Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer identificati Number	on		Repor	t Filed E k X)	y Candida	te	Committee	X	Lobbyist
Name of Filing C Lobbyist	Committee, Ca	ndidate or	Citizens	for Corn	elius Johnson			_iven.	
Street Address			P.O. BC	X 5314					
City	HARRISBU	IRG			State	PA	Zìp Code	17110	
Type of Report (Place x under	eport type)							
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3-30 Day Post	4- 6 th T Pre- El		5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	∇								
Date Of Election (MM/DD/YYYY)	人名英克萨 化放射性管 经基金 医高级性病	5/19/2015	Year		2015	Amendment Report		Termination Report	
Summary of Red	ceipts and	From Date		To Dat	e		For	Office Use Only	
Expenditures		1/1/2015	10,110	5	5/4/2015				
A. Amount Brou	ught Forward F	rom Last Repor	t \$		0			=1.70	
B. Total Moneta (From Schedule	an a s Tin 在 4 x 电容容 隐含 在 4 7 5 4 4 1 1 1 2 1	ons and Receipt			7,983.55			ā9	
C. Total Funds A (Sum of Lines A	and B)		\$		7,983.55				THOUVED THOUSINGS
D. Total Expend (From Schedule) (III)		\$		5,942.43				
E. Ending Cash (Subtract Line D	化双氯甲基甲基乙基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲		\$		2,041.12			unitig Ut	::::::::::::::::::::::::::::::::::::
F. Value of In-K (From Schedule	100 전 11 EV 12 EV 12 EV 12 EV 11 EV 11 EV 11 EV 12	ons Received	\$		375				ω
G. Unpaid Debt (From Schedule		ons	\$		0				
Part 1- If this is a	Committee report	rt, treasurer sign	here. If the	his is a Ca	Affidavit Se indidate report, o	andidate sign her	e. edge and belief	true, correct and comp	ete.
Sworn to and sub	scribed before n	ne this		NOTAR	IAL SEAL			true, correct and compl	
)_day of		20	Penn	Twp. La	se, Notary Public incaster County xpires Jan. 15, 2	019 Signatu	re of Person Sub	mitting report	
$-\varphi$	Signature	MEMBE	R, PENNS	YLVAIIA	ASSOCIATION OF	NOTARIES TO	Printed Nar	me	
My Commission expires 0 1 15 Lev						17 943-6137 Area Code Daytime Telephone Number			
	MO.	DAY YF				Area Code	Ui	зучине тегерионе мит	VC1
Part II- If this is a I swear (or affirm	report of a Cand) that to the bes	idate's Authorize t of my knowledge	d Commi and bel	i ttee , can ief this po	didate shall sign l olitical committee	nere. has not violated	any provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
amended.			NWEA	LTH O	PENNSYLV			$\overline{}$	
Sworn to and sub	scribed before r	ne this	N Navon M	OTARIAL	SEAL Notary Public aster County	AZ		<i>}</i> 7	
day of	m	2d 15.	Penn Ti	vp. Lanc	aster County			The state of the s	Maderatur
3	5	My NEMBER.	Commis PENNSYL	Sion EXP VANIA AS	ires Jan. 15, 20 (1 SOCIATION OF NO	TARIES CO LOS	ignature of Cano Printed Name	<u> </u>	
My Commission e	Signature expires0_\	15 20	<u>S</u>	, !		717		107-6977	
,	MO.	DAY YR.	_		~	Area Code	Da	ytime Telephone Numb	er

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1、 山南 "大山"的""大山"的一大大龙山山,"东西","东西","大山"的"大山","大山"的"大山"的"大山"。	
TO A 发表 "李文"的人 4 大 4 大 5 大 7 TO 10	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 1,023.55
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 1,660
Total for the reporting period	(2)	\$ 2,233.55
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 5,000
All Other Contributions (Part D)		\$ 300
Total for the reporting period	(3)	\$ 5,300
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ o
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, Re Cover Page, Item B)	port	\$ 7,983.55

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to ite mize 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:	

Full Name of Contributor See Attached		, some (MM/H0/AVVV) :	
House # Street Address		Date [MW/DD/YYYY] 5	·
City State	Zip čole	Date (VIIVI/DD/22YV) 5	
Full Name of Contributor		*Date (MIVI/DD/AYEY) 5-	
House # Street Address.		DATE [MIV//DD/YYY/] 75	
City	4p.Code	Determin/DDAYAA) _ \$	
Full Name of Contributor		=Date MIM/DD/YYYY/ ===\$1	
House # Street Address		Date (MIN/ADD/ANYS);	
City State	Zip Code	Date [MIXI/pb/AYYY) S	
Full Name of Contributo.		DOTEMNINIADIO/SWAVA	
House # Street Address		Date [VIM/DD/VYVY] 15	
City State	Zipi spole	-2 KANAV(de)(MM)(exter	
Full Name of Contributor		adate anjumbo/asasa — 3	
House # Street Address		DESTRUCTION OF STREET	
City	Zip Code	Districtly (MVA) DE AVACAÇÃO (C.)	
Full Name of Contributor		Date (MIXI/DD/2014)	
House # Street Address		Para (YIM/ADAA44) 37	
Sac	7 p Code	Poate (MIM/DD/YYYY)	

Part B

Donor	Amount		Address	City	State	Zip Code Date	•
Wayne & Lucille Mills	\$	100,00	3900 Woodvale Road	Hbg	PA	17109	1/31/2015
Vivienne Bowers	\$	100.00	1113 Hudson Street	Hbg	PA	17104	1/31/2015
Norman Ellis	\$	100.00	1208 N. 14th Street	Hbg	PA	17103	2/26/2015
Tito Tep	\$	100.00	3627 Lisburn Road	Mechanicsburg	PA	17055	3/24/2015
Keith Agyeman	\$	100.00	651 E. 240th Street	Bronx	NY	10470	3/27/2015
Destini Hodges	\$	60.00	2052 Zarker Street	Hbg	PA	17104	4/11/2015
Vivienne Bowers	\$	100.00	1113 Hudson Street	Hbg	PA	17104	4/11/2015
Chris Folca	\$	100.00	4402 Oakhurst Blvd	Hbg	PA	17110	4/11/2015
Tonia Kroboth	\$	100.00	2202 Rudy Road	Hbg	PA	17104	4/11/2015
Keith Sullivan	\$	100.00	200 Eddington Avenue	Hbg	PA	17111	4/11/2015
Mary Myers	\$	200.00	524 Sandra Avenue	Hbg	PA	17109	4/11/2015
Jewel Cooper	: s	250,00	170 Steeplchase Lane	Hbg	PA	17112	4/11/2015
Bakare Assolciates	i ç		3971 Linglestown Road	Hbg	PA	17110	4/11/2015

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.

Full Name of Contributing Committee See Attached			apprenting and a second	
House# Street Address			Date (MW/DD/YYYY)	
City	-State	Zip Code	Date (MIV) DD/YYYY) 3.	
Full Name of Contributing Committee		-	#FAKE (VIVI/IDD)/AYAYA	
House # Street Address			Date (MM/DD/YYYY)	
(City)	Siete	izip Gode	delace (V) vir eley VANV (
Full Name of Contributing Committee			Darcs(MV/MV/ASAS)	
House # Street Address			rejate (MNN) (C) = / A AAA	
Clty :	Sac	Zip Code	Date (MIXI/IDD/YXXY)	
Full: Name of Contributing Committee			Date (MINI/DD/YXYY) = ==	
House# Street Address	TOTAL TARGET VALUE OF THE	166-188-000-188-00-188-00-188-00-1	Date (MM/DB/YYY)	
City Euli:Name of	State	Zji Code	Date (VIM/DD/YYYY) S	
Contributing Committee			The state of the s	
House # Street Address	7.			
Giny ⊒ _{Full} Name of	State	Zip Sode	Date (MM//DD/YYYY)	
Contributing Committee: House# Street Address			-pare (MM/00/4444)	
		and a short	H. San and A. San and	
Chy +	State	Zip Code	Date (MIVI/DD/YVY)	

Part C

 Donor
 Amount
 Address
 City
 State
 Zip Code Date

 Hbg Capital PAC
 \$ 5,000.00
 P.O. Box 391
 Hbg
 PA
 17108
 4/20/2015

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)

Full Name of Contributor See Attached	BARE (MIN/ED)/AYEM
House # Street Address	NepatanaMINI/Aeley/YayaMa
City Zip Code	Poate (VIM/OP/AYAY) 3
Employer Name Employer Malling Address /	Occupation !
Principal Place of Business	
Full Name of Contributor	Date (MM/DD/A) 35
House# Street Address	Date (MM/DD/YYXY) 5
City State Zip Code	Date (MM/Joc/YYYY)
Employer Name Employer Mailing Address /	Pscupation
Principal Place of Business	
Full Name of Contributor	- Parce (MM/ADD/ATAY) = 5
House# Street Address	DETE ANIM/ODTYVEYA
City Zip Code	Date (MM/DD/YYYY) 5
Employer Name Employer Mailing Address /	Occupation =
Principal Place of Business	
Full Name of Contributor	Pate (MN)/PP/Y/A4
House# Street Address	-Pate (MM/DD/XYVV) S
State Zip Code	Cate (MM/CD/YYYY) \$
Employer Name Employer Mailing Address /	Occupation
Principal Place of Business	

Part D

Donor	Amount	Address	City	State	Zip Code Date
Bobby Arahovas	\$ 300.00	4448 Dunmore Avenue	Hbg	PA	17112 1/31/2015
Occupaton	Employer	Employer Address			
Self Employed/Resta	ır Mr. and Mrs. Deli	2023 Linglestown Road, F	larrisburg, PA 17110)	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

affler identification (flumbler)			

TOTAL for the reporting period	INSTRECTIVE SEVALUE GESSI (1)) (SIU) (OR LESS PER CONTRIBUTOR
2 IN-KIND CONTRIBUTIONS RECEIVED TOTAL for the reporting period			
To Actor die reporting period	(2)		
TOTAL for the reporting period	(3)	\$	375
TOTAL VALUE OF IN-KIND CONTRIBUTIONS D PERIOD (Add and enter amount totals from b		\$	
on Page 1, Report Cover Page, Item F)			375

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

		 200000000000000000000000000000000000000
B G or Hentification Marriage		
File: Identification Number		
Top Property and Control of the Cont		

Full Name of Contributor Georgio Gia	nnaris	Date (MM/00/YYYY) \$ 02/26/2015 375
Rouse # Street Address	N. 6th Street	Date (MM/DD/YYYY) s
City Harrisburg	State PA ZIp Code 17110	о _в (в (ММ/Лоо/YYYY) (5)
Employer Name	Mr. G's Place	Occupation Self-Employed
Employer Mailing Address / Principal Place of Business	3745 N. 6th Street	Plescapition - Buffet/ DJ Services Contribution - Buffet/ DJ Services
Full Name of Contributor		Date [MM/DD/YYYY]
House if Street Address		Para (MIM/DD/AWA)
City	State Zip Code	Date (MM//DD/AYAY)
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		coeste (Mily)/Joje/A*****()
House # Street Address		Date (MIM/DD/YYYY)
Git)	State Zip Code	Date MM/DD/YYY/
employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Pless i ption of Contribution
Full Name of Contributor		Date (MIV/DD/YYYM) \$
House # Street Address		Date [MM/DD/YYYY] \$
Gly .	State Zip Code	Pate Multi/DD/YYYY) \$
Employer Name		
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

THE REMINICATION NUMBER

	Port annimoration is the
To Whom Raid Dauphin County Democrats Committe	03/04/2015
House # 510 Street Address N. 3rd Street	Description of Expanditure
Gity Harrisburg State PA Code 17101	Software
Sam's Club	03/24/2015 59.02
House # 6781 Street Address Grayson Road	03/24/2015 Diescription of Expanditure
	Supplies
City Harrisburg State PA Zip Code 17111	DESCE MINIPOLANCE CO
G.A.M.E.	03/27/2015
House# 140 Street Address S. 17th Street	Description of Expenditure
Harrisburg State PA Zip 17103	T-Shirts
To Whom Paid Get It Now Print	10aR2 (MM/100/2012) 5 222.6
House# 4790 Street Address Derry Street	Description of Expenditure
City State Zip	Promo Items
Harrisburg PA Code 17111 To Whom Paid	PARE MM/ADD/YSVER 125
Crawdaddy's	04/11/2015 754.73
House # 1500 Street Address N. 6th Street	Description of Expenditure
Harrisburg State PA Z/p 17102	Fundraiser Venue Fees
To Whom Paid — Staples	051(2) (ΜΜ//ΘΦ/ΥΥΛΥΔ) \$ 51.97
House # 4203 Street Address Union Deposit Road	Pesciption of Expenditure
City State Zip	Supplies
To Whom Paid	DETERMINADO ASSAST
The WS Group	05/04/2015 Oescription of Expenditure
DO ROX 331	E CALLEN LINE MAN A MEN MAN AND A MEN AND A ME
Gity Harrisburg State PA Zip 17108	Signs and Materials
To Whom Paid	PRECALMINATORY AND
House # Street Address	Description of Expendicite
Gity State 2	
Core	