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	2018	C0593				port		CAND	DATE	√	cc	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:				<u> </u>	ROCKAR								_	
Charact Address																		
Street Address:									G1-1				7:	1.0	000			
City:								_	State:		_		Zip Code	: 16	066			
TYPE OF REPORT	6TH TUES PRE-PRIN	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2. X	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No)	
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	E-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No)	\checkmark
report type)	ANNUAL	. REPORT	7.	Year 2018					NG METH CHECK O				PAPER		✓	DISKE	TTE	
Name of Office S	ought by	, Candidat							DATE C)F ELE	CTIC)N	District	Office	Par	ty Code		
Name of Office 5	ought by	Candidat	.e.						МО	DAY	YI	EAR	Number 12	Code STH	DEN	1	Code	•
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YI	EAR	FOR	OFFIC	E USE	ONLY		
Expenditures				3 27	2	018	Т	0	4		30	2018						
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$			1,5	523.16	1					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			1,5	523.16						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$			1,5	523.16						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le I	I)	\$			3	300.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV)			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Car	ndidate r	eport, e	candi	date sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by elect	tronic m	edium	, are to t	the best of	my know	/ledge	and bel	ef , tr	ue
Sworn to and subs	cribed bef day of	ore me this		20							5	Signature	of Person	Submitt	ing Rep	ort		_
	_	Signatur	·e					- -					Printe	ed Name				_
My Commission Ex	pires	0.5	_										Email					-
		мо	D/	ΑY	YR					Ar	ea Cod	le	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee has r	not viola	ted an	ıy provis	ions of the	act of Ju	ne 3,1	937 (P.I	133	3,
Sworn to and subsc	ribed befo	re me this										s	ignature of	Candida	te			-
	day of —							_										_
		C:						_					Printed	Name				
My Commission Exp		Signature											Email					_
	-	мо	D/	AY	YR	R		-		Area	Code		Day	time Te	lephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
HONORA M. ROCKAR	From:	<u>3/27/201</u>	<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 itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL
\$ 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 of Candidate				oorting P				
			Fro	m:		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	te		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sci	nedule 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 Candidate			Rep	orting Pe	riod			
			Fron	n:		To): 	
				D	ATE		АМО	TNUC
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA(GE 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	Candidate		Report	ting Perio	bd			
			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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	iod	
HONORA M. ROCKAR	From:	3/27/2018 To :	4/30/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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						\$	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	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

[-						
Name of Filing Committee or Candida	te		Reportii	ng Period			
HONORA M. ROCKAR			From	<u>3/2</u>	7/2018	То:	4/30/2018
		I		DATE			AMOUNT
To Whom Paid PORTRAIT INNOVATIONS			мо	DAY	YEAR		
Mailing Address 20436 ROUTE 19	SUITE 610		1	17	2018	\$	105.99
City CRANBERRY TOWNSHIP	State PA	Zip Code (Plus 4) 16066	1 -	otion of Exp			
To Whom Paid PENNSYLVANIA HOUSE DEMOCRATION	C COMMITTEE		МО	DAY	YEAR		
Mailing Address P.O. BOX 555			2	3	\$	300.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	1 -	otion of Exp			
To Whom Paid SLEEP INN			мо	DAY	YEAR		
Mailing Address 631 EISENHOWE	R BOULEVARD		2	4	2018	\$	179.82
City HARRISBURG	State PA	Zip Code (Plus 4) 17111		otion of Exp			
To Whom Paid LANCASTER BREWING COMPANY			МО	DAY	YEAR		
Mailing Address 469 EISENHOWE	R BOULEVARD		2	2	2018	\$	46.74
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Descrip TRAVEI	otion of Exp	enditure		

To Whom Paid LANCASTER BREWING COMPANY			мо	DAY	YEAR		
Mailing Address 469 EISENHOWER BOULEVARD		2	3	2018	\$	50.95	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
PA 17111			TRAVEL	FOOD			

						FAC	JL 12	
To Whom Paid SWATARA GASOLINE			МО	DAY	YEAR			
Mailing Address			2	3	2018	\$	26.00	
City SWATARA	State PA	Zip Code (Plus 4) 17111	Descrip TRAVEL	otion of Exp	penditure			
To Whom Paid PA TURNPIKE			МО	DAY	YEAR			
Mailing Address 300 EAST PARK DRIVE			2	2	2018	\$	22.02	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	1	Description of Expenditure TRAVEL TOLL				
To Whom Paid PA TURNPIKE			МО	DAY	YEAR			
Mailing Address 300 EAST PARK DRIVE			2	4	2018	\$	22.02	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure TRAVEL TOLL					
To Whom Paid SLEEP INN SUITES			МО	DAY	YEAR			
Mailing Address 631 EISENHOW	ER BOULEVARD		2	4	2018	\$	179.82	
City HARRISBURG State Zip Code (Plus 4) PA 17111			Description of Expenditure TRAVEL LODGING					
To Whom Paid AAA EAST CENTRAL			МО	DAY	YEAR			
Mailing Address 20510 ROUTE 19 STORE 103 AND 104			2	24	2018	\$	5.00	
City CRANBERRY TOWNSHIP PA State Zip Code (Plus 4) 16066			Description of Expenditure NOTARY PETITION SHEET					
To Whom Paid AAA EAST CENTRAL			МО	DAY	YEAR			
Mailing Address 20510 ROUTE 19 STORE 103 AND 104			3	1	2018	\$	5.00	
City CRANBERRY TOWNSHIP PA State Zip Code (Plus 4) 16066			Description of Expenditure NOTARY PETITION SHEET					

To Whom Paid NOTARY IN YOUR NEIGHBORHOOD			мо	DAY	YEAR				
Mailing Address			3	2	2018	\$		90.00	
City	State Zip Code (Plus 4)			tion of Exp		}			
To Whom Paid UPS STORE			МО	DAY	YEAR				
Mailing Address 20436 ROUTE 19 SUITE 620			3	3	2018	\$		10.00	
City CRANBERRY TOWNSHIP	BERRY TOWNSHIP PA Zip Code (Plus 4) 16066				Description of Expenditure NOTARY PETITION SHEET				
To Whom Paid CROWNE PLAZA HOTEL			МО	DAY	YEAR				
Mailing Address 23 SOUTH SECOND STREET			3	1	2018	\$		121.53	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure TRAVEL LODGING						
To Whom Paid PA TURNPIKE			мо	DAY	YEAR				
ı									
Mailing Address 300 EAST PARK	DRIVE		3	4	2018	\$		21.12	
Mailing Address 300 EAST PARK I City HARRISBURG	DRIVE State PA	Zip Code (Plus 4) 17111		tion of Exp		\$		21.12	
- SUU LAST FARR	State		Descrip	tion of Exp		\$		21.12	
City HARRISBURG To Whom Paid	State PA		Descrip TRAVEL	tion of Exp	penditure	\$		21.12	
City HARRISBURG To Whom Paid PA TURNPIKE	State PA		Descrip TRAVEL	DAY 5 tion of Exp	YEAR 2018				
City HARRISBURG To Whom Paid PA TURNPIKE Mailing Address 300 EAST PARK	State PA DRIVE State	17111 Zip Code (Plus 4)	Descrip TRAVEL MO 3 Descrip	DAY 5 tion of Exp	YEAR 2018				
City HARRISBURG To Whom Paid PA TURNPIKE Mailing Address 300 EAST PARK I City HARRISBURG To Whom Paid FIREBIRDS GRILL	State PA DRIVE State	17111 Zip Code (Plus 4)	MO 3 Descrip TRAVEL	DAY 5 Stion of Exp. TOLL	YEAR 2018 penditure				

							JL 14		
To Whom Paid BUTLER COUNTY DEMOCRATIC COMMITTEE				DAY	YEAR				
Mailing Address 344 SOUTH MAIN STREET			3	1	2018	\$	5.00		
City BUTLER	BUTLER State PA Zip Code (Plus 4) 16001			Description of Expenditure DONATION					
To Whom Paid AAA EAST CENTRAL	•		МО	DAY	YEAR				
Mailing Address 20510 ROUTE 19 SUITE 103 AND 104			4	23	2018	\$	10.00		
City CRANBERRY TOWNSHIP PA Zip Code (Plus 4) 16066			Description of Expenditure NOTARY CYCLE 2 DSBE502 TREASURER						
To Whom Paid WIX WEBSITES				DAY	YEAR				
Mailing Address			1	15	2018	\$	65.00		
City	State	Zip Code (Plus 4)	Description of Expenditure CAMPAIGN WEBSITE						
To Whom Paid WIX WEBSITES			МО	DAY	YEAR				
Mailing Address			1	15	2018	\$	60.00		
City State Zip Code (Plus 4)			Description of Expenditure						
To Whom Paid PENNSYLVANIA CENTER FOR WOMEN AND POLITICS			МО	DAY	YEAR				
Mailing Address CHATHAM UNIVERSITY WOODLAND ROAD			1	27	2018	\$	65.00		
City PITTSBURGH	State PA	Zip Code (Plus 4) 15232	Description of Expenditure TRAINING CANDIDATE (HONORA ROCKAR)				CKAR)		
To Whom Paid PENNSYLVANIA CENTER FOR WOMEN AND POLITICS			МО	DAY	YEAR				
Mailing Address CHATHAM UNIVERSITY WOODLAND ROAD			1	27	2018	\$	65.00		
City PITTSBURGH State Zip Code (Plus 4) PA 15232			Description of Expenditure TRAINING CHAIR (MAUREEN WOOD)						
						P	AGE TOTAL		
Enter Grand Total of Expenditu	res on Page 1, Re	eport Cover Page, Item D				\$	1,523.16		