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	20160	C0490				port ed B		CAN	DII	DATE	\	CO	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		KEE	FER	, DAV	VN WE	TZI	EL								
Street Address:																			
City:									State:					Zip Code	e: 17	019			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	√ N	0	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pre	≣-	5.	30 DA		P	OST-	6. 2	X	TERMINAT REPORT?	TION	Yes	N	0	\
report type)	ANNUAL	REPORT	7.	Year 2016					IG MET					PAPER J DISKE			ETTE		
Name of Office S	L Sought by	Candidat	:e:						DATE	0	F ELEC	GII	ON	District Number	Office Code	Par	ty Cod	Code	
									МО		DAY	•	YEAR	92	STH	REP		67	
REPRESENTATI	VE IN TH	IE GENER	AL ASS	EMBLY						11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		s and	МО	DAY	YEAR	ł			МО		DAY	,	YEAR	FOR	OFFIC	OFFICE USE ONLY			
Expenditures	from:			10 25	2	016	Т	0		11	2	28	2016						
A. Amount Bro	ught Forv	ward From	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 Expend	ditures (F	From Sche	dule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				11	,694.04						
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is		-		_							-		_		_				
I swear (or affirm) correct and complete		report, incli	uding the	attached scl	1edule:	s file	d on	paper	or by el	ectr	onic me	ediu	m, are to t	the best of	my know	ledge	and be	ief , tr	ue
Sworn to and subs	cribed befo	ore me this		20						•			Signature	of Person	Submitt	ng Rep	ort		_
	_	Signatur	·e					- -						Printe	d Name				
My Commission Ex	cpires							_						Email					
		МО	D	AY	YR						Are	ea C	ode	Daytime	Telepho	one Nu	mber		ᆜ
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	tical	comm	ittee ha	s no	ot violat	ted a	any provis	ions of the	act of Ju	ne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			_
		-		- ~				-						Printed	Name				-
My Commission Exp		Signature						-						Email					- $ $
my Commission Exp	es _							_											_
		МО	D	AY	YR	 l					Area	Cod	е	Day	time Te	lephon	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KEEFER, DAWN WETZEL	From:	10/25/201	<u>б</u> То:	11/28/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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							
Fro					om:		:				
			•			DATE			AMOUNT		
Full Name of Contributing C	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 Comm	ittee or Candidate	Re	Reporting Period						
From: To:) :			
				DATE			AMOUNT		
Full Name of Contributo	ır		мо	DAY	YEAR				
Mailing Address						\$	0.00		
	State	Zip Code (Plus 4)							
City									
City							PAGE TOTAL		

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		0.0	
Mailing Address							- \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule 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				Reporting Period							
				Fron	n:			То:			
					DATE					OUNT	
Full Name of Contributor					МО	DAY	YEA	R	\$		0.00
Mailing Address											
City	State	Zi	p Code (Plus	4)	4)						
Employer Name	•				Occupa	tion					
Employer Mailing Address/Principal Pl	ace of Business		City State Zip Code (Plus					(Plus 4)			
Enter Grand Total of Part C on Sch	edule I, Detaile	d Sumr	mary Page,	Section	on 3.			\$	PA	GE TOTA	L .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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary Page,	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 Peri	od	
KEEFER, DAWN WETZEL	From:	<u>10/25/2016</u> To:	<u>11/28/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł	
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 Period					
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor				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	Name of Filing Committee or Candidate				Reporting Period					
				Fro	m:		То:			
						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	у	State	e Zip	Code(Plus 4)	4) Description of Contributio			
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
	From			То:						
				DATE			AMOUNT			
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
Enter Grand Total of Expenditures	on Dago 1 Bonort C	'over Page Item F					PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	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	Reporti	ing Period							
KEEFER, DAWN WETZEL			From:	<u>10</u>)/25/2016	То:	11/28/2016		
					DATE			Outstan Balance	
Name of Creditor				мо	DAY	YEAR			
Dawn Keefer									
Mailing Address					27	2016	5 :	\$	10,813.81
City Dillsburg	State	Zip Code (P	(Plus 4) Description of Debt						
	PA	17019		Loans to Friends of Keefer Committee					е
Name of Creditor				мо	DAY	YEAR			
Dawn Keefer				МО	DAT	TEAR			
Mailing Address				11	25	2016	5	\$	880.23
City Dillsburg	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t			
	PA	17019		Loan Friends of Keefer					
								PA	GE TOTAL
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	rt Cover Pa	ge, Item	G.			\$		11,694.04