



Reset Form

Print Form

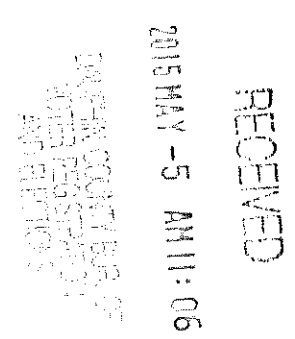
Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		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		Jean Marfizo King						
Street Address		6527 Windmere Rd.						
City	Harrisburg	State	PA	Zip Code	17111			

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)		05/19/2015	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
	1/1/2015	5/4/2015	
A. Amount Brought Forward From Last Report	\$	-12,281.77	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	-12,281.77	
D. Total Expenditures (From Schedule III)	\$	-7,155.88	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-19,437.65	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

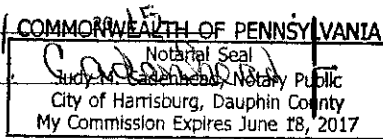
Affidavit Section

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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

5th day of May, 2015



Signature: Judy M. Gardner

My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Person Submitting report: Jean Marfizo King

Printed Name: Jean Marfizo King

Area Code: 717 Daytime Telephone Number: 651-5687

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 _____ 20____

Signature: _____

My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate: _____

Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number:			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
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)		\$	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)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			0

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0
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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Lower Paxton Twp. Republican Comm.			Date [MM/DD/YYYY]	\$	70.00
House #	1634	Street Address	Buckingham Rd.		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17111	Fundraiser	
To Whom Paid		DCCRW			Date [MM/DD/YYYY]	\$	50.00
House #	115	Street Address	Huntley Drive		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17112	2 Memberships	
To Whom Paid		Printworks			Date [MM/DD/YYYY]	\$	315.88
House #	5630	Street Address	Allentown Blvd.		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17112	Campaign letter/mailer	
To Whom Paid		RNC			Date [MM/DD/YYYY]	\$	\$ 10.00
House #	310	Street Address	First St. SE		Description of Expenditure		
City	Washington,	State	D.C.	Zip Code	20003	Membership	
To Whom Paid		DCRC			Date [MM/DD/YYYY]	\$	\$ 6,100.00
House #	2255	Street Address	Paxton Church Rd.		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17110	2015 Pledge	
To Whom Paid		Friends of Haste + Pries			Date [MM/DD/YYYY]	\$	80.00
House #		Street Address	P.O. Box 7365		Description of Expenditure		
City	Steelton	State	PA	Zip Code	17113	Final 4 Fundraiser	
To Whom Paid		Derry Twp. Republican Comm.			Date [MM/DD/YYYY]	\$	70.00
House #		Street Address	P.O. Box 78		Description of Expenditure		
City	Hershey	State	PA	Zip Code	17033	Spring Fundraiser	
To Whom Paid		Dauphin County Bureau of Elections			Date [MM/DD/YYYY]	\$	100.00
House #	201	Street Address	Market St.		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17101	Filing Fee	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		CD Boys Volleyball Boosters			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17112	Sponsor	
To Whom Paid		CASA			Date [MM/DD/YYYY]	\$	200.00
House #	Street Address	P.O. Box 6236			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17112	Golf Sponsor	
To Whom Paid		Susquehanna Twp. Republican Comm.			Date [MM/DD/YYYY]	\$	60.00
House #	Street Address	Paxton Church Rd.			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17110	fundraiser	
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			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

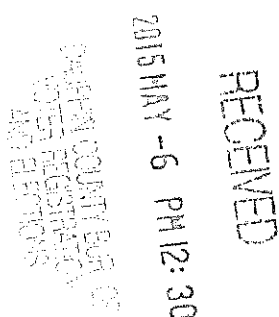
Commonwealth of Pennsylvania - Campaign Finance Report

(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
Name of Filing Committee, Candidate or Lobbyist		Jean Marfizo King		
Street Address		6527 Windmere Rd.		
City	Harrisburg	State	PA	Zip Code 17111

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)		5/19/2015	Year	2015	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report		\$ -12,281.77	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 0	
C. Total Funds Available (Sum of Lines A and B)		\$ -12,281.77	
D. Total Expenditures (From Schedule III)		\$ -7,255.88	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ -19,537.65	
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 paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

6th day of May 2015
 Signature of Notary Public
 Robbio Lynn Van Buskirk, Notary Public

My Commission expires 9-22-2017
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal DAY YR.

Signature of Person Submitting report
 Jean Marfizo King
 Printed Name

717 Area Code
 651-5687 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 this report, including the attached schedules on paper, is 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 20
 Signature

Signature of Candidate
 Printed Name

My Commission expires
 MO. DAY YR.

Area Code
 Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Friends of Nick Chimienti				Date [MM/DD/YYYY]		\$	50.00
House #	2255	Street Address		Paxton Church Rd.		Description of Expenditure			
City	Harrisburg		State	PA		Zip Code	17110 Fundraiser		
To Whom Paid		Friends of Tim DaFoor				Date [MM/DD/YYYY]		\$	50.00
House #	2255	Street Address		Paxton Church Rd.		Description of Expenditure			
City	Harrisburg		State	PA		Zip Code	17110 Fundraiser		
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			
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			