

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 2017	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	7	2017				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	28	2017		12	31	2017				
A. Amount Brought Forward From Last Report						\$ 1,490.07						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 9,500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 10,990.07						
D. Total Expenditures (From Schedule III)						\$ 10,699.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 291.07						
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>11/28/2017</u> To: <u>12/31/2017</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)	\$ 9,000.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 9,500.00

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.)	\$ 9,500.00
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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:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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	
REFORM PA PAC	From: <u>11/28/2017</u>	To: <u>12/31/2017</u>

				DATE		AMOUNT	
Full Name of Contributing Committee SCOTT WAGNER FOR SENATE				MO	DAY	YEAR	\$ 6,000.00
Mailing Address PO BOX 141				2	1	2017	
City	MANCHESTER	State	Zip Code (Plus 4)				
		PA	17345				
Full Name of Contributing Committee SCOTT WAGNER FOR SENATE				MO	DAY	YEAR	\$ 3,000.00
Mailing Address PO BOX 141				5	15	2017	
City	MANCHESTER	State	Zip Code (Plus 4)				
		PA	17345				

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

PAGE TOTAL	
\$	9,000.00

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>11/28/2017</u> To: <u>12/31/2017</u>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
JOHN MORAN, JR.						
Mailing Address 771 SUPPLEE MILL RD.						\$ 500.00
City LEWISBURG	State PA	Zip Code (Plus 4) 17837	4	28	2017	
Employer Name PENN STRATEGIES			Occupation CONSULTANT			
Employer Mailing Address/Principal Place of Business 1000 N. CAMERON ST.		City HARRISBURG	State PA		Zip Code (Plus 4) 17103	

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

PAGE TOTAL
\$ 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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

			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>11/28/2017</u> To: <u>12/31/2017</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:
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			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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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>11/28/2017</u> To: <u>12/31/2017</u>

DATE				AMOUNT		
To Whom Paid REBECCA REAM			MO	DAY	YEAR	\$ 1,211.20
Mailing Address 1950 BRETTON LANE			1	2	2016	
City YORK	State PA	Zip Code (Plus 4) 17408	Description of Expenditure ADMIN FEE			
To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 557.13
Mailing Address 2555 COLDSRING RD.			2	7	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure FEB. FEE & REIMBURSE			
To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 577.13
Mailing Address 2555 COLDSRING RD.			2	28	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure MARCH FEE & REIMBURSE			
To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 567.13
Mailing Address 2555 COLDSRING RD.			3	30	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure APRIL FEE & REIMBURSE			
To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 1,134.28
Mailing Address 2555 COLDSRING RD.			5	15	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure MAY / JUNE / REIMBURSE			

To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 567.14
Mailing Address 2555 COLDSRING RD.			7	19	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure JULY FEE & REIMBURSE			

To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 567.14
Mailing Address 2555 COLDSRING RD.			7	31	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure AUGUST FEE & REIMBURSE			

To Whom Paid M&T BANK			MO	DAY	YEAR	\$ 5.00
Mailing Address 4301 N. GEORGE ST. EXT			2	8	2017	
City MANCHESTER	State PA	Zip Code (Plus 4) 17345	Description of Expenditure SERVICE CHARGE			

To Whom Paid MCLAUGHLIN & ASSOC.			MO	DAY	YEAR	\$ 3,000.00
Mailing Address 566 S. ROUTE 303			5	15	2017	
City BLAUVELT	State NY	Zip Code (Plus 4) 10913	Description of Expenditure POLL			

To Whom Paid USPS			MO	DAY	YEAR	\$ 74.00
Mailing Address 15 MANCHESTER ST.			8	3	2017	
City MANCHESTER	State PA	Zip Code (Plus 4) 17345	Description of Expenditure PO BOX RENEWAL			

To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 1,134.28
Mailing Address 2555 COLDSRING RD.			9	28	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure SEPT./OCT. FEE & REIMBURSE			

To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 567.14
Mailing Address 2555 COLDSPRING RD.			10	26	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure NOV. FEE & REIMBURSE			

To Whom Paid BMD DESIGN, LLC			MO	DAY	YEAR	\$ 158.26
Mailing Address 125 S. CAMP ST.			10	26	2017	
City WINDSOR	State PA	Zip Code (Plus 4) 17366	Description of Expenditure HOSTING FEE			

To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 500.00
Mailing Address 2555 COLDSPRING RD.			11	22	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure CONSULTING FEE			

To Whom Paid AMANDA DAVIDSON			MO	DAY	YEAR	\$ 67.14
Mailing Address 2555 COLDSPRING RD.			11	27	2017	
City YORK	State PA	Zip Code (Plus 4) 17404	Description of Expenditure REIMBURSEMENT			

To Whom Paid USPS			MO	DAY	YEAR	\$ 2.03
Mailing Address 15 MANCHESTER ST.			11	8	2017	
City MANCHESTER	State PA	Zip Code (Plus 4) 17345	Description of Expenditure POSTAGE			

To Whom Paid M&T BANK			MO	DAY	YEAR	\$ 5.00
Mailing Address 4301 N. GEORGE ST. EXT			12	8	2017	
City MANCHESTER	State PA	Zip Code (Plus 4) 17345	Description of Expenditure SERVICE CHARGE			

To Whom Paid M&T BANK			MO	DAY	YEAR	
Mailing Address 4301 N. GEORGE ST. EXT.			11	8	2017	
City MANCHESTER	State PA	Zip Code (Plus 4) 17345	Description of Expenditure SERVICE CHARGE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 10,699.00

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>11/28/2017</u> To: <u>12/31/2017</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor SCOTT WAGNER				MO	DAY	YEAR	
Mailing Address PO BOX 1627				12	31	2017	\$ 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