Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink)

Filer Identification Number:

Report Filed By: CANDIDATE 1. | COMMITTEE 2. ✓ | LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist: Friends for Fries

Street Address: PO Box 286

City: Hershey | State: PA | Zip Code: 17033 –

TYPE OF REPORT (place X to the right of report type)

6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. ✓	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES		NO
8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES		NO
ANNUAL REPORT	7.	YEAR		FILING METHOD CHECK ONE		PAPER	✓	DISKETTE	

Name of Office Sought by Candidate: County Commissioner

DATE OF ELECTION: MO. 11 DAY 3 YEAR 2015

District Number | Office Code | Party Code: REP | County Code: 22 (SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO. 1 DAY 1 YEAR 2015 To MO. 5 DAY 4 YEAR 2015

A.	Amount Brought Forward From Last Report	$ 86,835.87
B.	Total Monetary Contributions and Receipts (From Schedule I)	$ 5,500.00
C.	Total Funds Available (Sum of Lines A and B)	$ 92,335.87
D.	Total Expenditures (From Schedule II)	$ 364.00
E.	Ending Cash Balance (Subtract Line D from Line C)	$ 91,971.87
F.	Value of In-Kind Contributions Received (From Schedule II)	$ —
G.	Unpaid Debts and Obligations (From Schedule IV)	$ —

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DAUPHIN COUNTY ELECTION BUREAU

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 6 day of May 2015

Richie A. Martz

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Signature RICHIE A MARTZ Notary Public
City of Harrisburg, Dauphin County
My Commission Expires May 13, 2015

My commission expires MO. DAY YR.

Andrew Bowman
Signature of Person Submitting Report

Andrew Bowman
Printed Name

717 Area Code | 319-2067 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 6 day of May 2015

Richie A. Martz

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
RICHIE A. MARTZ, Notary Public
Signature City of Harrisburg, Dauphin County
My Commission Expires May 13, 2015

My commission expires MO. DAY YR.

Signature of Candidate

Mike Fries
Printed Name

(717) Area Code | 533-9512 Daytime Telephone Number

Dauphin County Election Bureau
2 S. 2nd St.
PO Box 1295
Harrisburg PA 17108

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends for Pries	From 1-1-15 To 5-4-15

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$ 0

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		$ 0
All Other Contributions (Part B)		$ 0
TOTAL for the Reporting Period	(2)	$ 0

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		$ 5,000.00
All Other Contributions (Part D)		$ 500.00
TOTAL for the Reporting Period	(3)	$ 5,500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	$ 0

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.)*	$ 5,500.00

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.

Name of Filing Committee or Candidate	Reporting Period
Friends for Pries	From 1-1-15 To 5-4-15

	DATE (MO / DAY / YEAR)	AMOUNT
Full Name of Contributing Committee: Friends of Hasto + Pries	3 / 10 / 15	$ 5,000.00
Mailing Address: PO Box 7365		$
City: Steelton; State: PA; Zip Code (Plus 4): 17113		$
Full Name of Contributing Committee		$
Mailing Address		$
City; State; Zip Code (Plus 4) –		$
Full Name of Contributing Committee		$
Mailing Address		$
City; State; Zip Code (Plus 4) –		$
Full Name of Contributing Committee		$
Mailing Address		$
City; State; Zip Code (Plus 4) –		$
Full Name of Contributing Committee		$
Mailing Address		$
City; State; Zip Code (Plus 4) –		$
Full Name of Contributing Committee		$
Mailing Address		$
City; State; Zip Code (Plus 4) –		$
Full Name of Contributing Committee		$
Mailing Address		$
City; State; Zip Code (Plus 4) –		$
Full Name of Contributing Committee		$
Mailing Address		$
City; State; Zip Code (Plus 4) –		$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL $ 5,000.00

DSEB-502 (7-99)

PART D

ALL OTHER CONTRIBUTIONS

OVER $250.00

Use this Part to itemize all other contributions with an aggregate value of over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
Friends for Fries	From 1-1-15 To 5-4-15

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Employer Name	Occupation	Employer Mailing Address/Principal Place of Business	DATE (MO / DAY / YEAR)	AMOUNT
Jen Hynes	238 Highland Rd	Hershey	PA	17033	TEAMCare Behavioral Health	President of Operations	1808 Colonial Village Lane, Lancaster, PA 17601	1 / 2 / 15	$ 500.00
									$
									$
									$
									$
									$
									$
									$
									$
									$
									$
									$

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL $ 500.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends for Fries	From 1-1-15 To 5-4-15

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount	Description of Expenditure
AT&T	PO Box 537104	Atlanta	GA	30353	1	22	15	$ 88.00	Phone
Northwest Savings Bank	320 W Governor Rd.	Hershey	PA	17033	1	30	15	$ 3.00	Service Charge
AT&T	PO Box 537104	Atlanta	GA	30353	2	22	15	$ 88.00	Phone
Northwest Savings Bank	320 W Governor Rd.	Hershey	PA	17033	2	28	15	$ 3.00	
AT&T	PO Box 537104	Atlanta	GA	30353	3	30	15	$ 88.00	Phone
Northwest Savings Bank	320 W Governor Rd	Hershey	PA	17033	3	30	15	$ 3.00	Service Charge
AT&T	PO Box 537104	Atlanta	GA	30353	4	22	15	$ 88.00	Phone
Northwest Savings Bank	320 W Governor Rd	Hershey	PA	17033	4	30	15	$ 3.00	Service Charge

PAGE TOTAL $ 364.00

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.