

Campaign Finance Report

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

Filer Identification Number :		20140264		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: REFORM PA PAC												
Street Address: PO BOX 124												
City: MANCHESTER						State: PA		Zip Code: 17345				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2016	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	8	2016				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	29	2016		12	31	2016				
A. Amount Brought Forward From Last Report						\$ 26,775.15						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 29,275.15						
D. Total Expenditures (From Schedule III)						\$ 27,785.08						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 1,490.07						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 408,063.55						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
REFORM PA PAC	From: <u>11/29/2016</u> To: <u>12/31/2016</u>

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)	\$ 2,500.00
TOTAL for the Reporting Period (3)	\$ 2,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,500.00
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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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

PART D
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 REFORM PA PAC	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
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				DATE	AMOUNT	
Full Name of Contributor	MO	DAY	YEAR			
FRED CALLAHAN				\$ 2,500.00		
Mailing Address 2830 SKY TOP TRAIL	12	14	2016			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">City DOVER</td> <td style="width: 20%; padding: 2px;">State PA</td> <td style="width: 50%; padding: 2px;">Zip Code (Plus 4) 17315</td> </tr> </table>						City DOVER
City DOVER	State PA	Zip Code (Plus 4) 17315				
Employer Name COLONY PAPERS				Occupation PRESIDENT		
Employer Mailing Address/Principal Place of Business 1776 COLONY PAPER RD.		City YORK		State PA	Zip Code (Plus 4) 17404	

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

PAGE TOTAL
\$ 2,500.00

PART E 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 Period From: To:
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				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

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

PAGE TOTAL
\$ 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 Period	
REFORM PA PAC		From: <u>11/29/2016</u> To: <u>12/31/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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: To:

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00	

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
REFORM PA PAC	From <u>11/29/2016</u> To: <u>12/31/2016</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ROCKWOOD STRATEGIES				
Mailing Address 5482 RINKER CIRCLE	12	14	2016	\$ 2,200.00
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18902	Description of Expenditure DECEMBER CONSULTING FEE	
To Whom Paid	MO	DAY	YEAR	
SEARS FOR STATE HOUSE				
Mailing Address 111 E. MARKET STE #100	12	12	2016	\$ 20,375.09
City YORK	State PA	Zip Code (Plus 4) 17401	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
M&T BANK				
Mailing Address 4301 N. GEORGE ST. EXT.	12	8	2016	\$ 47.00
City MANCHESTER	State PA	Zip Code (Plus 4) 17345	Description of Expenditure SERVICE CHARGE	
To Whom Paid	MO	DAY	YEAR	
M&T BANK				
Mailing Address 4301 N. GEORGE ST. EXT.	12	13	2016	\$ 29.95
City MANCHESTER	State PA	Zip Code (Plus 4) 17345	Description of Expenditure CHECKS	
To Whom Paid	MO	DAY	YEAR	
REBECCA REAM				
Mailing Address 1950 BRETTON LANE	12	14	2016	\$ 1,000.00
City YORK	State PA	Zip Code (Plus 4) 17408	Description of Expenditure END OF YEAR BONUS	
To Whom Paid	MO	DAY	YEAR	
MAVERICK FINANCE				
Mailing Address 403 N. SECOND ST. 2 FL	12	14	2016	\$ 2,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure DEC. CONSULTING FEE	

To Whom Paid REBECCA REAM			MO	DAY	YEAR	\$ 1,363.18
Mailing Address 1950 BRETTON LANE			12	19	2016	
City YORK	State PA	Zip Code (Plus 4) 17408	Description of Expenditure ADMIN FEE			

To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 569.86
Mailing Address 2555 COLDSPRING RD.			12	19	2016	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure MONTHLY FEE & RETAILING			

To Whom Paid MAVERICK FINANCE			MO	DAY	YEAR	\$ 200.00
Mailing Address 403 N. SECOND ST 2 FL			12	30	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure COMMISSIONS			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 27,785.08

SCHEDULE IV
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 REFORM PA PAC	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
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DATE				Outstanding Balance of Debt
Name of Creditor	MO	DAY	YEAR	
SCOTT WAGNER				
Mailing Address PO BOX 1627	12	31	2016	\$ 408,063.55
City YORK				
State PA				
Zip Code (Plus 4) 17402				
Description of Debt				
LOANS BROUGHT FORWARD				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				PAGE TOTAL
				\$ 408,063.55