

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		9600102		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: BENNINGHOFF FOR REPRESENTATIVE													
Street Address: 328 E. LAMB ST.													
City: BELLEFONTE						State: PA				Zip Code: 16823			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	Year 2018	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	6	2018					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						11	27	2018					
						12	31	2018					
A. Amount Brought Forward From Last Report						\$ 17,085.83							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,000.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 18,085.83							
D. Total Expenditures (From Schedule III)						\$ 6,046.65							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 12,039.18							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00							

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
BENNINGHOFF FOR REPRESENTATIVE	From: <u>11/27/2018</u> To: <u>12/31/2018</u>

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)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,000.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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

PART B

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 or Candidate	Reporting Period
	From: To:

DATE			AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
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
BENNINGHOFF FOR REPRESENTATIVE	From: <u>11/27/2018</u> To: <u>12/31/2018</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
BAYADA HOME HEALTH CARE PAC								
Mailing Address				12	26	2018		
1315 WALNUT ST. SUITE 600								
City	PHILADELPHIA	State	Zip Code (Plus 4)					
		PA	191074726					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,000.00

PART D
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	Reporting Period
	From: To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E 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	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
BENNINGHOFF FOR REPRESENTATIVE		From: <u>11/27/2018</u> To: <u>12/31/2018</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							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:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
BENNINGHOFF FOR REPRESENTATIVE	From <u>11/27/2018</u> To: <u>12/31/2018</u>

DATE				AMOUNT
To Whom Paid IHOP	MO	DAY	YEAR	
Mailing Address 1661 S. ATHERTON ST.	12	1	2018	\$ 25.21
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16801	Description of Expenditure CAMPAIGN MEETING LUNCH	
To Whom Paid THE WARICK HOTEL	MO	DAY	YEAR	
Mailing Address 65 W. 54TH ST.	12	2	2018	\$ 1,349.61
City NEW YORK	State NY	Zip Code (Plus 4) 10019	Description of Expenditure POLITICAL EVENT-LODGING-KERRY BENNINGHOFF	
To Whom Paid THE WARICK HOTEL	MO	DAY	YEAR	
Mailing Address 65 W. 54TH ST.	12	2	2018	\$ 1,349.61
City NEW YORK	State NY	Zip Code (Plus 4) 10019	Description of Expenditure POLITICAL EVEN-LODGING-BOB NYE	
To Whom Paid PHOENIX FUNDRAISING PARTNERS, LLC	MO	DAY	YEAR	
Mailing Address 2601 N. FRONT ST.	12	10	2018	\$ 1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure FUNDRAISING CONSULTING-DECEMBER RETAINER	
To Whom Paid ALECO'S CAFE & RESTAURANT	MO	DAY	YEAR	
Mailing Address 714 N. 3RD ST.	12	10	2018	\$ 38.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure GOPAC LUNCH MEETING	

To Whom Paid GILLIGANS BAR & GRILL			MO	DAY	YEAR	
Mailing Address 987 EISENHOWER BLVD.			12	18	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure POST ELECTION THANK YOU LUNCHEON			

To Whom Paid RUBICON			MO	DAY	YEAR	
Mailing Address 270 NORTH ST.			12	18	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure HARRISBURG EVENT			

To Whom Paid CENTRE COUNTY GAZETTE			MO	DAY	YEAR	
Mailing Address 403 S. ALLEN ST.			12	29	2018	
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16801	Description of Expenditure AD			

To Whom Paid LUNA 2			MO	DAY	YEAR	
Mailing Address 2609 E. COLLEGE AVE.			12	29	2018	
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16801	Description of Expenditure CANDIDATE RECRUITMENT			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 6,046.65

