

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Steven Todd					
Street Address		629 Bullfrog Valley Road					
City	Hummelstown	State	PA	Zip Code	17036-9743		

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)		11/03/15	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	March 7, 2015	May 4, 2015	
A. Amount Brought Forward From Last Report	\$	0	<p>2015 MAY -6 AM 11:52</p> <p>RECEIVED</p> <p>DAUPHIN COUNTY ELECTION REGISTRATION AND RECORDS</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,289	
C. Total Funds Available (Sum of Lines A and B)	\$	2,289	
D. Total Expenditures (From Schedule III)	\$	238	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,051	
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 pages 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

06 day of May 20 15

Quiana Josephson
Signature

My Commission expires 11 16 2015
MO. DAY YR.

NOTARIAL SEAL
Quiana Josephson, Notary Public
Hummelstown Boro, Dauphin County
My Commission Expires Nov. 16, 2016
MEMBER - PENNSYLVANIA ASSOCIATION OF NOTARIES

Steven W. Todd
Signature of Person Submitting report

Steven W. Todd
Printed Name

717 534.0695
Area Code 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

day of NA 20

Signature

My Commission expires NA
MO. DAY YR.

Signature of Candidate

NA

Printed Name

NA

Area Code Daytime Telephone Number

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:							
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Full Name of Contributor		Richard Suminski			Date [MM/DD/YYYY]	\$	249.00
House #	764	Street Address	Pine Tree Road		Date [MM/DD/YYYY]	\$	
City	Hummelstown	State	PA	Zip Code	17036	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Phil + Fran Hrenko			Date [MM/DD/YYYY]	\$	100.00
House #	1776	Street Address	Sand Hill Road		Date [MM/DD/YYYY]	\$	
City	Hershey	State	PA	Zip Code	17033	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Anne + Tom Searer			Date [MM/DD/YYYY]	\$	100.00
House #	2125	Street Address	Carey Way		Date [MM/DD/YYYY]	\$	
City	Hummelstown	State	PA	Zip Code	17036	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Robert + Gail Zelis			Date [MM/DD/YYYY]	\$	100.00
House #	815	Street Address	Verden Drive		Date [MM/DD/YYYY]	\$	
City	Hummelstown	State	PA	Zip Code	17036	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Paul + Jan Wessell			Date [MM/DD/YYYY]	\$	100.00
House #	376	Street Address	Yorktown Rd		Date [MM/DD/YYYY]	\$	
City	Hershey	State	PA	Zip Code	17033	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Janette Murray			Date [MM/DD/YYYY]	\$	100.00
House #	1625	Street Address	Bradley Avenue		Date [MM/DD/YYYY]	\$	
City	Hummelstown	State	PA	Zip Code	17036	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:	
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Full Name of Contributor		Michael + Rachel Mark		Date [MM/DD/YYYY]	5/4/15	\$	100.00
House #	1207	Street Address		Galway Court		Date [MM/DD/YYYY]	\$
City	Hammelstown	State	PA	Zip Code	17036	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]	\$
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:

Full Name of Contributor		John B.N. Dunn		Date [MM/DD/YYYY]	04/22/15	\$	1,000.00
House #	710	Street Address	Linden Road	Date [MM/DD/YYYY]		\$	
City	Hershey	State	PA	Zip Code	17033	Date [MM/DD/YYYY]	\$
Employer Name		Retired N/A		Occupation	Retired		
Employer Mailing Address / Principal Place of Business		N/A					
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:	
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To Whom Paid		Staples Store 1240			Date [MM/DD/YYYY]	\$	101.01
House #	710	Street Address W Chocolate Ave			Description of Expenditure		
City	Hershey	State	PA	Zip Code	17033	Stamps, Ink, Envelopes, Paper	
To Whom Paid		Staples Store 1240			Date [MM/DD/YYYY]	\$	136.99
House #		Street Address Same			Description of Expenditure		
City		State		Zip Code		Stamps + Envelopes	
To Whom Paid		(next period)			Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code		Stamps, Ink, Envelopes, Printing	
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			