### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :                              | on                         | 20160      | )359        |                        |         | Rep<br>File |       |                | CAND                          | IDATE     |            | COMM        | 4ITTEE               | ✓              | LOBE     | BYIST     |          |          |
|---|----------------------------|------------|-------------|------------------------|---------|-------------|-------|----------------|-------------------------------|-----------|------------|-------------|----------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C  | ommittee,                  | Candida    | te or Lo    | bbyist:                | ,       | WAG         | SNEI  | R, SC          | OTT FO                        | R GOVI    | ERNO       | R, INC.     |                      |                |          |           |          |          |
| Street Address:   |                            |            |             |                        |         |             |       |                |                               |           |            |             |                      |                |          |           |          |          |
| City:   | YORK                       |            |             |                        |         |             |       |                | State:                        | PA        |            |             | Zip Cod              | de: 17         | 402      |           |          |          |
| TYPE OF<br>REPORT   | 6TH TUESDA<br>PRE-PRIMAR   |            | 1.          | 2ND FRIDAY<br>PRIMARY  | Y PRE-  | - 2         | 2.    | 30 DA<br>PRIMA |                               | POST-     | 3.         |             | AMENDMENT<br>REPORT? |                | Yes      | No        | •        | <b>/</b> |
| (place X to<br>the right of                                 | 6TH TUESDA<br>PRE-ELECTION |            | 4.          | 2ND FRIDAY<br>ELECTION | Y PRE   | - 5         | 5.    | 30 DA<br>ELECT |                               | POST-     | 6.         |             | TERMINA<br>REPORT    |                | Yes      | No        | •        | <b>\</b> |
| report type)  | ANNUAL RI                  | EPORT      | 7. <b>X</b> | <b>Year</b> 2016       |         |             |       |                | ILING METHOD<br>( ) CHECK ONE |           |            |             | PAPER                |                | /        | DISKE     | TTE      |          |
| Name of Office S  | ought by Ca                | andidate   | e:          |                        |         |             |       |                | DATE (                        | )F ELE    | F ELECTION |             |                      | Office<br>Code | Par      | ty Code   | Coun     |          |
|   |                            |            |             |                        |         |             |       |                | МО                            | DAY       | Y          | EAR         | Number               | Toode          | REP      |           | Looue    |          |
|   |                            |            |             |                        |         |             |       |                | 13                            |           | 8          | 2016        |                      | (SEE IN        | STRUCTIO | ONS FOR ( | CODES)   | 1        |
| Summary of Receipts and Expenditures from:                  |                            |            |             |                        |         |             |       |                | МО                            | DAY       | Y          | EAR         | FO                   | R OFFI         | CE USE   | ONLY      |          |          |
| Expenditures  | irom:                      |            | 1           | .1 29                  | 20      | 016         | T     | 0              | 12                            | 2         | 31         | 2016        |                      |                |          |           |          |          |
| A. Amount Bro   | ught Forwa                 | rd From    | Last Re     | eport                  |         |             |       | \$             |                               |           |            | 0.00        |                      |                |          |           |          |          |
| B. Total Monetary Contributions And Receipts (From Schedule |                            |            |             |                        |         |             | I)    | \$             |                               | 4         | ,264,      | 835.14      |                      |                |          |           |          |          |
| C. Total Funds Available (Sum Of Lines A and B)             |                            |            |             |                        |         |             |       | \$             |                               | 4         | ,264,      | 835.14      |                      |                |          |           |          |          |
| D. Total Expenditures (From Schedule III)                   |                            |            |             |                        |         |             | \$    |                |                               |           | 0.00       |             |                      |                |          |           |          |          |
| E. Ending Cash  | Balance (S                 | ubtract    | Line D      | From Line (            | C)      |             |       | \$             |                               | 4,        | 264,       | 835.14      |                      |                |          |           |          |          |
| F. Value Of In-   | Kind Contril               | butions    | Receive     | ed (From So            | chedul  | le II       | )     | \$             |                               |           |            | 0.00        |                      |                |          |           |          |          |
| G. Unpaid Debt  | s And Oblig                | ations (   | (From S     | chedule IV             | )       |             |       | \$             |                               | 4,        | ,000,      | 000.00      |                      |                |          |           |          |          |
|   |                            |            |             |                        | AFF     | IDA         | VI    | ΓSE            | CTION                         |           |            |             |                      |                |          |           |          |          |
| PART I - If this is   |                            | -          | -           | _                      |         |             |       |                |                               |           |            | _           |                      |                |          |           |          |          |
| I swear (or affirm)<br>correct and comple                   |                            | ort, inclu | iding the   | attached sch           | nedules | filed       | l on  | paper (        | or by elec                    | tronic n  | nediun     | n, are to t | the best o           | f my knov      | wledge : | and beli  | ef , tru | ıe.      |
| Sworn to and subs   | cribed before<br>day of    | me this    |             | 20                     |         |             |       |                |                               |           |            | Signature   | of Perso             | n Submit       | ting Rep | ort       |          |          |
|   |                            | Signature  | <u> </u>    |                        |         |             |       | -<br>-         |                               |           |            |             | Prin                 | ted Name       | •        |           |          | -        |
| My Commission Ex  |                            |            | •           |                        |         |             |       |                |                               |           |            |             | Ema                  | il             |          |           |          | -        |
|   | мс                         | )          | DA          | ·Υ                     | YR      |             |       | -              |                               | Aı        | rea Co     | de          | Daytim               | e Teleph       | one Nu   | mber      |          |          |
| Part II- If this is   | a report of                | a cand     | idate's a   | authorized             | Comm    | nitte       | e, Ca | andida         | ate shall                     | sign h    | ere.       |             |                      |                |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende                    |                            | est of m   | y knowle    | dge and beli           | ef this | polit       | ical  | commi          | ittee has                     | not viola | ated a     | ny provisi  | ions of the          | e act of J     | une 3,19 | 937 (P.L  | . 1333   | s,       |
| Sworn to and subsc  |                            | me this    |             |                        |         |             |       |                |                               |           |            | Si          | ignature o           | of Candida     | ate      |           |          | -        |
|   | day of<br>— —              |            |             |                        |         |             |       | -              |                               |           |            |             | Printe               | d Name         |          |           |          | -        |
|   | Sig                        | nature     |             |                        |         |             |       | -              |                               |           |            |             |                      |                |          |           |          | _        |
| My Commission Exp   | ires                       |            |             |                        |         |             |       |                |                               |           |            |             | Ema                  | il<br>         |          |           |          |          |
|   |                            | мо         | DA          | ΛΥ                     | YR      |             |       | •              |                               | Area      | Code       |             | Da                   | aytime T       | elephon  | e Numb    | er       |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |               |              |
|--|-----------|----------|---------------|--------------|
| WAGNER, SCOTT FOR GOVERNOR, INC.   | 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)  |           |          | \$            | 90,000.00    |
| All Other Contributions (Part D)   |           |          | \$            | 4,000,000.00 |
| TOTAL for the Reporting  | ) Period  | (3)      | \$            | 4,090,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |               |              |
| TOTAL for the Reporting  | ) Period  | (4)      | \$            | 174,835.14   |
|  |           |          |               |              |
| 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 |           |          | \$            | 4,264,835.14 |

#### **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                 | Reporting Period |      |      |    |        |  |  |  |
|-------------------------------|-------------------------------------|-------------------|------------------|------|------|----|--------|--|--|--|
|                               |                                     | F                 | rom:             |      | То   | :  |        |  |  |  |
|                               |                                     | ·                 |                  | DATE |      |    | AMOUNT |  |  |  |
| Full Name of Contributing Com | Full Name of Contributing Committee |                   |                  |      | 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.

### 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)

| (Excia                   | de contributions from | n ponticui conni |     | .03 10   | Joi tea | iii i dic  | -, |           |      |
|--------------------------|-----------------------|------------------|-----|----------|---------|------------|----|-----------|------|
| Name of Filing Committe  | ee or Candidate       |                  | Rep | orting P | eriod   |            |    |           |      |
|                          |                       |                  |     | m:       |         | <b>)</b> : |    |           |      |
|                          |                       |                  |     |          | DATE    |            |    | AMOUNT    |      |
| Full Name of Contributor |                       |                  |     | мо       | DAY     | YEAR       |    |           |      |
| Mailing Address          |                       |                  |     |          |         |            | \$ | (         | 0.00 |
| City                     | State                 | Zip Code (Plus 4 | •)  |          |         |            |    |           |      |
|                          |                       |                  |     |          |         |            |    | PAGE TOTA | L.   |

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.

| Name of Filing Committee or Candidate | Reporting P | eriod      |     |                   |
|---------------------------------------|-------------|------------|-----|-------------------|
| WAGNER, SCOTT FOR GOVERNOR, INC.      | From:       | 11/29/2016 | То: | <u>12/31/2016</u> |

DATE AMOUNT

| Full N | Full Name of Contributing Committee |       |                   |    | DAY | YEAR   |                 |
|--------|-------------------------------------|-------|-------------------|----|-----|--------|-----------------|
| SCOT   | SCOTT WAGNER FOR SENATE             |       |                   |    |     | 1 2711 | \$<br>90,000.00 |
| Mailin | Mailing Address                     |       |                   |    | 29  | 2016   | ,               |
| City   | MANCHESTER                          | State | Zip Code (Plus 4) | 12 | 29  | 2010   |                 |
|        |                                     | PA    | 17345             |    |     |        |                 |

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

**PAGE TOTAL**\$ 90,000.00

### 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   |                     |        |              | Repo  | rting Per | riod    |              |     |        |              |
|---|---------------------|--------|--------------|-------|-----------|---------|--------------|-----|--------|--------------|
| WAGNER, SCOTT FOR GOVERNOR, INC         | <b>.</b> .          |        | 1            | From  | n:        | 11/29/2 | 016 <b>T</b> | o:  |        | 12/31/2016   |
|   |                     |        |              |       | DA        | TE.     |              |     | A      | MOUNT        |
|   |                     |        |              |       | мо        | DAY     | YEAR         |     | \$     | 4,000,000.00 |
| Mailing Address                         |                     |        |              |       | 12        | 21      | 2016         |     |        |              |
| City YORK                               | State               | Zip Co | ode (Plus 4) | )     | 12        | 21      | 2010         |     |        |              |
|   | PA                  | 17405  | 5            |       |           |         |              |     |        |              |
| Employer Name PENN WASTE                |                     |        |              |       | Occupat   | ion     | PRESIC       | DEN | Т      |              |
| Employer Mailing Address/Principal Plac | e of Business       | Ci     | ity          |       |           | State   |              | Zi  | ip Cod | e (Plus 4)   |
|   |                     | Y      | ORK          |       |           | PA      |              | 1   | 7402   |              |
| Enter Grand Total of Part C on Sche     | dule I, Detailed Su | ummar  | y Page, Se   | ectio | n 3.      |         |              | \$  |        | AGE TOTAL    |
|   |                     |        |              |       |           |         |              | Ψ   | 2      | 1,000,000.00 |

### 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 | Reporting Pe | eriod                  |            |
|---------------------------------------|--------------|------------------------|------------|
| WAGNER, SCOTT FOR GOVERNOR, INC.      | From:        | 11/29/2016 <b>To</b> : | 12/31/2016 |

DATE

| Full Name  | Full Name          |       |     |               |    |     | VEAD |    |            |
|--|--------------------|-------|-----|---------------|----|-----|------|----|------------|
| SCOTT WAGNER FOR   | FOR GOVERNOR, INC. |       |     |               |    | DAY | YEAR | \$ | 174,835.14 |
| Mailing Address  |                    |       |     |               | 12 | 31  | 2016 |    |            |
| City YORK  |                    | State | Zip | Code (Plus 4) |    | ]   | 2010 |    |            |
|  |                    | PA    | 174 | 02            |    |     |      |    |            |
| Receipt Description INCREASE IN VALUE OF EXCESS CAMPAIGN FUNDS INVESTED IN BROKERAGE ACCOUNT |                    |       |     |               |    |     |      |    |            |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 174,835.14

**AMOUNT** 

#### **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                          |            |  |  |  |  |  |
|--|----------------|------------------------------|------------|--|--|--|--|--|
| WAGNER, SCOTT FOR GOVERNOR, INC.   | From:          | <u>11/29/2016</u> <b>To:</b> | 12/31/2016 |  |  |  |  |  |
| 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 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 |          |      |          |            |      |
|--|--------------------|---------------------|------------------|----------|------|----------|------------|------|
|  |                    |                     | 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 Sche Section 2. | dule II, In-Kind ( | Contributions Detai | iled Sum         | mary Pag | je,  |          | PAGE TOTAL |      |
|  |                    |                     |                  |          |      | \$       | (          | 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         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |            | мо      | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |            |         |              |       |      | \$                  | 0.00 |
| City                                    | State            |      | Zip Code(Plus 4) |            |         |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  | Occupation |         |              |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | ′                | Stat       | e Zip   | Code(Plus 4) | Desci | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | ontributions De  | etaile     | ed      |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | <b></b>          |      |                  |            |         |              |       |      |                     | 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 Evnenditures on Page 1. Beneat Cover Page Item D   |       |                   |                            |      |      |        | PAGE TOTAL |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |                            |      | \$   | 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                                   |       |             | Reporting Period    |                       |      |      |    |                            |  |
|---|-------|-------------|---------------------|-----------------------|------|------|----|----------------------------|--|
| WAGNER, SCOTT FOR GOVERNOR, INC.  |       |             | From:               | 11/29/2016 <b>To:</b> |      |      | 1  | 12/31/2016                 |  |
|   |       |             |                     |                       | DATE |      |    | tstanding<br>lance of Debt |  |
| Name of Creditor  |       |             | мо                  | DAY                   | YEAR |      |    |                            |  |
| SCOTT WAGNER  |       |             |                     |                       |      |      |    |                            |  |
| Mailing Address   |       |             |                     | 12                    | 21   | 2016 | \$ | 4,000,000.00               |  |
| City YORK   | State | Zip Code (P | lus 4)              | Description of Debt   |      |      |    |                            |  |
|   | PA    | 17405       | LOAN FROM CANDIDATE |                       |      |      |    |                            |  |
|   |       |             |                     |                       |      |      |    | PAGE TOTAL                 |  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |       |             |                     |                       |      |      | \$ | 4,000,000.00               |  |