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 :																		
Name of Filing C	ommittee, C	andida	ite or Lo	obbyist:		ANT	THOI	NY TH	OMAS F	IARREL	.L							
Street Address:																		
City:									State:				Zip Code	: 17	103			
TYPE OF REPORT	6TH TUESDA' PRE-PRIMAR'		1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	•	\
(place X to the right of	6TH TUESDA' PRE-ELECTIO		4.	2ND FRIDAY ELECTION	PRE	≣-	5.	30 DA		POST-			TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL RE	PORT	7	Year 2018					NG METH CHECK (√	DISKE	TTE	
Name of Office S	ought by Ca	ndidat	e:						DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YEA	R	103	STH	REP			
REPRESENTATI	VE IN THE G	SENERA	AL ASS	EMBLY					1:	1	6 2	2018		(SEE INS	TRUCTI	ONS FOR C	CODES)
Summary of		nd	МО	DAY	YEAR	2			МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			5 1	21	018	T	0	(6	4 :	2018						
A. Amount Bro	ught Forward	d From	Last R	eport				\$		•	•	0.00						
B. Total Monetary Contributions And Receipts (From Schedule I						e I)	\$				0.00							
C. Total Funds Available (Sum Of Lines A and B)							\$				0.00							
D. Total Expenditures (From Schedule III)						\$			(0.00								
E. Ending Cash Balance (Subtract Line D From Line C)							\$			(0.00							
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Sc	hedu	le I	I)	\$			700	0.00						
G. Unpaid Debt	s And Obliga	ations ((From S	chedule IV))			\$			(0.00		'				
					AFF	ΊD	AVI	T SE	CTION									
PART I - If this is	a Committe	e repo	rt, trea	surer sign h	ere. I	If th	nis is	a Can	ndidate ı	report,	candida	te sig	jn here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sch	edules	s file	ed on	paper	or by elec	tronic m	nedium, a	re to t	the best of 1	my know	/ledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before i day of	me this		20							Sig	nature	e of Person	Submitti	ing Rep	ort		_
								<u>-</u>					Printe	d Name				$ \ $
My Commission Ex		Signatur	e										Email					-
	мо		DA	AY	YR			_		Aı	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized (Comn	nitte	ee, C	andid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	f this	poli	itical	commi	ittee has	not viola	ated any p	orovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subscribed before me this Signature of (Candida	te			-								
	day of — —							_					Printed	Name				-
	Sign	ature						-										_
My Commission Exp	_												Email					
		10	D/	AY	YR			-		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ANTHONY THOMAS HARRELL	From:	5/1/201	<u>8</u> To:	6/4/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g 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
			<u> </u>	
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

	iis Part to itemize or vith an aggregate va									
Name of Filing Commit	tee or Candidate		Re	Reporting Period						
			From: To			Го:				
		•			DATE			AMOUNT		
Full Name of Contributing	g Committee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							$\overline{}$	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 Filing Committee	e or Candidate		Reporting Period						
			From: T			Го:			
					DATE		A	AMOUNT	
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 Candi	me 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 Ca	ame of Filing Committee or Candidate			Rep	orting Pe	eriod				
				Fror	m:		T	То:		
			_		D	ATE		AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address City State Zip Code (Plus 4)								\$	0.00	
City	State	Zi	p Code (Plus	4)						
Employer Name	•				Occupa	tion		•		
Employer Mailing Address/Princ Business	cipal Place of		City			State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C	on Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.			P.	AGE TOTAL 0.00	
							L			

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	ame of Filing Committee or Candidate			ting Perio	bd			
			From:			То:		
				D	ATE		AN	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 Detaile	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		
ANTHONY THOMAS HARRELL	From:	<u>5/1/2018</u> To:	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)	\$	700.00
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,		\$	700.00

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						\$	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	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

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

Name of Filing Committee or Candidate	Reporting Period						
ANTHONY THOMAS HARRELL	From:	5/1/2018	То:	<u>6/4/2018</u>			

							DATE		AMOUNT		
Full Name of Contributor HRCC					мо		DAY	YEAR			
Mailing Address PO BOX 11787 City HARRISBURG State Zip Code(Plus					T			\$ 700.00			
City HARRISBURG	State		Zip Code(F	Plus 4)	5	·	2	2018			
	PA 17108										
Employer of Contributor			•		Occupation						
Employer Mailing Address/Principa Business	al Place of	City		State		Zip Code(Plus Des			Description of Contribution		
								DATA 8	& LISTS		
Enter Grand Total of Part G or	Schedule II. i	In-Kind	Contributi	ons Deta	iled				PAGE TOTAL		
nter Grand Total of Part G on Schedule II, In-Kind Contributions De Jummary Page, Section 3.								700.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (ame of Filing Committee or Candidate					Reporting Period					
			From			То:					
				DATE			AMOUNT				
To Whom Paid				DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Description of Expenditure								
							PAGE TOTAL				
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item).			\$	0.00				