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 2002	365			Re _l File	port		CAND	IDATE		СОМ	ITTEE		LOB	BYIST	✓		
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		Dan	iel J	. Reis	teter										
Street Address:	3897 N FRON	T ST																
City:	HARRISBURG							State:	PA	PA			Zip Code: 17110					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X						AY ARY	POST-	3.		AMENDM REPORT?		Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- 5. ELECTION					AY ΓΙΟΝ	POST-	POST- 6.			TION	Yes	No	~		
report type)	ANNUAL REPORT	7.	Year 2004					NG METH CHECK O				PAPER		/	DISKE	TTE		
Name of Office S	- Sought by Candidat	te:	-		_			DATE ()F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code		
								МО	DAY	Y	AR		10000	Į				
								11		2	2004		(SEE IN	ISTRUCTI	ONS FOR (CODES)		
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	s from:		1 1		1	Т	0	3	3	8	2004							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.00							
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule	1)	\$				0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00							
D. Total Expen	ditures (From Sch	edule II	I)				\$				100.00							
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$			(1	0.00)							
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	:)	\$				0.00							
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	')			\$				0.00			•				
				AFF	ID/	١٧٧	T SE	CTION										
	s a Committee repo	•																
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedule	s file	d on	paper	or by elec	tronic m	edium	, are to t	he best of	f my kno	wledge	and beli	ef , true		
Sworn to and subs	cribed before me this	i	20							9	Signature	of Perso	1 Submit	ting Re	ort			
							-					Print	ted Name	e				
My Commission Ex	Signatu: kpires	re										Emai	· · · · · · · · · · · · · · · · · · ·					
•	мо	D	AY	YR			-		Ar	ea Co	le		e Telepi	none Nu	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this	polit	tical	comm	ittee has ı	not viola	ted ar	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,		
Sworn to and subsc	ribed before me this										s	ignature o	f Candid	ate				
	day of		_ 20				_											
	Fi						_					Printe	d Name					
My Commission Exp	Signature pires											Emai	il					
	мо	D	AY	YR	ł		-		Area	Code		Da	nytime T	elephor	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Daniel J. Reisteter	From:	То:	3/8/2004
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)		\$	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	g 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

Name of Filing Committee or Candidate				Reporting Period						
			Fr	om:		То	:			
			1		DATE			AMOUNT		
Full Name of Contributing	Committee			МО	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.

0.00

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 of Candidate					Reporting Period From: To:					
					DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	1							

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:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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				Rep	Reporting Period						
				Fror	n:		To) :			
					D	ATE		AN	MOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State	Zip Cod	de (Plus	s 4)							
Employer Name	•				Occupa	tion					
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	Page,	Section	on 3.			P <i>i</i>	AGE 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	•			\$	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								
Daniel J. Reisteter	From:	To:	3/8/2004						
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 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 Candidat	Name of Filing Committee or Candidate Re									
	Fro					From: To:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:										
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL			
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL			
						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate					porting P	Period				
					Fro	om:		To:):		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor	•		•			Occupa	tion				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cano	Reportir	ng Period					
Daniel J. Reisteter	From			То:	<u>3/8/2004</u>		
		DATE	AMOUNT				
To Whom Paid Glen Grell			МО	DAY	YEAR		
Mailing Address PO Box 217			2	12	2004	\$	100.00
City Camp Hill	Descrip Fundrai	otion of Exp	benditure				
Enter Crand Tatal of Evnandite	unas am Daga 1. Da	anout Cover Dage Item D					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	100.00