Campaign Finance Report

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

Filer Identificat	ion 2014	0277			Repor Filed		CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST	
	Committee, Candida	ate or Lo	obbyist:			-	DR PERRY	/							
Street Address:	PO BOX 633														
City:	NEW CUMBER	LAND					State:	PA			Zip Co	de: 17	070		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 DA PRIM		POST-	3.		AMENDI REPORT		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 DA ELEC	AY I TION	POST- 6.			TERMIN REPORT		Yes	No) 🗸
report type)	ANNUAL REPORT	7.	Year 2019				NG METH				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	te:					DATE O	F ELE	CTIC	N	District Number		Par	ty Code	County Code
							мо	DAY	YI	EAR					
							11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		4 2	2	019	О	5	1	6	2019	_				
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			50,6	565.11					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5		191,	164.31					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$;	:	241,8	829.42					
D. Total Expen	ditures (From Sche	edule II	[)			\$			49,8	379.58					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$	5	1	91,9	949.84					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$;			0.00	1				
G. Unpaid Deb	ts And Obligations	(From S	chedule I\	/)		\$	\$ 0.00								
				AFF	IDAV	IT SE	CTION								
PART I - If this i	s a Committee repo	ort, trea	surer sign	here.	If this i	s a Ca	ndidate re	eport, c	andi	date sig	gn here.				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedule	s filed or	paper	or by elect	ronic me	edium	, are to f	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	1	20						5	Signature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				_					Prir	ited Name			
My Commission E	-										Ema	nil			
	мо	DA	AY	YR				Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee, (Candid	late shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and bel	ief this	political	comm	nittee has n	iot violat	ted ar	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	cribed before me this day of		20							s	ignature	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signature					_					Ema	nil			
	мо	D/	AY	YR	1	_		Area	Code		D	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PATRIOTS FOR PERRY From: <u>4/2/2019</u> **To:** <u>5/6/2019</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			Re	porting I	Period			
			Fro	om:		То	•	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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 Candidat	e			orting P	eriod				
			Fro	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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 Candic	late		Reporting	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	0.00

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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 C	andidate		Report	ting Perio	bd				
						То:	÷		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	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 Period		
PATRIOTS FOR PERRY	From:	<u>4/2/2019</u> то:	<u>5/6/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
F						То:	
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

SCHEDULE II PART G **IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Re	porting I	Period			
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		1		Occupation					
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det			taile	ed				PAGE TOTAL		
Summary Page, Section 3.	•									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ž		Reporti	ng Period			
PATRIOTS FOR PERRY			From	<u>4/2</u>	2/2019	То:	<u>5/6/2019</u>
				DATE			AMOUNT
To Whom Paid FRIENDS OF TIMOTHY L. DIFOOR			мо	DAY	YEAR		
Mailing Address 4265 LINGLESTOW	N RD. STE 207		1	14	100.00		
City HARRISBURG	State PA	Zip Code (Plus 4)		otion of Exp EDERAL CC			
To Whom Paid FRED KELLER FOR CONGRESS - PA 12			мо	DAY	YEAR		
Mailing Address 23 NORTH DERR DF	R SUITE 2		3	27	2019	\$	2,000.00
City LEWISBURG	State PA	Zip Code (Plus 4) 17837		ntion of Exp		I	
To Whom Paid ALL OTHER DISBURSEMENTS			мо	DAY	YEAR		
Mailing Address			5	6	2019	\$	47,779.58
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure	1	
Enter Grand Total of Expenditures	on Page 1 Penort (Cover Page Item I	<u>.</u>				PAGE TOTAL
	on rage 1, Report	cover rage, item i	5.			\$	49,879.58