

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 :		20140011		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: AUMENT FOR SENATE												
Street Address: PO BOX 194												
City: LANDISVILLE						State: PA			Zip Code: 17538-0194			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	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			
		5	19	2020		6	22	2020				
A. Amount Brought Forward From Last Report						\$ 91,523.67						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,500.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 93,023.67						
D. Total Expenditures (From Schedule III)						\$ 12,932.54						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 80,091.13						
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
AUMENT FOR SENATE	From: <u>5/19/2020</u> To: <u>6/22/2020</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)	\$ 1,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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.)	\$ 1,500.00
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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
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			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 AUMENT FOR SENATE	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)				MO	DAY	YEAR	\$ 500.00
Mailing Address 30 NORTH THIRD STREET STE 600 PO BOX 8600				6	10	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee K&L GATES LLP				MO	DAY	YEAR	\$ 500.00
Mailing Address 210 6TH AVE				6	10	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222-2602					
Full Name of Contributing Committee BUCHANAN INGERSOLL& ROONEY COM EFF STATE GVT				MO	DAY	YEAR	\$ 500.00
Mailing Address 501 Grant Street				6	10	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219					

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

PAGE TOTAL
\$ 1,500.00

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:

			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	
AUMENT FOR SENATE		From: <u>5/19/2020</u> To: <u>6/22/2020</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
AUMENT FOR SENATE	From <u>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT
To Whom Paid LNP Group	MO	DAY	YEAR	
Mailing Address 8 W. King St.	5	28	2020	\$ 9.95
City Lancaster	State PA	Zip Code (Plus 4) 17608	Description of Expenditure Administrative	
To Whom Paid Apple	MO	DAY	YEAR	
Mailing Address 1 Infinite Loop	5	31	2020	\$ 0.99
City Cupertino	State CA	Zip Code (Plus 4) 95014	Description of Expenditure Administrative	
To Whom Paid S'more Space Storage	MO	DAY	YEAR	
Mailing Address 581 Stoney Battery Road	6	1	2020	\$ 181.26
City Lancaster	State PA	Zip Code (Plus 4) 17601	Description of Expenditure Administrative	
To Whom Paid Verizon Wireless	MO	DAY	YEAR	
Mailing Address 142 Park City Center	6	2	2020	\$ 267.77
City Lancaster	State PA	Zip Code (Plus 4) 17601	Description of Expenditure Administrative	
To Whom Paid Hempfield Youth Association	MO	DAY	YEAR	
Mailing Address Box 152	6	3	2020	\$ 500.00
City Landisville	State PA	Zip Code (Plus 4) 17538	Description of Expenditure Contribution	

To Whom Paid Constant Contact			MO	DAY	YEAR	\$ 74.20
Mailing Address 1601 Trapelo Road			6	4	2020	
City Waltham	State MA	Zip Code (Plus 4) 02431	Description of Expenditure Administrative			

To Whom Paid Google Inc			MO	DAY	YEAR	\$ 50.88
Mailing Address 1600 Amphitheatre Pkwy			6	4	2020	
City Moutain View	State CA	Zip Code (Plus 4) 94043	Description of Expenditure Administrative			

To Whom Paid Fine Wine & Good Spirits			MO	DAY	YEAR	\$ 256.45
Mailing Address Centerville Square			6	5	2020	
City Lancaster	State PA	Zip Code (Plus 4) 17601	Description of Expenditure Campaign Expense			

To Whom Paid Engle Printing			MO	DAY	YEAR	\$ 197.93
Mailing Address 1100 Corporate Drive			6	15	2020	
City Lancaster	State PA	Zip Code (Plus 4) 17601	Description of Expenditure Advertising			

To Whom Paid West Fallowfield Christian School			MO	DAY	YEAR	\$ 1,200.00
Mailing Address 795 Fallowfield Road			6	15	2020	
City Atglen	State PA	Zip Code (Plus 4) 19301	Description of Expenditure Contribution			

To Whom Paid Engle Printing			MO	DAY	YEAR	\$ 155.00
Mailing Address 1100 Corporate Drive			6	15	2020	
City Lancaster	State PA	Zip Code (Plus 4) 17601	Description of Expenditure Advertising			

To Whom Paid Salad Works			MO	DAY	YEAR	\$ 38.11
Mailing Address 584 Centerville Road			6	19	2020	
City Lancaster	State PA	Zip Code (Plus 4) 17601	Description of Expenditure Meals			

To Whom Paid Committee to Elect Dan Laughlin			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 4619 Autumnwood Trail			6	19	2020	
City Erie	State PA	Zip Code (Plus 4) 16506	Description of Expenditure Contribution			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 12,932.54

