK	ETTE	
Name of Office S	ought by	Candidat	te:						DATE	TE OF ELECTION District Office Number Code					ty Code	Cou			
									МО		DAY	١	YEAR	92	STH	REF	1	67	
REPRESENTATI	VE IN IF	1E GENER	AL ASS	EMBLY						11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		s and	МО	DAY	YEAR	ł			МО		DAY	Ì	YEAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			5 16	2	016	Т	0		10	2	24	2016						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$	-				0.00						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$				10	,040.51		'				
					AFF	·ID/	AVI	T SE	CTIO	Ν									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	re	port, c	and	didate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by ele	ectr	onic me	ediu	m, are to t	he best of	my know	/ledge	and bel	ief , tr	ue
Sworn to and subs	cribed bef	ore me this		20						•			Signature	of Person	Submitti	ing Rep	ort		_
	_	Signatur	re					-						Printe	ed Name				
My Commission Ex	pires							_		-				Email					
		МО	D	AY	YR						Are	ea Co	ode	Daytime	Telepho	one Nu	mber		\Box
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	tical	comm	ittee ha	s no	ot violat	ted a	any provisi	ions of the	act of Ju	ne 3,1	937 (P.	L. 133	3,
Sworn to and subsc		re me this		20									Si	ignature of	Candida	te			-
-	day of —							-						Printed	Name				-
	;	Signature						-		_									_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	ł		-			Area	Code	e	Day	rtime Te	lephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KEEFER, DAWN WETZEL	From:	<u>5/16/201</u>	<u>6</u> То:	10/24/2016
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	\$	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

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			Reporting Period					
		F	rom:		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.

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

Name of Filing Commi	ttee or Candidate		Reporting	Period			
			From:		To	o:	
		I		DATE			AMOUNT
Full Name of Contributor	r		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)			I	Ī	

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		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
inter Grand Total of Part C on Schedule I, Detailed Summary Page, Se			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			Reporting Period						
			Fron	om: To:					
				DATE				AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	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:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<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 Perio	od							
KEEFER, DAWN WETZEL	From:	<u>5/16/2016</u> To:	<u>10/24/2016</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Period					
F						То:		
				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	From:			То:		
						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 Place of Business City State Zip Code(Plus					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					
	From			То:					
DAT							AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)) Description of Expenditure						
							PAGE TOTAL		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I						\$	0.00		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reportir	ng Period							
KEEFER, DAWN WETZEL			From:	<u>5</u>	/16/2016	То:	<u>10/24/2016</u>				
					DATE			utstanding alance of Debt			
Name of Creditor				мо	DAY	YEAR					
Dawn Keefer				1-10		12/11					
Mailing Address				5	13	2016	\$	8,162.83			
City Dillsburg	State	Zip Code (P	lus 4)	Description of Debt							
	PA 17019					Loan for signs & mp; supplies Etc.					
Name of Creditor					DAY	YEAR					
Dawn Keefer				МО		ILAK					
Mailing Address				10	24	2016	\$	1,407.18			
City Dillsburg	State	Zip Code (P	lus 4)	Description of Debt							
	PA	17019		Campai	gn Loan						
Name of Creditor				мо	DAY	YEAR					
Dawn Keefer				MO	DAT	ILAK					
Mailing Address				10	24	2016	\$	470.50			
City Dillsburg	State	Zip Code (P	lus 4)	Descript	tion of Deb	t	•				
	PA	17019		Loan Cr	edit						
								PAGE TOTAL			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Ite				G.			\$	10,040.51			