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	20180	C0656				port ed B		CAND	IDATE	V	/ CO	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:				V MYE	RS									
Street Address:																		
City:									State:				Zip Code	: 17	372			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDAY PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	√ No)	
(place X to the right of	6TH TUES		4.	2ND FRIDAY ELECTION	Y PRE	<u>-</u>	5.	30 DA ELECT		POST-	6.		TERMINATION Yes No REPORT?					\
report type)	ANNUAL	REPORT	7.	Year 2018					IG METH CHECK O				PAPER DISKE					
Name of Office S	ought by	· Candidat							DATE ()F ELE	СТІ	District Office Party Code					Cour	
									МО	DAY							Code	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		s and	МО	DAY	YEAR	ł		'	МО	DAY	,	YEAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 27	2	018	Т	0	2	1	30	2018						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions A	Ind Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	dule II	[)				\$			1	,000.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (2)			\$			(1,	000.00)						
F. Value Of In-	Kind Con	tributions	Receive	ed (From So	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	ichedule IV)			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is		-	-	_						-		_						
I swear (or affirm) correct and comple		report, incl	uding the	attached sch	1edule:	s file	d on	paper (or by elec	tronic m	ediu	m, are to t	the best of	my know	/ledge	and bel	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20								Signature	of Person	Submitti	ing Rep	ort		-
	_	Signatur	·e					-					Printe	d Name				-
My Commission Ex	pires							_					Email					_
		МО	D/	4Y	YR					Ar	ea C	ode	Daytime	Telepho	one Nu	mber		<u>_</u>
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has ı	not viola	ted a	any provisi	ions of the	act of Ju	ne 3,1	937 (P.I	133	3,
Sworn to and subsc	ribed befo day of	re me this										Si	ignature of	Candida	te			-
	— uay oi							-					Printed	Name				-
	:	Signature						-										_ [
My Commission Exp	ires												Email					
	_	мо	D/	AY	YR	t .		-		Area	Cod	e	Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ANDREW MYERS	From:	3/27/201	<u>8</u> To:	4/30/2018
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) 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 item with an aggrega								
Name of Filing Comm	nittee or Candidate			Re	porting	Period			
				Fr	om:		То	:	
			1			DATE			AMOUNT
Full Name of Contributi	ing Committee				МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	e	Zip Code (Plus 4	1)					
	•		•			•	•		PAGE 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				Reporting Period From: To:				
					DATE			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 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	ame of Filing Committee or Candidate			Rep	orting Pe					
				Fror	n:		To	То:		
					D	ATE		AN	MOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address	Address							\$	0.00	
City	State	Zip Cod	de (Plus	s 4)						
Employer Name	•				Occupa	tion				
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	Page,	Section	on 3.			P <i>i</i>	AGE TOTAL 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	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. Detailer	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 Perio	d	
ANDREW MYERS	From:	3/27/2018 To:	4/30/2018
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		Reportin	g Period			
			From:			To:	
				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 Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

PAGE TOTAL

1,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	ate		Reporting Period						
ANDREW MYERS			From	<u>3/2</u>	7/2018	То:	4/30/2018		
				DATE			AMOUNT		
To Whom Paid MYERS, ANDREW FOR PA HOUSE			МО	DAY	YEAR				
Mailing Address 35 BUSHEY SCH	OOL ROAD		3	31	2018	\$	1,000.00		
City YORK SPRINGS	State PA	Zip Code (Plus 4) 17372	1	otion of Exp			COMMITTEE		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.