

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 :		20180137		Report Filed By :		CANDIDATE		COMMITTEE ☒		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: MYERS, ANDREW FOR PA HOUSE												
Street Address:												
City: YORK SPRINGS						State: PA		Zip Code: 17372				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	☒	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	☒	
	ANNUAL REPORT	7.	Year 2018	FILING METHOD () CHECK ONE			PAPER ☒		DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		3	27	2018		4	30	2018				
A. Amount Brought Forward From Last Report						\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 7,200.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 7,200.00						
D. Total Expenditures (From Schedule III)						\$ 5,975.70						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 1,224.30						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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
MYERS, ANDREW FOR PA HOUSE	From: <u>3/27/2018</u> To: <u>4/30/2018</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)	\$ 7,200.00
TOTAL for the Reporting Period (3)	\$ 7,200.00

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.)	\$ 7,200.00
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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
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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	
	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 MYERS, ANDREW FOR PA HOUSE	Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u>
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				DATE	AMOUNT
Full Name of Contributor MICHAEL AIELLO				MO	\$ 500.00
Mailing Address City YORK SPRINGS State PA Zip Code (Plus 4) 17372				3	
				20	
				2018	
Employer Name PSI PUMPING SOLUTIONS, INC.				Occupation BUSINESS OWNER	
Employer Mailing Address/Principal Place of Business				City YORK SPRINGS	State PA
				Zip Code (Plus 4) 17372	
Full Name of Contributor MICHAEL AIELLO				MO	\$ 1,500.00
Mailing Address City YORK SPRINGS State PA Zip Code (Plus 4) 17372				4	
				17	
				2018	
Employer Name PSI PUMPING SOLUTIONS, INC.				Occupation BUSINESS OWNER	
Employer Mailing Address/Principal Place of Business				City YORK SPRINGS	State PA
				Zip Code (Plus 4) 17372	
Full Name of Contributor DAVID MYERS				MO	\$ 2,700.00
Mailing Address City YORK SPRINGS State PA Zip Code (Plus 4) 17372				3	
				25	
				2018	
Employer Name STS-ELIONIX				Occupation SERVICE TECHNICIAN	
Employer Mailing Address/Principal Place of Business				City NORTH BILLERICA	State MA
				Zip Code (Plus 4) 01862	
Full Name of Contributor ANDREW MYERS				MO	\$ 1,000.00
Mailing Address City YORK SPRINGS State PA Zip Code (Plus 4) 17372				3	
				31	
				2018	
Employer Name CURE INTERNATIONAL				Occupation REGIONAL DIRECTOR	
Employer Mailing Address/Principal Place of Business				City NEW CUMBERLAND	State PA
				Zip Code (Plus 4) 17070	

Full Name of Contributor LISA GRIM			MO 4	DAY 5	YEAR 2018	\$ 1,000.00
Mailing Address						
City BIGLERVILLE	State PA	Zip Code (Plus 4) 17307				
Employer Name PUB RESTAURANT			Occupation BUSINESS OWNER			
Employer Mailing Address/Principal Place of Business		City GETTYSBURG	State PA		Zip Code (Plus 4) 17325	

Full Name of Contributor TIMOTHY BARR			MO 4	DAY 7	YEAR 2018	\$ 500.00
Mailing Address						
City LAWRENCEVILLE	State GA	Zip Code (Plus 4) 30043				
Employer Name			Occupation BUSINESS OWNER			
Employer Mailing Address/Principal Place of Business		City LAWRENCEVILLE	State GA		Zip Code (Plus 4) 30043	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.		PAGE TOTAL
		\$ 7,200.00

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	\$	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	
MYERS, ANDREW FOR PA HOUSE		From: <u>3/27/2018</u> To: <u>4/30/2018</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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MYERS, ANDREW FOR PA HOUSE	From <u>3/27/2018</u> To: <u>4/30/2018</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
DR. GRAPHIX				
Mailing Address	3	27	2018	\$ 911.60
City YORK SPRINGS	State PA	Zip Code (Plus 4) 17372	Description of Expenditure VINYL BANNERS	
To Whom Paid	MO	DAY	YEAR	
PAY PAL				
Mailing Address	4	7	2018	\$ 13.46
City SAN JOSE	State CA	Zip Code (Plus 4) 95131	Description of Expenditure TRANSACTION FEE	
To Whom Paid	MO	DAY	YEAR	
DARA MYERS				
Mailing Address	4	19	2018	\$ 929.45
City YORK SPRINGS	State PA	Zip Code (Plus 4) 17372	Description of Expenditure WEBSITE, FLYERS, STICKERS FACEBOOK ADS, YARD SIGN STAKES	
To Whom Paid	MO	DAY	YEAR	
J. CURTIS DESIGN				
Mailing Address	4	24	2018	\$ 4,121.19
City CARLISLE	State PA	Zip Code (Plus 4) 17015	Description of Expenditure YARD SIGNS, POST CARDS, MAIL SERVICE, LOGO & GRAPHIC DESIGN	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 5,975.70

