

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)	Candida	te	Committee	λ	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Frien	ids or	f Jeff	Hast	e		
Street Address	220	> Hetr	-ick La	ne			
City Harrisburg		State	P4	Zip Code	17/12		
Type of Report (Place x under report type)							
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary		5-2 nd Friday Pre-Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	The Charles of the Control of the Co
Date Of Election (MM/DD/YYYY) 5/19/15	Year	2015	Amendment Report		Termination Report		
Summary of Receipts and From Date Expenditures 1 / / / 5 A. Amount Brought Forward From Last Report		1/15		For C	Office Use Only		
[경기: 발문 사람들이 되는 기계	<u> </u>	70.08	Co	unty Co	74		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$605	0.00		•		mo A	
C. Total Funds Available (Sum of Lines A and B)	\$ 11,43	0.08					
D. Total Expenditures (From Schedule III)	^{\$} 272	2.59					Ť
E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II)	\$ 870 \$ -{	7.49			Acceptance of the control of the con	2	Section 40 Figure
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -2	>					7 P
Double (Called to Called t	If also to a consist	Affidavit Sec				*qua.	
Part 1- If this is a Committee report, treasurer sign he is swear (or affirm) that this report, including the attac				ge and belief tru	ue, correct and comple	te.	
Sworn to and subscribed before me this			V22				
Librila- Marty 20/19 Librila- Marty COMMONWEALTH	OF PENNSYLVA	.Z <u> Ania</u>), Signature of Kaff	of Person Submi	itting report		
Signature	IAL SEAL T TZ, Notary Public n. Dauphin Count	ty -	717 rea Code	Printed Name Dayt	e 585-368° time Telephone Numbe	<u>4</u>	
Part II- If this is a report of a Candidate's Authorized C I swear (or affirm) that to the best of my knowledge a amended.				provisions of th	ne Act of June 3, 1937 (P.L. 1333, NO.320) a	as
Sworn to and subscribed before me this			J/ H	atune of Candida	ate		
Signature # NO NO NICHE A.I	ALTH OF PEMNS TARIAL SEAL MARTZ, Notary F aburg, Dauphin C on Expires May 1	Public County	717 rea Code	Printed Name NOLLY Daytin	979 (147) 1797 1324 13 1797 1324 13 1797 1324 133		
The state of the Special Assessment and the Spec			l	- S + S + A -	L- AVH STOZ		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Friends of Jeff Hist	Le Transfer
7, 10, 00 00 000 7, 100	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 50.00
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)	\$
Total for the reporting period (2)	\$ 6
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 5000.00
All Other Contributions (Part D)	\$ 1000.00
Total for the reporting period (3)	\$ 5000.00 \$ 1000.00 \$ 6000.00
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)	\$ 6050.00

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 Numbe	er:	, ,	- m 11 .		
	Iner	nds of .	Jeff Itaste		
Full Name of				Date [MM/DD/YYYY]	
Contributing Committe	^B Frier	nds of 1	Haste + Pries	3/9/15	5000.00
House# s	Street Address	P.O. Box		Date [MM/DD/YYYY]	
	1				
City Stee	Itan	State PA	Zip Code	Date [MM/DD/YYYY]	\$
		And the second s	1.11-		
Full Name of Contributing Committee	ie			Date [MM/DD/YYYY]	\$
House# s	Street Address			Date [MM/DD/YYYY]	建物 1855
City	ENERGY STATE OF STATE	State	Zip Code	Date [MM//DD/YYYY]	
A Section of the Control of the Cont		The second secon	A TOTAL CONTROL OF THE PROPERTY OF THE PROPERT	The table parts	
Full Name of Contributing Committee	55 25		,	Date [MM/DD/YYYY]	
	2000 (1900) 2014 (1900) 2014 (1900)				
House# 5	Street Address			Date [MM/DD/YYYY]	\$
	The second secon		,		
City:	Property of the second	State	Zip Code	Date [MM/DD/YYYY]	\$ 2 \$ 2
			The state of the s	7	
Full Name of	onis.	<u> </u>		Date [MM/DD/YYYY]	(A)
Contributing Committee			Į.	J.	
House # S	Street Address			Date [MM/DD/YYYY]	S
			J	1	
City		State	Zip Code	Date [MM/DD/YYYY]	100
	·	The following the control of the con		}	
Full Name of				Date [MM/DD/YYYY]	
Contributing Committee			I		
House # Si	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	- 15 T
City		State	Zip Code		
	2.7 2.7				
Full Name of Contributing Committee	74 — 75 75 75 75 75 75 75 75 75 75 75 75 75			Date [MM/DD/YYYY]	
House # St	Street Address		-	Date [MM/DD/YYYY]	
			ſ	A STATE OF THE PARTY OF THE PAR	
City	All of the second second	State	Zip Code	Date [MM/DD/YYYY]	
Control of the Contro	[6] 	Section (Control of Control of Co		7	

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 Hast	ke
Full Name of Contributor	Daniel Collins	Date [MM/DD/YYYY] \$ /0000
House # Street Address	Dorchester Rd.	Date [MM/DD/YYYY] \$
Hummelstown	State PA Zip Code	7036 Date [MM/DD/YYYY] \$
Employer Name	All Fabrications	Occupation Pres.
Employer Mailing Address / Principal Place of Business	3407 N. CH STM	met 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	To the state of th	
Full Name of Contributor		Date [MM/DD/YYYY] \$
House		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM//DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

\$

Full Name of Contributor

Employer Name

Employer Mailing Address /--Principal Place of Business

Street Address

State

Zip Code

House #

City =

Statement of Expenditures

Eller Identification Number:	
Establishment in the state of t	
HOUSE FRANCE FRANCE PASIE	

To Whom Raid	Date [MM/DD/YYYY] \$
A1+T	11115 264.98
House# Street Address PD Box 537104	Description of Expenditure
The state of the s	
Atlanta GA code 30353	Dec. Phone Bill
To Whom Paid AT+T	Date [MM/DD/YYYY] \$ 265.01
House# Carrie Address	Description of Expenditure
12 Dox 537104	
City Atlanta State GA Code 30353	Jan. Phone Bill
Nat. Conference of Rep. County Officials	Date [MM/DD/YYYY] \$ 30.00
House # 524 Street Address N. Front St.	Description of Expenditure
City Medford State OK Code 73759	Dues
To. Whom Paid Hilton Harrisburg	Date [MM/DD/YYYY] \$ 25.02
SEASONS TO THE SEASON S	a/17/15 □ 25:03 Description:of Expenditure
1 Street Address N. Second St.	PESCRIPTION OF THE PROPERTY OF
Gity Harrisburg State PA Code 17101	Hill Society Invoice
To Whom Paid AT+T	3/2/15 2(5.01
House# Street Address P.O. Box 537104	Description of Expenditure
City Atlanta State GA Code 36353	Feb. Phone Bill
To Whom Paid	Date [MM/DD/YYYYY] \$
Jett' Haste	3/2/15 597.02
House # 220 Street Address Hetrick Lane	Description of Expenditure
City Harrisburg State PA Code 17112	Reimbursement
To:Whom Paid PRCCC	Date [MM/DD/YYYY] \$ 30.00
House# Street Address PO Box 60769	Description of Expenditure
City Harrisburg State PA Code 17106	Dues
To Whom Paid AT+T	Date [MM/DD/AYYY] \$ 205.01
House # Street Address Po P 57701	Description of Expenditure
House # Street Address P.O. Box 537104	
Gity AL State CA Zip	

Statement of Expenditures

Eller Identification Number:		\triangle . \triangle	77 1	
	triends	at lett	Haste	
The state of the s	The Cities	U(Cont	1000	

	·				
Tio Whom Raid	CFT	Ministry F	rome 4 kms	Date [MM/DD/YYYY] 5	50,60
House#	Street:Address	PO BOX	60694	Description of Expendit	ure
	rrishurg	State PA	Code 1710C	Dona	ation
To)Whom(Paid	Hilte	in Harrist	burg	**Date [MM/DD/YYYY] **	190.57
House# (Street/Address	N. Second	, S t.	Description of Expenditu	re
City Har	risburg	State PA	Ecode 1710	Hill Soci	ety Invoice
ToWhom Raid	AT+7			Date [MM/DD/YYYY] 4/2(//3	265.01
:House#	Street-Address	P.O. Box	537164	Description of Expenditu	re-in-
1-1-1-1 11 11 11 11 11 11 11 11 11 11 11	tlanta	State	Zip 36353	,	Phone Bill
ToWhomiPaid	St. Ca	itherines La	aboure School	Date [MM/DD/YYYY] = 4/36//5	25.00
House# YC2C	Street Address	Derry St.	reet	Description of Expenditu	re
City Han	risburg	State PA	Zip (7/1)	Donatio	×^
JoWhom Paid				Date [MM/DD/YYYY] is	
House#	Street Address			Description of Expenditur	e
Glty		State	Zip		
To Whom Raid				Date [MM/DD/XXXX]) () () ()
House#	Street/Address			Description of Expenditur	
City		State	Zip Code, ±		
ioWhom Paid	F.V.			Date [MM/DD/YYYY] = \$	70 11 12 12 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
House#	Street Address			¹ Description of Expenditure	
Gity :		State	Z)p Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
lity /	ales de manere esta em destada a la composição de la comp	State	Zip Code		