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					Filed F		Candida	u regible ite	. It sile	Comn	7,				Lobi	byist	
Name of Filing Com Lobbyist	ımittee, Ca	ındidate or		Cornelius	s Johnsc	on		<u></u>	اِسْسِ						<u> </u>		11
Street Address				2956 Rur	mson Di	rive						· · ·					
City Harrisburg						State	PA		Zip Code		17104				<u> </u>		
Type of Report (Plac	ce x under	report type	2)			-				<u> </u>							
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post 4 Pre-Primary Pre-Primary Primary		4- 6 <sup>th</sup> Tu Pre- Elec		5- 2 <sup>nd</sup> Friday Pre- Election		6- 30 Day Post Election		7- Annual		Special 2 <sup>nd</sup> Friday Pre-Election			A 10 10 10 10 10 10 10 10 10 10 10 10 10	ial 30 I			
	$\boxtimes$				1		<u> </u>		]		7	-41,7×34		in kovere po			
Date Of Election (MM/DD/YYYY)		5/19/20:		Year		2	015	Amend Report	ment				mina ort	tion			
Summary of Receip Expenditures	ts and	From Dat	е	1	To Date	9					For	Office	Use	Only			
1/1/2015					5/4/2015												
A. Amount Brought	Forward F	rom Last Re	eport	\$		0								******	د>		
B. Total Monetary Contributions and Receipts \$ (From Schedule !)				\$	569.95												
C. Total Funds Available (Sum of Lines A and B)				\$	569.95												
(From Schedule III)				\$	569.95												
E. Ending Cash Balance \$ (Subtract Line D from Line C)				ी <sup>\$</sup>	0											[7]	<u> </u>
F. Value of In-Kind ( (From Schedule II)	ontributio	ns Receive	d	\$										96 (F)	<del>:</del> 30	* inse	•
G. Unpaid Debts and (From Schedule IV)	d Obligatio	ns		\$ \$											<u> </u>		
Part 1- If this is a <b>Comn</b>	nittae ronge	t traceurous		15.6		Af	fidavit Sec	tion									
I swear (or affirm) that	this report,	including the	attach	e. II this i	is a <b>can</b> Jules on	paper.	report, car is to the b	ndidate sig pest of my	n here. knowled:	ge and be	liéf 🏂	fe, co	rrect a	nd comple	te.		
Sworn to and subscribe	d before me		OMMC	NI DIABAEN	OTARIA	L SEA	<u>nnstly</u> ·	ANIA	#			·					
day of	J. 2-	20 15	{	Steven No Penn Tw				4		$\supset$			-				
			Му	Commiss	sic <del>a E</del> xp	pires Ja	ın. 15, <b>2</b> 94	<del>ne</del> nus Johr	gnature e 19 <b>0</b> 11	f Person :	Submi	tting r	eport				,
′ Signa		MC	MDEK, I	PENNSTLY	VAIIA AS	SSOCIA	ION OF NO			Printed	Name						
My Commission expires $O(1) = \frac{1}{15} = \frac{1}{20} \frac{9}{19}$ MO. DAY YR.				717													
			YR.					ea Code			Dayt	ime To	elepho	ne Numbe	r		
Part II- If this is a report I swear (or affirm) that amended.	of a <b>Candid</b> to the best o	ate's Author of my knowle	r <b>ized C</b> o edge an	mmittee d belief t	a, candid his polit	date sh tical co	all sign he nmittee h	re. as not viol	ated any	provision	s of th	e Act	of Jun	e 3, 1937 (I	P.L. 133:	3, NO.3:	20) as
Sworn to and subscribe																	
day of		20		•													
					].		<del></del>		Signa	iture of C	andida	ate			_		
Signa									P	rinted Na	me						
My Commission expires		DAY YE	₹.				Ar	ea Code	<del>_</del>	_	Daytin	ne Tel	ephor	e Number	_		
		·															

## 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:

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$			
	Cornelius Joh	<b>1/</b> 1/2015 569.95					
louse#	Street Address			Date [MM/DD/YYYY] \$			
2956	R	umson Drive					
lity Harrisburg		State PA	<b>Zip Code</b> 17104	Date [MM/DD/YYYY] \$			
Employer Name		Susquehanna Town	ship	Occupation Health Officer			
Employer Mailir Principal Place o	ng Address /	1900 Linglestown Ro					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$			
House#	Street Address			Date [MM/DD/YYYY] \$			
City	- Hilliam managas milanga	State	Zip Code	Date [MM/DD/YYYY] \$			
Employer Name		Occupation					
mployer Mailir				I managed to the second			
Principal Place of Full Name of Co				Date [MM/DD/YYYY] \$			
louse#	Street Address			Date [MM/DD/YYYY] \$			
	VII CEL AUDI ESS						
City		State	Zip Code	Date [MM/DD/YYYY] \$			
				TO CONTRACT OF THE CONTRACT OF			
Employer Name		timeripili sessi	President de la constant de la const	Occupation			
Employer Mailir Principal Place o							
Full Name of Co			- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	Date [MM/DD/YYYY] \$			
House #	Street Address		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Date [MM/DD/YYYY] \$			
ity		State	Zip Code	Date [MM/DD/YYYY] \$			
Employer Name							
				Occupation			
Employer Mailir				•			
incipal Place o	rt Business						

## Statement of Expenditures

Filer Identification Number:	
	ļ.
Cornelius Johnson	

To Whom Paid We Do Media		•	Date [MM/DD/YYYY] \$ 100				
We Do Media		1/17/2015					
House # 20 Street Address Tar	ylor Blvd	Description of Expenditure					
City Harrisburg	State PA	Zip Code 17102	Campaign Photos				
To Whom Paid WIX		Date [MM/DD/YYYY] \$					
Win		1/24/15					
House # Street Address PC	0 box 40190		Description of Expenditure				
San Francisco	State CA	Zip Code	Campaign Website				
To Whom Paid US Postal Service			Date [MM/DD/YYYY] \$ 31				
		The state of the s	1/22/15				
House # 2347 Street Address N 7	7TH STREET		Description of Expenditure				
City. Harrisburg	State PA	Zip Code 17110	P.O. Box				
To Whom Paid			Date [MM/DD/YYYY] \$				
WIX			01/24/2015				
House # Street Address PC	) box 40190		Description of Expenditure				
City San Francisco	State CA	Campaign Website Domain					
To Whom Paid		Date [MM/DD/YYYY] \$					
We Do Media			2/26/15				
House # 20 Street Address Ta	ylor Blvd		Description of Expenditure				
City Harrisburg	State PA	Zip Code 17102	Meet the Candidate- Photos/Videos				
To Whom Paid			Date [MM/DD/YYYY] \$				
Facebook			5/4/2015				
House # 1601 Street Address W	fillow Rd		Description of Expenditure				
City Menlo Park	State CA	Zip Code 94025	Facebook Ads				
To Whom Paid			Date [MM/DD/YYYY] \$				
House # Street Address		Description of Expenditure					
City	State	Zip Code					
To Whom Paid	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY] \$				
House # Street Address		Description of Expenditure					
Gty	State	Zip					