Campaign Finance Report

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

Filer Identificat	ion 2018	3C1049		_	Repo		CA	NDI	DATE	\checkmark	С			LOB	BYIST	Ē	
Number :					Filed	-		,									
Name of Filing G	Committee, Candid	late or L	obbyist:		WOLF	, THUI	MAS W										
Street Address:							_					_					
City:							State	e:				Zip Cod	e: 17	347			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D PRIM	DAY 1ARY	Ρ	POST-	3. X		AMENDMENT REPORT?		Yes	N	D	\checkmark
(place X to the right of	6TH TUESDAY 4. 2ND FRIDAY PRE- PRE-ELECTION 4. ELECTION 5.						30 DAY POST- 6. ELECTION					TERMINA REPORT?	TION	Yes	N	C	\checkmark
report type)	ANNUAL REPORT	7.	Year 2018	3			ING ME) CHEC					PAPER		\checkmark	DISK	ETTE	
Name of Office	L Sought by Candida	te:					DAT	ΈO	F ELE	стіо	N	District Number	Office Code	Par	ty Code	Cour Code	
COVERNOR							мо		DAY	YE	AR	-1	GOV	DEN	1	67	
GOVERNOR								11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAF	2		мо		DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		5 1	1 2	018	то		6		4	2018	-					
A. Amount Bro	ought Forward Fro	m Last R	eport				\$			-	0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fror	n Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.00						
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			\$				0.00	4					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)			\$ 0.00										
				AFF	IDAV	IT S	ECTIO	ΟN									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a Ca	andidat	te re	eport, o	candio	late si	gn here.					
I swear (or affirm correct and compl) that this report, inc lete.	luding the	e attached so	chedule	s filed o	n pape	r or by e	electi	ronic m	edium,	, are to	the best of	my know	vledge	and bel	ief , tr	ue
Sworn to and sub	scribed before me thi day of	S	20							s	ignatur	e of Persor	Submitt	ing Rep	oort		-
	Signatu	Ire				_						Print	ed Name				-
My Commission E	2											Emai	1				-
	мо	D	AY	YR					Ar	ea Cod	e	Daytim	e Telepho	one Nu	mber		_
Part II- If this is	a report of a can	didate's	authorized	d Comr	nittee,	Candi	date sl	hall s	sign h	ere.							
I swear (or affirm No 320) as amend) that to the best of ı ed.	ny knowle	edge and bel	lief this	s politica	al comi	nittee h	nas no	ot viola	ted an	y provis	sions of the	act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subse	cribed before me this day of		20								s	Signature o	f Candida	ite			-
20												Printe	d Name				-
My Commission Exp	Signature					_						Emai	1				-
																	_
	мо	D	AY	YF	2				Area	Code		Da	ytime Te	elephor	e Numl	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WOLF, THOMAS W From: <u>5/1/2018</u> **To:** 6/4/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			Re	porting	Period			
Fr				om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

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 Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

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 Candidat	e		Report	ing Perio	bd				
			From:			То:			
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						4	\$	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						1			
Enter Grand Total of Part E on Sche	lule T. Detailed	Summary Page	Section	4				PAGE TO	TAL
	ale 1, Detailed	Summary ruge,	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		
WOLF, THOMAS W	From:	<u>5/1/2018</u> то:	<u>6/4/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			g Period			
	From:	То:					
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Re	Reporting Period				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion	_	•	
Employer Mailing Address/Principal Place of City State Business				State	Zip Code(Plus Descriptio			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
	DATE AMO						
To Whom Paid	To Whom Paid				YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrij	otion of Ex	penditure		
Enter Grand Total of Expenditures	on Page 1. Benert C	over Dage Item F	`				PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00