

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

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Filer Identificati Number	on	N/A		ort F ark X	iled B	γ	Ca	ndida	ite			Co	mm	ittee			X		Lobb	yist	
Name of Filing (Lobbyist	Committee, Ca	ndidate or	Friends of Bill Cluck																		
Street Address		7.74.4	Post	Post Office Box 53																	
City	Harrisbur	g	<u> </u>		Sta	ate	PA		Zip Code		17108										
Type of Report (Place x under report type)					•	•				<u>,</u>											
1- 6 th Tuesday	a and err	3- 30 Day Post		h Tura	reday	F 7	nd Fr	lateur	6- 30	Day	Doct	7	Ann	eral.	Smo	cial 3 ⁽	^{id} Frida	250	Speci	-120	Denu
Pre-Primary	2- 2" Friday Pre-Primary	3-30 Day Post Primary	Pre-		3			ction	Electi		rust		Maki	i i i i i		Electi		ay.	Post-		-
	\boxtimes																		les		
Date Of Election (MM/DD/YYYY)		05/19/2015	Yea	Year						Amendment Report				Termination Report					-		
Summary of Re	celpts and	From Date	<u> </u>	Ţ	o Date	<u> </u>		•				!		For	Office	Use	Only		L		·
Expenditures		3/18/2015		-	5	/5/20)15														
A. Amount Brou	ught Forward F	rom Last Repor	t	\$		0	artendar mellemelle a Record				.,							-	<u></u>		
B. Total Moneta (From Schedule	-	ons and Receipts	;	\$		1,65	0											7	CFI		'["]
C. Total Funds /	\vailable		\top	\$		1,65	0														
(Sum of Lines A D. Total Expend	<u> </u>		s																		
(From Schedule III) E. Ending Cash Balance			\$ 686.35											Hit Ha	d S		[ij			
(Subtract Line D from Line C)				963.65										107.	'Şă	á S	i.	γ,	العو بريد		
F. Value of In-Ki (From Schedule	: 11)			\$			<i>™</i>														
G. Unpaid Debt (From Schedule	_	ons		\$																	
							Affid	avit Se	ection												
Part 1- If this is a																					
I swear (or affirm	that this report	, including the atta	ched	sched	iules o	n pap	er, is	to the	best of a	my k	nowle	dge a	and b	elief t	rue, co	rrect a	nd con	nplet	ę.		
Sworn to and sub	ada. I	and the same of th	OMMO	WNC	EATT			<u>vsyl</u>	ANIA (<u> </u>	SE nature	of P	TU.	Subr	ditting	v enori		0			
	Signature		Richa	rd S.	Conkl	rial Se in III	, Not	ary Pu	blic (70	VZ	71	ne	d Nan	$\sum_{i} c_{i}$	82	d		_		
My Commission e		20 0	My.C	immc	Boro, 6 Ssion E	xpires	s Feb.	20, 20	O17, - IOTARIES	7		·	.,,,,		 32	9-1	090	8	/		
, my continuation c	MO.	DAY YR		-1414/31	CALINITA	MJJ(J	WHIL		Area Cod	te				Da	ytime 1	Teleph	one Nu	ımbe	r		
Part II- If this is a	report of a Cand	idate's Authorized	Com	nitte	e. cand	lidate	shall	sign t	iere.												
	<u> </u>	t of my knowledge								viola	ited ar	ıy pr	ovisie	ons of	the Ac	t of Ju	ne 3, 19	937 (I	P.L. 135	33, NO).320) as
Sworn to and sub	scribed before n	ne this								2	-47	A	سر.	7 A	<i>1</i>	,					
8th day of	May	20, (5		OMM	ONWEA NOT		OF PE		VANIA	2/2	/[4		2	60	v L	A. Carried Street, or other Persons and the Control of the Control	name of the second		_		
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My Commission e	Signature	16 20	LEM(My	OYNE Com	BORO. Missig	n Exp	MBER Hres	LAND Sep 11	COUNTY 37 201 7	Y		rm	nea	Name 22	8-	30 Z	27				
wiy commission e	MO.	DAY YR.	in a second		· · · ·				Area Coo	ie	3 . · ·						one Nur	mber			

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Friends of Bill Cluck			:
			** *	

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor							
Total for the reporting period (1)	١٤						
Total for the reporting period (1)	\$	50					
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	<u> </u>						
Contributions Received from Political Committees (Part A)	\$						
All Other Contributions (Part B)	\$	1,100					
Total for the reporting period (2)	\$	1,100					
3. Contributions Over \$250.00 (From Part C and Part D)							
Contributions Received from Political Committees (Part C)	\$						
All Other Contributions (Part D)	\$	500					
Total for the reporting period (3)	\$	500					
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)							
Total for the reporting period (4)	\$						
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 Page 1, Report Cover Page, Item B)	\$	1,650					

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: Friends of Bill Cluck	

Full Name of Con	tributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
	John Hook	\$	April 2, 2015		100	
House # 2425	Street Addre	SS Charleston Dr	Date [MM/DD/YYYY]	\$		
City State Colle	ge	State	Zip Code 16801	Date [MM/DD/YYYY]	\$	
Full Name of Cor				Date [MM/DD/YYYY]	\$	
	David Taln	nas		April 17, 2015		100
House # 39	Street Addre	ess Peach Lane	·	Date [MM/DD/YYYY]	\$	
City Lancaster		State PA	Zip Code 17601	Date [MM/DD/YYYY]	\$	
Full Name of Cor	300 (a a 30 a a 50 f 3 f 3 f 4			Date [MM/DD/YYYY]	\$	1
	Douglas S	chleicher		April 21, 2015		250
House #	Street Addre			Date [MM/DD/YYYY]	\$	
1835		Market Street, Suite 1	400			
City Philadelph	ıía .	State PA	Zip Code 19103	Date [MM/DD/YYYY]	\$	
Full Name of Cor	ıtributor			Date [MM/DD/YYYY]	\$	
	Eilen Meri	iwether		May 1, 2015		100
House # 216	Street Addre	Vassar Avenue		Date [MM/DD/YYYY]	\$	
	**************************************	State	Zip Code	Date [MM/DD/YYYY]	1	
City Swarthmo	re	PA PA	19081	Date (min) DDJ 11111	\$	
Swarthmo	ntributor	William .	19081	Date [MM/DD/YYYY]	\$	
Swarthmo Full Name of Cor		William .	19081			250
Swarthmo Fuil Name of Cor	ntributor		19081	Date [MM/DD/YYYY]		250
Swarthmo	Street Addre	ess ess	19081	Date [MM/DD/YYYY] April 1, 2015	\$	250
Swarthmo Full Name of Cor House #	Street Addre	ess Showers Street	Zip Code	Date [MM/DD/YYYY] April 1, 2015 Date [MM/DD/YYYY]	S	
Swarthmo Full Name of Cor House #	Street Addre	Showers Street State PA	Zip Code	Date [MM/DD/YYYY] April 1, 2015 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	S	
Swarthmo Full Name of Cor House # 587 City	Street Addre	Showers Street State PA Gilder	Zip Code	Date [MM/DD/YYYY] April 1, 2015 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	S	
Swarthmo Full Name of Cor House #	Street Addre	Showers Street State PA Gilder	Zip Code	Date [MM/DD/YYYY] April 1, 2015 Date [MM/DD/YYYY] Date [MM/DD/YYYY] April 8, 2015	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Friends of Bill Cluck	·	 t-fitteranne.

Full Name of Co	ntributor			Date [MM/DD/YYYY]	183
	George Hen	ining		April 8,2015	100
House #	Street Address			Date [MM/DD/YYYY]	\$
1415		Circleville Road			
City State Coll	ege	State PA	Zip Code 16801	Date [MM/DD/YYYY]	S
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address		•···	Date [MM/DD/YYYY]	
City	- CONTROL OF CONTROL O	State	Zip Code	Date [MM/DD/YYYY]	.
Full Name of Co	ntributor		[1000000000000000000000000000000000000	Date [MM/DD/YYYY]	Š
House #	Street Addres	S		Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
House #	Street Addres	5		Date [MM/DD/YYYY]	\$
City	1 objection to the control of the co	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor		* 10% may be the control of *	Date [MM/DD/YYYY]	
House #	Street Address	5		Date [MM/DD/YYYY]	3
City	1 supposition and	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	5	——————————————————————————————————————	Date [MM/DD/YYYY]	\$
City	L desilentes actuality	State	Zip Code	Date [MM/DD/YYYY]	Š

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

ull Name of Contributor			Date [MM/DD/YYYY] \$
Ş	Peter S. Cluck		April 5, 2015 500
House # 217	: Aridre ss Julia Lane		Date [MM/DD/YYYY] \$
City Manheim	State PA	Zip Code 17545	Date [MM/DD/YYYY] \$
Employer Name	retired		Occupation
Employer Mailing Address / Principal Place of Business		1	
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stree	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stree	t Address	A fight (Neth) 3-christman and account of the second	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			- Company of the Comp
Full Name of Contributor	494,44,44		Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

\$

\$

House #

Employer Name

Employer Mailing Address / Principal Place of Business

City

Street Address

State

Zip Code

SCHEDULE III Statement of Expenditures

Eilar Identification Number	
Filer Identification Number:	
[Tartin 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	

To Whom Paid				Date [MM/DD/YYYY]	\$			
	All Union			04/27/2015	686.35			
House # 2307	Street Address Be	erryhill Street		Description of Expenditure				
City Harrisburg		State PA	Zip Code 17104	yard signs, post cards				
To Whom Paid				Date [MM/DD/YYYY]	(1 5 .)			
House #	Street Address			Description of Expendi	ure			
City	Treese the limite product	State	Zip Code					
To Whom Paid			L Tradestation 1	Date [MM/DD/YYYY]	\$			
House #	Street Address			Description of Expendi	ture:			
City	Spatiatolein seelegite	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]	\\$.			
House #	Street Address			Description of Expendi	ture			
City	Activity and a second second	State	Zip Code					
To Whom Paid		The state of the state of		Date [MM/DD/YYYY]	\$			
House #	Street Address			Description of Expendi	ture			
City		State	Zip Code		,			
To Whom Paid				Date [MM/DD/YYYY]	\$			
House #	Street Address			Description of Expendi	ture			
City		State	Zip Code					
To Whom Paid		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	(5)			
House #	Street Address			Description of Expendi	ture			
City	700 700 700 700	State	Zip Code					
To Whom Paid				Date [MM/DD/YYYY]	A (5)			
House #	Street Address			Description of Expendi	i el Me			
City	I spracegoreses and	State	Zip Code					
		Late County State		1				