#### **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 2	2018C	20493				port		CAND	DATE	<b>√</b>	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	ommittee, Ca	ındida	te or Lo	obbyist:		WA	GNE	R,SCC	OTT R								•	
Street Address:																		
City:									State:				Zip Code	: 17	403			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	Y PRE	≣-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>/</b>
report type)	ANNUAL REP	ORT	7. <b>X</b>	<b>Year</b> 2018					IG METH				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by Can	ndidate	e:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	_								МО	DAY	YEAR	≀	-1	GOV	REP	,	67	
GOVERNOR									11		6 2	018		(SEE INS	TRUCTI	ONS FOR (	CODES	)
Summary of		nd	МО	DAY	YEAR	2			МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	11 27	2	018	3 <b>T</b>	0	12		31 2	018						
A. Amount Bro	ught Forward	From	Last R	eport				\$		(3,6	44,639	.90)						
B. Total Moneta	ary Contributi	ions A	nd Rec	eipts (From	Sche	dule	e I)	\$			(	0.00						
C. Total Funds	Available (Su	m Of I	Lines A	and B)				\$		(3,6	44,639	.90)						
D. Total Expend	ditures (From	Sche	dule II	[)				\$		5,	590,500	.45						
E. Ending Cash	Balance (Sub	otract	Line D	From Line C	C)			\$		(9,2	35,140.	35)						
F. Value Of In-	Kind Contribu	ıtions	Receive	ed (From Sc	chedu	le I	Ι)	\$			0	.00						
G. Unpaid Debt	s And Obligat	tions (	From S	chedule IV	)			\$			C	0.00						
					AFF	ΊD	AVI	T SE	CTION									
PART I - If this is		-	•	-						-								
I swear (or affirm) correct and comple		t, inclu	ding the	: attached sch	nedules	s file	ed on	paper (	or by elect	ronic m	edium, ar	e to t	he best of i	my know	vledge	and beli	ef , tru	ıe'
Sworn to and subs	cribed before m day of	ne this		20				_			Sign	ature	of Person	Submitt	ing Rep	oort		_
	Sid	gnature	 e					_					Printe	d Name				_
My Commission Ex	pires							_					Email					_
	МО		D#	ΑY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		st of my	y knowle	edge and belie	ef this	poli	itical	commi	ittee has r	ot viola	ted any p	rovisi	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e this										Si	ignature of	Candida	ite			-
	day of ———							_					Printed	Name				-
	Signa	ature						-										_
My Commission Exp	ires												Email					
	MC	0	D/	AY	YR	l		_		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		
WAGNER,SCOTT R	From:	11/27/201	<u>8</u> To:	12/31/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	y 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	J 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
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 o	r Candidate		Rep Fro	oorting P	eriod	To	o:	
			l		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			Rep	orting Pe	riod			
			Froi	m:		To	):	
				D	ATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	5 4)					
Employer Name				Occupat	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 S	Summary Page,	Section	on 3.			PA:	<b>GE TOTAL</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 Candid	late		Report	ing Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description								
Enter Grand Total of Part E on Sci	nedule T. Detailed	l Summary Page.	Section	4.			I	PAGE TOTAL
and stand stands rule 2 on our	.caa.c 1, Betanet	a cannaly rage,		••			\$	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	
WAGNER,SCOTT R	From:	<u>11/27/2018</u> <b>To:</b>	12/31/2018
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	TF)		
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 Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	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

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
WAGNER,SCOTT R			From	11/2	7/2018	То:	12/31/2018
		,		DATE			AMOUNT
<b>To Whom Paid</b> Scott Wagner for Governor, I	inc		мо	DAY	YEAR		
Mailing Address 204 St. Ch	harles Way		12	31	2018	\$	5,590,500.45
City York	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17402	made t (\$5,652	o his camp 2,368.51 g	aign con ross loar	nmittee ns - \$61	net loans Wagner prior to 2018 ,868.06 on't below)
<b>To Whom Paid</b> Scott Wagner for Governor, I	inc		МО	DAY	YEAR		
Mailing Address 204 St. Ch						1	
204 St. Ci	harles Way		12	31	2018	\$	0.00
204 3t. Ci	harles Way State	Zip Code (Plus 4)					0.00
204 St. Ci	·	<b>Zip Code (Plus 4)</b> 17402	Descrip (con't f were pr Govern	otion of Exp from above	penditure e) These I closed or gn financ	loans ar	nd the repayment
204 3t. Ci	State PA		Descrip (con't f were pr Govern	otion of Exp from above roperly dis or campaig	penditure e) These I closed or gn financ	loans ar	nd the repayment s Scott Wagner for
City York  To Whom Paid Scott Wagner for Governor, I	State PA		Descrip (con't f were pi Govern 2018.	otion of Exp from above roperly dis or campaid (con't belo	penditure  These closed or gn financow)	loans ar	nd the repayment s Scott Wagner for
City York  To Whom Paid Scott Wagner for Governor, I	State PA		Descrip (con't f were po Govern 2018.	rom above roperly dis or campaid (con't belo	penditure b) These closed or gn finance bw)  YEAR  2018	loans ar n variou e report	nd the repayment s Scott Wagner for ts from 2016 thru
To Whom Paid Scott Wagner for Governor, I  Mailing Address 204 St. Ch	State PA Inc harles Way	17402	Descrip (con't f were portion of the content of the	rom above roperly dis or campaig (con't below DAY 31	year 2018 Denditure 2018 Denditure 2) Wagne ents prio 5 being i	ser was n	nd the repayment s Scott Wagner for ts from 2016 thru
To Whom Paid Scott Wagner for Governor, I  Mailing Address 204 St. Ch	State PA  Inc  harles Way  State PA	Zip Code (Plus 4)   17402	Descrip (con't f were por Govern 2018.  MO  12  Descrip (Con't f candida and thi informa	ption of Exprom above roperly dis or campaig (con't below DAY 31 ption of Exprom above ate statems amount i	year 2018 Denditure 2018 Denditure 2) Wagne ents prio 5 being i	ser was n	nd the repayment s Scott Wagner for ts from 2016 thru  0.00  oot required to file