

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 :		20160278		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: PA CAMPGROUND OWNERS ASSOCIATION (PCOA PAC)												
Street Address: 200 NORTH THIRD STREET,SUITE 1500												
City: HARRISBURG						State: PA			Zip Code: 17101			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	3	2020				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		3	10	2020		5	18	2020				
A. Amount Brought Forward From Last Report						\$			7,791.20			
B. Total Monetary Contributions And Receipts (From Schedule I)						\$			4,079.00			
C. Total Funds Available (Sum Of Lines A and B)						\$			11,870.20			
D. Total Expenditures (From Schedule III)						\$			2,102.36			
E. Ending Cash Balance (Subtract Line D From Line C)						\$			9,767.84			
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
PA CAMPGROUND OWNERS ASSOCIATION (PCOA PAC)	From: <u>3/10/2020</u> To: <u>5/18/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 1,904.00

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)	\$ 1,675.00
TOTAL for the Reporting Period (2)	\$ 1,675.00

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)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 500.00

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.)	\$ 4,079.00
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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 PA CAMPGROUND OWNERS ASSOCIATION (PCOA PAC)				Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>			
				DATE		AMOUNT	

Full Name of Contributor WRIGHT, SANDRA			MO	DAY	YEAR	\$ 200.00
Mailing Address 1172 ROVER RD P O BOX 118			3	26	2020	
City SAXTON	State PA	Zip Code (Plus 4) 16678				

Full Name of Contributor WINEMAN, MARK			MO	DAY	YEAR	\$ 225.00
Mailing Address 8628 MIOLA RD			2	7	2020	
City LUCINDA	State PA	Zip Code (Plus 4) 16235				

Full Name of Contributor STARNER, JARON			MO	DAY	YEAR	\$ 100.00
Mailing Address 6460 SALEM RUN RD			2	7	2020	
City DOVER	State PA	Zip Code (Plus 4) 17315				

Full Name of Contributor SEARL, BRIAN			MO	DAY	YEAR	\$ 100.00
Mailing Address 2515 JAY AVE, #102			2	7	2020	
City CLEVELAND	State OH	Zip Code (Plus 4) 44113				

Full Name of Contributor QUIGLEY, KATHY			MO	DAY	YEAR	\$ 100.00
Mailing Address 449 CAMPGROUND RD			3	26	2020	
City HARRISVILLE	State PA	Zip Code (Plus 4) 16038				

Full Name of Contributor MAXWELL, KEVIN			MO	DAY	YEAR	\$ 150.00
Mailing Address 40 ROUND BARN RD			5	13	2020	
City NEWMANSTOWN	State PA	Zip Code (Plus 4) 17073				

Full Name of Contributor IRENE M FEERRAR			MO	DAY	YEAR	\$ 150.00
Mailing Address 5197 LINCOLN HIGHWAY			5	13	2020	
City GAP	State PA	Zip Code (Plus 4) 17527				

Full Name of Contributor HUSTON, DOUGLAS H			MO	DAY	YEAR	\$ 100.00
Mailing Address 626 CROSS RD			1	13	2020	
City ROCKWOOD	State PA	Zip Code (Plus 4) 15557				

Full Name of Contributor DONALD R GEORGE			MO	DAY	YEAR	\$ 100.00
Mailing Address 735 57 DRIVE			5	5	2020	
City PALMERTON	State PA	Zip Code (Plus 4) 18071				

Full Name of Contributor CARL E WILLIS, SR			MO	DAY	YEAR	\$ 150.00
Mailing Address 110 ARNIE WAY			4	29	2020	
City STROUDSBURG	State PA	Zip Code (Plus 4) 18360				

Full Name of Contributor BLANKENSHIP, HEATHER			MO	DAY	YEAR	\$ 100.00
Mailing Address 3404 WHALEY DR.			2	7	2020	
City PIGEON FORGE	State TN	Zip Code (Plus 4) 37863				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
BAUM, BOB						
Mailing Address 5051 PURE HILL RD			2	7	2020	
City DOVER	State PA	Zip Code (Plus 4) 17315				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
AMMARY, JONATHAN						
Mailing Address 1435 GERMANS RD			2	7	2020	
City LEHIGHTON	State PA	Zip Code (Plus 4) 18235				

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

PAGE TOTAL
\$ 1,675.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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 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 PA CAMPGROUND OWNERS ASSOCIATION (PCOA PAC)	Reporting Period From: <u>3/10/2020</u> To: <u>5/18/2020</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
BAUM, LESLIE							
Mailing Address 1638 MARSHALLS CREEK RD				3	26	2020	\$ 500.00
City EAST STROUDSBURG	State PA	Zip Code (Plus 4) 18302					
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
\$ 500.00

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:

			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	
PA CAMPGROUND OWNERS ASSOCIATION (PCOA PAC)		From: <u>3/10/2020</u> To: <u>5/18/2020</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 RECIEVED - 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
PA CAMPGROUND OWNERS ASSOCIATION (PCOA PAC)	From <u>3/10/2020</u> To: <u>5/18/2020</u>

DATE				AMOUNT		
To Whom Paid PAYPAL			MO	DAY	YEAR	\$ 0.59
Mailing Address 1122 NORTH FIRST STREET			1	31	2020	
City SAN JOSE	State CA	Zip Code (Plus 4) 95131	Description of Expenditure PROCESSING FEE			
To Whom Paid FRIENDS OF PETER SCHWEYER			MO	DAY	YEAR	\$ 300.00
Mailing Address PO BOX 11466			2	4	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CAMPAIGN CONTRIBUTION			
To Whom Paid PAYPAL			MO	DAY	YEAR	\$ 0.59
Mailing Address 1122 NORTH FIRST STREET			3	2	2020	
City SAN JOSE	State CA	Zip Code (Plus 4) 95131	Description of Expenditure PROCESSING FEE			
To Whom Paid FRIENDS OF MARY ISAACSON			MO	DAY	YEAR	\$ 250.00
Mailing Address 714 NORTH 3RD STREET			3	4	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Description of Expenditure CAMPAIGN CONTRIBUTION			
To Whom Paid BENNINGHOFF FOR REPRESENTATIVE COMMITTEE			MO	DAY	YEAR	\$ 500.00
Mailing Address 2601 N FRONT ST STE 101			3	4	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid FRIENDS OF GARY DAY			MO	DAY	YEAR	\$ 250.00
Mailing Address 5934 MEMORIAL ROAD			3	12	2020	
City GERMANSVILLE	State PA	Zip Code (Plus 4) 18053	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid JAY COSTA JR. FOR STATE SENATE			MO	DAY	YEAR	\$ 500.00
Mailing Address 314 NEWPORT ROAD			3	12	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15221	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid FRIENDS OF KAREN BOBACK			MO	DAY	YEAR	\$ 300.00
Mailing Address 409 UPPER DEMUNDS RD			3	12	2020	
City DALLAS	State PA	Zip Code (Plus 4) 18612	Description of Expenditure CAMPAIGN CONTRIBUTION			

To Whom Paid PAYPAL			MO	DAY	YEAR	\$ 0.59
Mailing Address 1122 NORTH FIRST STREET			4	6	2020	
City SAN JOSE	State CA	Zip Code (Plus 4) 95131	Description of Expenditure PROCESSING FEE			

To Whom Paid PAYPAL			MO	DAY	YEAR	\$ 0.59
Mailing Address 1122 NORTH FIRST STREET			4	29	2020	
City SAN JOSE	State CA	Zip Code (Plus 4) 95131	Description of Expenditure PROCESSING FEE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,102.36

