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 2003	3194				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST	
Name of Filing C	ommittee, Candid	late or L	obbyist:	•	PAD	F PA	AC						_			
Street Address:	200 N 3RD S	T STE 1!	500													
City:	HARRISBURG	; 						State:	PA			Zip Cod	le: 1	7101-1	585	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- [2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7. X	Year 2009 FILING METHOD () CHECK ONE									PAPER			DISKE	TTE
Name of Office S	- Sought by Candida	ıte:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YE	AR			•		
								11		3	2009		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY Y	/EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	trom:		1 1	20	009	Т	0	12		31	2009					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			4,7	785.15					
B. Total Monet	ary Contributions	And Rec	eipts (From §	Sche	dule	eI)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			4,7	785.15					
D. Total Expend	ditures (From Sch	edule II	I)				\$			1,6	56.65					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			3,1	28.50					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedul	le II	[)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1		
				AFF	IDA	٩VI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f thi	is is	a Can	didate r	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sche	dules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	f , true
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signati	ıre					-					Prin	ted Name	е		
My Commission Ex	xpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Telepl	none Nu	mber	
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								S	ignature o	of Candid	ate		
							-					Printe	d Name			
My Commission Exp	Signature						-					Ema	il			
•							-									
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PADF PAC	From:	1/1/200	<u>9</u> To:	12/31/2009
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)			\$	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			\$	0.00

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					
				From:		То	:			
			'		DATE			AMOUNT		
Full Name of Contributing (Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	S	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.

Name of Filing Comn	nittee or Candidate	Re	eporting F	Period			
		Fr	om:		To	o :	
				DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						l	
			<u> </u>				PAGE TOTAL

7/3/2025 4:25:45 AM

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:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							+	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		A	MOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion	-	-	
Employer Mailing Address/Principal Place	e of Business	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	ummary Page,	Section	on 3.				PAGE 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Caatle					PAGE TOTAL
Enter Grand Total of Part I	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		
PADF PAC	From:	<u>1/1/2009</u> To:	<u>12/31/2009</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
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 Candi	Reporting Period						
			From:			To:	
				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 on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
PADF PAC			From	<u>1/:</u>	1/2009	То:	12/31/2009
				AMOUNT			
To Whom Paid			МО	DAY	YEAR		
MCCALL CAMPAIGN COMMITTE	<u> </u>		HO	DA.	IEAR		
Mailing Address			11	24	2009	\$	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	.1	
	PA		CONTRI				
To Whom Paid BENNINGHOFF CAMPAIGN COI	MMITTEE		МО	DAY	YEAR		
Mailing Address			11	24	2009	\$	300.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	<u>l</u> enditure		
	PA		CONTRI	IBUTION			
To Whom Paid MATZIE CAMPAIGN COMMITTE	E		МО	DAY	YEAR		
Mailing Address			11	24	2009	\$	300.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	<u>l</u> enditure	<u>.L</u>	
	PA		CONTRI	IBUTION			
To Whom Paid			МО	DAY	YEAR		
FULTON BANK							
Mailing Address			12	9	2009	\$	56.65
City HBG	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

1,656.65