



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	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Jeff Haste			
Street Address		220 Hetrick Lane			
City	Harrisburg	State	PA	Zip Code	17112

Type of Report (Place x under report type)

1-6 <sup>th</sup> Tuesday Pre-Primary	2-2 <sup>nd</sup> Friday Pre-Primary	3-30 Day Post Primary	4-6 <sup>th</sup> Tuesday Pre-Election	5-2 <sup>nd</sup> Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 <sup>nd</sup> 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)	5/19/15	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/15	5/4/15	
A. Amount Brought Forward From Last Report	\$	5380.08	<p>County Copy</p> <p>RECEIVED 2015 MAY -7 PM 1:07 DEPARTMENT OF STATE BUREAU OF C.E.</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6050.00	
C. Total Funds Available (Sum of Lines A and B)	\$	11,430.08	
D. Total Expenditures (From Schedule III)	\$	2722.59	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	8707.49	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## 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

7 day of May 20 15

Richie A. Martz

Signature

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

RICHE A. MARTZ, Notary Public

City of Harrisburg, Dauphin County

My Commission Expires May 13, 2015

My Commission expires

MO.

K. Bowman

Signature of Person Submitting report

Kathleen Bowman

Printed Name

717

Area Code

585-3084

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

7 day of May 20 15

Richie A. Martz

Signature

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

RICHE A. MARTZ, Notary Public

Harrisburg, Dauphin County

My Commission Expires May 13, 2015

My Commission expires

MO.

Jeff Haste

Signature of Candidate

Printed Name

717

Area Code

979-2643

Daytime Telephone Number

RECEIVED

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	<i>Friends of Jeff Haste</i>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ <i>50.00</i>
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	<i>0</i>
All Other Contributions (Part B)		\$	<i>0</i>
Total for the reporting period		(2)	\$ <i>0</i>
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	<i>5000.00</i>
All Other Contributions (Part D)		\$	<i>1000.00</i>
Total for the reporting period		(3)	\$ <i>6000.00</i>
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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)		\$	<i>6050.00</i>

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 over \$250.00 in the reporting period.

Filer Identification Number:	Friends of Jeff Haste
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Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	5000.00
Friends of Haste + Pries					3/9/15			
House #	Street Address				Date [MM/DD/YYYY]		\$	
	P.O. Box 7365							
City	State		Zip Code		Date [MM/DD/YYYY]		\$	
	Steelton		PA		17113			
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					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 Jeff Haste							
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Daniel Collins				4/28/15		1000 <sup>00</sup>	
House #	1	Street Address		Date [MM/DD/YYYY]		\$	
		Dorchester Rd.					
City	Hummelstown	State	PA	Zip Code	17036	Date [MM/DD/YYYY] \$	
Employer Name				Occupation		Pres.	
Employer Mailing Address / Principal Place of Business				3407 N. 6th Street, Harrisburg PA 17110			

  

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:	Friends of Jeff Haste
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To Whom Paid		AT+T			Date [MM/DD/YYYY]	\$	264.94
					1/1/15		
House #	Street Address		PO Box 537104		Description of Expenditure		
City	Atlanta	State	GA	Zip Code	30353	Dec. Phone Bill	
To Whom Paid		AT+T			Date [MM/DD/YYYY]	\$	265.01
					2/4/15		
House #	Street Address		PO Box 537104		Description of Expenditure		
City	Atlanta	State	GA	Zip Code	30353	Jan. Phone Bill	
To Whom Paid		Nat. Conference of Rep. County Officials			Date [MM/DD/YYYY]	\$	30.00
					2/4/15		
House #	524	Street Address		N. Front St.		Description of Expenditure	
City	Medford	State	OK	Zip Code	73759	Dues	
To Whom Paid		Hilton Harrisburg			Date [MM/DD/YYYY]	\$	25.02
					2/17/15		
House #	1	Street Address		N. Second St.		Description of Expenditure	
City	Harrisburg	State	PA	Zip Code	17101	Hill Society Invoice	
To Whom Paid		AT+T			Date [MM/DD/YYYY]	\$	265.01
					3/2/15		
House #	Street Address		P.O. Box 537104		Description of Expenditure		
City	Atlanta	State	GA	Zip Code	30353	Feb. Phone Bill	
To Whom Paid		Jeff Haste			Date [MM/DD/YYYY]	\$	597.02
					3/2/15		
House #	220	Street Address		Hedrick Lane		Description of Expenditure	
City	Harrisburg	State	PA	Zip Code	17112	Reimbursement	
To Whom Paid		PRCCC			Date [MM/DD/YYYY]	\$	30.00
					3/16/15		
House #	Street Address		PO Box 60769		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17106	Dues	
To Whom Paid		AT+T			Date [MM/DD/YYYY]	\$	265.01
					3/18/15		
House #	Street Address		P.O. Box 537104		Description of Expenditure		
City	Atlanta	State	GA	Zip Code	30353	March Phone Bill	

## SCHEDULE III

## Statement of Expenditures

Filer Identification Number:	Friends of Jeff Haste
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To Whom Paid	CFFT Ministry Promotions				Date [MM/DD/YYYY]	4/4/15	\$	500.00
House #	Street Address	PO Box 60694		Description of Expenditure				
City	Harrisburg	State	PA	Zip Code	17106	Donation		
To Whom Paid	Hilton Harrisburg				Date [MM/DD/YYYY]	4/20/15	\$	190.57
House #	1	Street Address	N. Second St.		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Hill Society Invoice		
To Whom Paid	AT+T				Date [MM/DD/YYYY]	4/21/15	\$	265.01
House #	Street Address	P.O. Box 537164		Description of Expenditure				
City	Atlanta	State	GA	Zip Code	30353	April Phone Bill		
To Whom Paid	St. Catherine's Labour School				Date [MM/DD/YYYY]	4/30/15	\$	25.00
House #	4020	Street Address	Derry Street		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17111	Donation		
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				