



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | | |
|---|---------------------------------------|--|--|---|--------------------------|-------------------------------------|---|------------------------------|
| Filer Identification Number | N/A | Report Filed By (Mark X) | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Friends of Bill Cluck | | | | | | |
| Street Address | | Post Office Box 53 | | | | | | |
| City | Harrisburg | State | PA | Zip Code | 17108 | | | |
| Type of Report (Place x under report type) | | | | | | | | |
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 05/19/2015 | Year | | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |
| Summary of Receipts and Expenditures | | From Date | To Date | For Office Use Only | | | | |
| | | 3/18/2015 | 5/5/2015 | | | | | |
| A. Amount Brought Forward From Last Report | | \$ | 0 | <div>RECEIVED 2015 MAY -8 PM 1:58 DAUPHIN COUNTY BUREAU OF VOTER REGISTRATION AND ELECTIONS</div> | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ | 1,650 | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ | 1,650 | | | | | |
| D. Total Expenditures (From Schedule III) | | \$ | 686.35 | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ | 963.65 | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$ | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ | | | | | | |
| 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 on paper, is to the best of my knowledge and belief true, correct and complete. | | | | | | | | |
| Sworn to and subscribed before me this | | | | | | | | |
| 8 day of MAY 20 15 COMMONWEALTH OF PENNSYLVANIA | | | | | | | | |
| Signature | | Notarial Seal Richard S. Conklin III, Notary Public Lemoyne Boro, Cumberland County My Commission Expires Feb. 20, 2017 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES | | Signature of Person Submitting report Christina B. Stoudt | | | | |
| My Commission expires 02 20 MO. DAY YR. | | Area Code | | Printed Name 329-0908 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 | | | | | | | | |
| 8th day of May 20 15 COMMONWEALTH OF PENNSYLVANIA | | | | | | | | |
| Signature | | NOTARIAL SEAL DANIELLE MARIE KEPNER Notary Public LEMOYNE BORO., CUMBERLAND COUNTY My Commission Expires Sep 16, 2017 | | Signature of Candidate William J. Cluck | | | | |
| My Commission expires 09 16 2017 MO. DAY YR. | | Area Code | | Printed Name 238-3027 Daytime Telephone Number | | | | |

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | | | |
|---|-----------------------|-----|----------|
| Filer Identification Number | Friends of Bill Cluck | | |
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
| Total for the reporting period | | (1) | \$ 50 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | |
| 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ | 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 Contributor | | John Hook | | | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | April 2, 2015 | | |
| House # | 2425 | Street Address | | Charleston Dr | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | State College | State | PA | Zip Code | 16801 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | David Talmas | | | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | April 17, 2015 | | |
| House # | 39 | Street Address | | Peach Lane | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Lancaster | State | PA | Zip Code | 17601 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | Douglas Schleicher | | | | Date [MM/DD/YYYY] | \$ | 250 |
| | | | | | | April 21, 2015 | | |
| House # | 1835 | Street Address | | Market Street, Suite 1400 | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19103 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | Ellen Meriwether | | | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | May 1, 2015 | | |
| House # | 216 | Street Address | | Vassar Avenue | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Swarthmore | State | PA | Zip Code | 19081 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | Bill Cluck | | | | Date [MM/DD/YYYY] | \$ | 250 |
| | | | | | | April 1, 2015 | | |
| House # | 587 | Street Address | | Showers Street | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Harrisburg | State | PA | Zip Code | 17104 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | Donna R Gilder | | | | Date [MM/DD/YYYY] | \$ | 200 |
| | | | | | | April 8, 2015 | | |
| House # | 21 | Street Address | | Tavern House Hill | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Mechanicsburg | State | PA | Zip Code | 17050 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |

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 Contributor | | George Henning | | | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | April 8, 2015 | | |
| House # | 1415 | Street Address | Cirleville Road | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | State College | State | PA | Zip Code | 16801 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |

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)

| | |
|-------------------------------------|-----------------------|
| Filer Identification Number: | Friends of Bill Cluck |
|-------------------------------------|-----------------------|

| | | | | | | | | | | | |
|---|---------|-----------------------|----|--------------------------|-------|--------------------------|--|-------------------|--|-----|--|
| Full Name of Contributor | | Peter S. Cluck | | Date [MM/DD/YYYY] | | April 5, 2015 | | \$ | | 500 | |
| House # | 217 | Street Address | | 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 | | | | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | | | |
| House # | | Street 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 # | | Street 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 # | | Street 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 # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | | | |
| Employer Name | | | | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | | | | |

SCHEDULE III
Statement of Expenditures

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | |
|---------------------|------------|-----------------------|------------------|--------------------------|-----------------------------------|------------------------|--|
| To Whom Paid | | All Union | | Date [MM/DD/YYYY] | | \$ 686.35 | |
| | | | | 04/27/2015 | | | |
| House # | 2307 | Street Address | Berryhill Street | | Description of Expenditure | | |
| City | Harrisburg | State | PA | Zip Code | 17104 | yard signs, post cards | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |