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 9900	0041				port ed B		CAN	DII	DATE		COMN	1ITTEE	✓	LOB	BYIS	ST	
Name of Filing C	Committee, Candid	ate or L	obbyist:														•	
Street Address:																		
City:	HARRISBURG							State:		PA			Zip Cod	le: 17	7110-9	9602		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY					ARY	P	POST- 3.			AMENDM REPORT?	Yes]	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA	AY PRI	E-	5.	30 DA		P	OST-	6.		TERMINA REPORT?	Yes	1	No	\	
report type)	ANNUAL REPORT	7.	Year 2008					IG MET					PAPER		V	DIS	KETTE	
Name of Office S	Sought by Candida	te:	_					DATE	0	F ELE	CTIC	N N	District Number	Office Code	Pa	rty Co	ode Co	
	- ,							МО		DAY	YI	EAR		10000			190	
									11		4	2008		(SEE IN	STRUCT	IONS F	OR CODE	ES)
	Receipts and	МО	DAY	YEAR	≀			МО		DAY	Y	EAR	FO	R OFFI	CE USI	E ON	LY	
Expenditures	from:		1 1	2	800	T	0		9		15	2008						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$					15.84						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$				34,0	043.74						
C. Total Funds Available (Sum Of Lines A and B)							\$				34,0	059.58						
D. Total Expend	ditures (From Sch	edule II	I)				\$				32,9	35.99						
E. Ending Cash Balance (Subtract Line D From Line C)							\$				1,1	23.59						
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	Schedu	le II	I)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule I\	V)			\$					0.00			•			
				AFF	FID/	AVI	T SE	CTIO	N									
	s a Committee rep	-	_									_						
I swear (or affirm)) that this report, inc ete.	luding the	e attached so	chedule	s file	d on	paper	or by ele	ectr	onic m	edium	, are to t	he best of	my kno	wledge	and	belief ,	true
Sworn to and subs	cribed before me this day of	5	20						•		S	Signature	of Perso	Submit	ting Re	port		_
	Signatu	ıre					-		•				Print	ted Name	e			_
My Commission Ex	cpires						_		-				Emai	I				_
	МО	D	AY	YR						Are	ea Coo	le	Daytim	e Teleph	one N	umbe	r	
Part II- If this is	a report of a cand	didate's	authorized	l Comr	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and bel	ief this	poli	tical	comm	ittee ha	s no	ot viola	ted ar	y provisi	ions of the	act of J	une 3,1	L937 ((P.L. 13	33,
Sworn to and subsc	ribed before me this day of		20									Si	ignature o	f Candid	ate			_
			_ 20				-						Printe	d Name				—
My Commission F	Signature						-		-				Emai	iI				-
My Commission Exp							_							- -				_
	МО	D	AY	YR	2					Area	Code		Da	ytime T	elepho	ne Nı	ımber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
	From:	1/1/200	<u>8</u> To:	9/15/2008
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	33,885.16
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)	\$	158.58		
TOTAL for the Reporting	Period	(2)	\$	158.58
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)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	34,043.74

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	:			
				DATE			AMOUNT		
Full Name of Contributing Committee				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 Committee	Name of Filing Committee or Candidate					Reporting Period						
	From:	rom: <u>1/1/2008</u>			o: <u>9/15/2008</u>							
				DATE			AMOUNT					
Full Name of Contributor			мо	DAY	YEAR							
JOHN HAMMOND			1-10	DAI	ILAK							
Mailing Address						\$	65.66					
City POTTSVILLE	State	Zip Code (Plus 4)	5	23	2008							
	PA	17901										
Full Name of Contributor			МО	DAY	YEAR							
GARY SANDERSON			140	DAI	ILAK							
Mailing Address						\$	92.92					
City LANCASTER	State	Zip Code (Plus 4)	7	3	2008							
	PA	17603										

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

PAGE TOTAL \$ 158.58

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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							- \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	age, Sectio	on 3.			\$	0.00			

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.)

ame of Filing Committee or Candidate				Rep	Reporting Period							
				Fror	om: To:							
					D	ATE		AI	MOUNT			
Full Name of Contributor					мо	DAY	YEAR	\$	0.00			
Mailing Address												
City	State	Zi	p Code (Plus	4)								
Employer Name	,				Occupa	tion						
Employer Mailing Address/Principal Place of Business City						State	Zip Code (Plus 4)					
Enter Grand Total of Part C on S	Schedule I, Detail	ed Sumn	mary Page,	Section	on 3.			P \$	AGE TOTAL 0.00			

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	Name of Filing Committee or Candidate			porting Period						
			From:			To:				
				C	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.00		
Mailing Address							7			
City	State	Zip Code (F	Plus 4)							
Receipt Description	.	•		•	•	•				
Embay Cyand Tatal of Days	. F. a.v. Cabadula I. Datailad	Commence Dame	Castian	4				PAGE TOTAL		
enter Grand Total of Part	E on Schedule I, Detailed	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 Period	ļ								
	From:	<u>1/1/2008</u> To:	<u>9/15/2008</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	eriod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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	ndidate		Reporting Period					
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor	МО	DAY	YEAR					
Mailing Address						7 \$	C	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 Sum	mary Pa	ary Page, PAGE TOTAL			
Section 2.						\$	0	.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Reporting 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	Occupation						
Employer Mailing Address/Principal Place of Business			ty	Stat	e Zi _l	p Code(Plus 4)	Descr	Description of Contribution				
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		