

Commonwealth of Pennsylvania

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	TO	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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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 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
	From: To:
DATE AMOUNT	

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

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

PAGE TOTAL
\$ 0.00

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.
(Exclude contributions from political committees reported in Part A)**

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

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

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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					
Mailing Address 2830 SKY TOP TRAIL				\$ 2,500.00	
City DOVER State PA Zip Code (Plus 4) 17315	12	14	2016		
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: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
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 REFORM PA PAC	Reporting Period 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 RECEIVED - 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	
Mailing Address				\$ 0.00
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	12	14	2016	\$ 2,200.00
Mailing Address 5482 RINKER CIRCLE				
City DOYLESTOWN				
State PA				
Zip Code (Plus 4) 18902				
Description of Expenditure DECEMBER CONSULTING FEE				
To Whom Paid SEARS FOR STATE HOUSE	12	12	2016	\$ 20,375.09
Mailing Address 111 E. MARKET STE #100				
City YORK				
State PA				
Zip Code (Plus 4) 17401				
Description of Expenditure DONATION				
To Whom Paid M&T BANK	12	8	2016	\$ 47.00
Mailing Address 4301 N. GEORGE ST. EXT.				
City MANCHESTER				
State PA				
Zip Code (Plus 4) 17345				
Description of Expenditure SERVICE CHARGE				
To Whom Paid M&T BANK	12	13	2016	\$ 29.95
Mailing Address 4301 N. GEORGE ST. EXT.				
City MANCHESTER				
State PA				
Zip Code (Plus 4) 17345				
Description of Expenditure CHECKS				
To Whom Paid REBECCA REAM	12	14	2016	\$ 1,000.00
Mailing Address 1950 BRETTON LANE				
City YORK				
State PA				
Zip Code (Plus 4) 17408				
Description of Expenditure END OF YEAR BONUS				

To Whom Paid MAVERICK FINANCE			MO	DAY	YEAR	
Mailing Address 403 N. SECOND ST. 2 FL			12	14	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure DEC. CONSULTING FEE			
To Whom Paid REBECCA REAM			MO	DAY	YEAR	
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	
Mailing Address 2555 COLDSRING 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	
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>		
				Outstanding Balance of Debt
				DATE
Name of Creditor SCOTT WAGNER		MO	DAY	YEAR
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