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 2014	0264			Report		CA	NDI	DATE		COMN	AITTEE	Y	LUB	D1131		
Name of Filing C	ommittee, Candida	ate or L	obbyist:	Ī	REFORM	1 PA I	PAC										
Street Address:	PO BOX 141																
City:	MANCHESTER						State: PA					Zip Code: 17345					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	POST- 3.		AMENDMENT REPORT?		Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/		F	POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7. X	Year 2018				NG MI					PAPER		V	DISKE	TTE	
Name of Office S	ought by Candidat	te:			-		DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Pa	rty Code	County Code	
							МО		DAY	YE	AR						
				_				11		6	2018		(SEE IN	STRUCTI	ONS FOR O	CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
			11 27	20)18 T	0		12	3	31	2018						
A. Amount Bro	ught Forward Fron	1 Last R	eport			\$					291.07						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sched	lule I)	\$				10,0	00.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				10,2	291.07						
D. Total Expend	ditures (From Sche	edule II	I)			\$				9,3	371.13						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				9	14.94						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$			4	108,0	63.55			'			
				AFF:	[DAVI	T SE	CTI	NC									
I swear (or affirm)	that this report, incl		_						-		_		f my kno	wledge	and belie	ef , true	
Sworn to and subs	ete. cribed before me this																
	day of		20			-					ignature	of Perso	n Submit	ting Ke	port		
	Signatu	re				-						Prin	ted Name	В			
My Commission Ex	·					_						Ema					
	МО		AY	YR						a Cod	le	Daytin	ie Teleph	none Nu	ımber		
	a report of a cand				•						y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	
,	ribed before me this										C :	ignature (of Candid	ate			
	day of		20			_						-ynature	J. Canulu				
	<u> </u>					_						Printe	d Name				
My Commission Exp	Signature ires											Ema	il				
	МО	D	AY	YR		_			Area	Code		D	aytime T	elepho	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period								
REFORM PA PAC	From:	11/27/20	<u>18</u> To:	12/31/2018						
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)			\$	5,000.00						
All Other Contributions (Part D)			\$	5,000.00						
TOTAL for the Reporting	Period	(3)	\$	10,000.00						
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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	10,000.00						

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period						
		F	rom:		То	I				
		•		DATE			AMOUNT			
Full Name of Contributing Committee			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

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 Commi	tee or Candidate		Rep	oorting P	eriod			
			Fro	m:		To) :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
							1	
Mailing Address							\$	0.00
Mailing Address City	State	Zip Code (Plus	4)				\$	0.00

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

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							
REFORM PA PAC	From:	11/27/2018	То:	12/31/2018				

DATE AMOUNT

Full Name of Contributing Committee	мо	DAY	YEAR			
SCOTT WAGNER FOR SENATE				2711	1 LAIR	\$ 5,000.00
Mailing Address PO BOX 141				2	2018	. 5,525.25
City MANCHESTER	State	Zip Code (Plus 4)	-	_	2010	
	PA	17345				

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

PAGE TOTAL \$ 5,000.00

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.)

		Rep	orting Pe	riod			
		Froi	n:	11/27/2	018 To):	12/31/2018
			D#	ATE		A	AMOUNT
			МО	DAY	YEAR	\$	5,000.00
						*	3,000.00
LANE			4	13	2018		
State	Zip Code (Pl	us 4)] '	15	2010		
PA	17406					l	
			Occupat	ion	OWNER		
e of Business	City			State		Zip Co	de (Plus 4)
	YORK			PA		17404	
dule I, Detailed Su	ımmary Pag	e, Section	on 3.				PAGE TOTAL 5,000.00
	PA e of Business	PA 2ip Code (Please PA 17406 e of Business City YORK	LANE State PA 17406 e of Business City YORK	From: DA MO LANE State Zip Code (Plus 4) PA 17406 Occupate of Business City	DATE	From: 11/27/2018 To	From: 11/27/2018 To:

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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary Page,	Section	4.			\$	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	
REFORM PA PAC	From:	<u>11/27/2018</u> To:	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	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 Car	Reporting Period							
	From:		To	То:				
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
REFORM PA PAC	From	11/27/2018	То:	12/31/2018

				DATE		AMOUNT					
To Whom Paid			MO	DAY	YEAR						
HAMILTON & MUSSER	МО	DAT	TEAR								
Mailing Address 176 CUMBERLAND PARKWAY				3	2018	\$	975.00				
City MECHANICSBURG State Zip Code (Plus 4)			Description of Expenditure								
	PA 17055				TAXES						
To Whom Paid			МО	DAY	YEAR						
AMANDA DAVIDSON	MO	DAT	TEAR								
Mailing Address 2555 COLDSPRING RD.			1	3	2018	\$	567.17				
City YORK State Zip Code (Plus 4)			Description of Expenditure								
	PA 17404				JANUARY FEE / PHONE REIMB						
To Whom Paid	мо	DAY	YEAR								
AMANDA DAVIDSON			110								
Mailing Address 2555 COLDSPRING RD.				25	2019	\$	567.19				
City YORK State Zip Code (Plus 4)			Description of Expenditure								
PA 17404				MONTHLY RETAINER & amp; EXPEN							
To Whom Paid			мо	DAY	YEAR						
M&T BANK											
Mailing Address 4301 N. GEORGE ST. EXT.			1	9	2018	\$	5.00				
City MANCHESTER State Zip Code (Plus 4)			Description of Expenditure								
	PA 17345			SERVICE CHARGE							
To Whom Paid			мо	DAY	YEAR						
STAPLES					,						
Mailing Address 2915 CONCORD RI	Э.		1	22	2018	\$	21.71				
City YORK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	PA	17402	TAX FORMS								
To Whom Paid			мо	DAY	YEAR						
AMANDA DAVIDSON											
Mailing Address 2555 COLDSPRING RD.			2	22	2018	\$	567.19				
City YORK State Zip Code (Plus 4)			Description of Expenditure								
City YORK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						

To Whom Paid				МО	DAY	YEAR			
AMANDA DAVIDSON						LAK			
Mailing Address 2555 COLDSPRING RD.					23	2018	\$	567.19	
City YORK State Zip Code (Plus 4)				Description of Expenditure					
		PA	17404	MONTHLY FEE & EXPENSE					
To Whom Paid				мо	DAY	YEAR			
AMANDA DAVID	SON			МО		ILAK			
Mailing Address 2555 COLDSPRING RD.			4	13	2018	\$	567.19		
City YORK		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17404	RETAINER & amp; FEE					
To Whom Paid					DAY	YEAR			
AMANDA DAVIDSON							_	F67.40	
Mailing Address	2555 COLDSPRING	RD.		5	29	2018	\$	567.19	
City YORK		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17404	RETAIN	ER &	FEE			
To Whom Paid AMANDA DAVID	SON			мо	DAY	YEAR			
Mailing Address	2555 COLDSPRING	RD.		6	25	2018	\$	568.46	
City YORK State Zip Code (Plus 4)			Description of Expenditure						
		PA	17404	FEE & REIMBURSEMENT					
To Whom Paid				мо	DAY	YEAR			
AMANDA DAVID	SON			М		IZAK			
Mailing Address	2555 COLDSPRING	RD.		7	26	2018	\$	567.34	
City YORK		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17404	FEE & REIMBURSEMENT					
To Whom Paid				МО	DAY	YEAR			
USPS				М		IZAK			
Mailing Address	15 MANCHESTER S	т.		8	7	2018	\$	74.00	
City MANCHE	STER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17345	РО ВОХ	RENEWAL	-			
To Whom Paid				МО	DAY	YEAR			
AMANDA DAVID	SON								
Mailing Address	2555 COLDSPRING	RD.		8	24	2018	\$	554.63	
City YORK		State	Zip Code (Plus 4)	Description of Expenditure					
	PA 17404				MONTHLY FEE & amp; EXPENSE				
To Whom Paid				МО	DAY	YEAR			
M&T BANK					LAK				
Mailing Address	4301 N. GEORGE S	T. EXT		4	9	2018	\$	5.00	
City MANCHE	ESTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17345	SERVICE CHARGE					

To Whom Paid										
				мо	DAY	YEAR				
AMANDA DAVIDSON					DA.	ILAK				
Mailing Address 2555 COLDSPRING RD.					3	2018	\$		1,109.26	
City YORK	State	State Zip Code (Plus 4)		Descript	ion of Exp	enditure				
	PA 17404			OCT./NOV & REIMBURSEMENTS						
To Whom Paid				мо	DAY	YEAR				
AMANDA DAVIDSON										
Mailing Address 2555 COLDSPRING RD.				10	24	2018	\$		218.96	
City YORK	State	Zip (Code (Plus 4)	Description of Expenditure						
	PA	1740	04	EXPENS						
To Whom Paid				мо	DAY	YEAR				
HAMILTON & amp; MUSS	SER									
Mailing Address 2555	COLDSPRING RD.			11	2	2018	\$		1,100.00	
City YORK	State	Zip (Code (Plus 4)	Description of Expenditure						
PA 17404				TAXES PREP						
To Whom Paid				мо	DAY	YEAR				
BMD DESIGN										
Mailing Address 125 SOUTH CAMP ST.				11	2	2018	\$		201.46	
City WINDSOR	State	Zip (Code (Plus 4)	Description of Expenditure						
	PA	1736	66	\EB	CTINC					
		1/3	00	WEB HC	STING					
To Whom Paid		173	00			YEAR				
	I FA	1731	00	MO MEB HC	DAY	YEAR				
AMANDA DAVIDSON	COLDSPRING RD.	173				YEAR 2018	\$		567.19	
AMANDA DAVIDSON			Code (Plus 4)	MO 11	DAY	2018	\$		567.19	
AMANDA DAVIDSON Mailing Address 2555	COLDSPRING RD.		Code (Plus 4)	MO 11 Descript	DAY 2	2018 enditure			567.19	
AMANDA DAVIDSON Mailing Address 2555	COLDSPRING RD. State	Zip (Code (Plus 4)	MO 11 Descript MONTHI	DAY 2 cion of Exp Y FEE &ar	2018 enditure mp; EXPE			567.19	
AMANDA DAVIDSON Mailing Address 2555 City YORK To Whom Paid	COLDSPRING RD. State	Zip (Code (Plus 4)	MO 11 Descript	DAY 2 cion of Exp	2018 enditure				
AMANDA DAVIDSON Mailing Address 2555 City YORK To Whom Paid M&T BANK	COLDSPRING RD. State	Zip (Code (Plus 4)	MO 11 Descript MONTHI	DAY 2 cion of Exp Y FEE &ar	2018 enditure mp; EXPE				
AMANDA DAVIDSON Mailing Address 2555 City YORK To Whom Paid M&T BANK Mailing Address 4301	COLDSPRING RD. State PA	Zip (Code (Plus 4)	MO 11 Descript MONTHI MO 12	DAY 2 tion of Exp Y FEE &ar	2018 enditure mp; EXPE YEAR 2018	NSES			
AMANDA DAVIDSON Mailing Address 2555 City YORK To Whom Paid M&T BANK Mailing Address 4301	COLDSPRING RD. State PA N. GEORGE ST. EXT.	Zip (Code (Plus 4) 04 Code (Plus 4)	MO 11 Descript MONTHI MO 12	DAY 2 cion of Exp Y FEE &ar DAY 10 cion of Exp	2018 enditure mp; EXPE YEAR 2018	NSES		567.19 5.00	
AMANDA DAVIDSON Mailing Address 2555 City YORK To Whom Paid M&T BANK Mailing Address 4301 City MANCHESTER	COLDSPRING RD. State PA N. GEORGE ST. EXT. State	Zip (174(Zip (1734	Code (Plus 4) Code (Plus 4) 45	MO 11 Descript MONTHI MO 12 Descript SERVICE	DAY 2 cion of Exp Y FEE &ar DAY 10 cion of Exp	2018 enditure mp; EXPE YEAR 2018	NSES	PAGE		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period						
REFORM PA PAC			From:	<u>11/27/2018</u> To:				12/31/2018	
					DATE			Outstanding Salance of Debt	
Name of Creditor SCOTT WAGNER					DAY	YEAR			
Mailing Address PO BOX 1627				12	31	2018	\$	408,063.55	
City YORK	State	Zip Code (F	Plus 4)	Description of Debt					
	PA	17402		LOANS					
								PAGE TOTAL	
Enter Grand Total of Unpaid Deb	ts on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	408,063.55	