### **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 2014	0277				port		CAND	DATE		СОМ	<b>4ITTEE</b>	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		PAT	RIO	TS FC	R PERRY	1		-		·				_
Street Address:	PO BOX 633																
City:	NEW CUMBER	LAND						State:	PA			Zip Cod	ie: 17	7070			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA		POST-	3. <b>X</b>		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	≣-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018					NG METH CHECK O				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County	,
								МО	DAY	YI	EAR		10000				_
								11		6	2018		(SEE IN	STRUCTIO	ONS FOR (	ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		5 1	2	018	Т	0	6	5	4	2018						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	_		426,	565.41						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	<b>I</b> )	\$			72,	782.47	]					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			499,3	347.88						
D. Total Expend	ditures (From Scho	edule II	I)				\$			56,7	705.87						
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$			442,6	42.01						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II	:)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			1			
				AFF	ID/	١٧٧	T SE	CTION									
	s a Committee rep		_														
I swear (or affirm)	) that this report, incl ete.	uding the	e attached sch	nedule	s file	d on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true	٩.
Sworn to and subs	cribed before me this day of	3	20							S	Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					- -					Prin	ted Name	e			-
My Commission Ex	_											Ema	il				٠
	мо	D	AY	YR					Ar	ea Cod	de	Daytim	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 n	ny knowle	edge and belie	ef this	polit	tical	comm	ittee has r	not viola	ted ar	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333,	ı
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			۱.
	day of						_					Printa	d Name				.
	Signature						-										
My Commission Exp	<del>-</del>											Ema	il				
	МО	D	AY	YR	l		-		Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PATRIOTS FOR PERRY	From:	<u>5/1/201</u>	<u>8</u> To:	6/4/2018
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	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an 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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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 Fining Committee of Canadate			Rep	Reporting Period					
Fro				From: To				):	
					DATE		АМ	OUNT	
Full Name of Contributor				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.

**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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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	ne of Filing Committee or Candidate			Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	1	
PATRIOTS FOR PERRY	From:	<u>5/1/2018</u> <b>To:</b>	6/4/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	1				Re	porting	Period				
					Fro	om:		То	:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
PATRIOTS FOR PERRY			From	<u>5/:</u>	1/2018	То:	6/4/2018
				DATE			AMOUNT
To Whom Paid ALL OTHER DISBURSEMENTS			МО	DAY	YEAR		
Mailing Address			6	4	2018	\$	49,705.97
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	l penditure	<u> </u>	
To Whom Paid FRIENDS OF KRISTIN PHILIPS	-HILL		мо	DAY	YEAR		
Mailing Address PO BOX 14	9		5	7	2018	\$	2,000.00
<b>City</b> JACOBUS	State PA	<b>Zip Code (Plus 4)</b> 17407	1	otion of Exp EDERAL CC			
To Whom Paid DAUPHIN COUNTY REPUBLICA	N COMMITTEE		мо	DAY	YEAR		
Mailing Address 2255 PAXS	ON CHURCH ROAD		6	4	2018	\$	5,000.00
City HARRISBURG State Zip Code (Plus 4) PA 17110			1	otion of Exp EDERAL CO			
Enter Grand Total of Even	ditures on Page 1. Per	nort Cover Page Item 5	`				PAGE TOTAL
Enter Grand Total of Expend	uitures on Page I, Re	port Cover Page, Item L	<i>)</i> .			\$	56,705.97