	R					

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 B	y Candida	te X	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Marfiz	o King	<u> </u>		<u> </u>	
Street Address	6527	Windm	ere Rd	,			
city Harrisbura	h	State	PA	Zip Code	17111		
Type of Report (Place x under report type)				er på Stargererer er er er er er er			
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Primary Primary	4-6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election (MM/DD/YYYY) 05/19/2015	Year	2015	Amendment Report		Termination Report		
Summary of Receipts and From Date Expenditures  1/1/2015  A. Amount Brought Forward From Last Report	ા ૬	1/2015		For	Office Use Only		
B. Total Monetary Contributions and Receipts (From Schedule I)	-12,	281.77 0					
C. Total Funds Available (Sum of Lines A and 8) D. Total Expenditures		281.77					
(From Schedule III)	\$ -7,	155.88			575 2778	July Chi	
E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	1 6 1	+37.65 0				MI :: 06	
		Affidavit Sec					
Part 1- 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    Sworn to and subscribed before me this							
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.I 1333, NO.320) as amended.							
Sworn to and subscribed before me this							
day of20	- '	_	Sign	nature of Candi	iate		
Signature	-	-Arres	·	Printed Name	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	
My Commission expires MO. DAY YR.	_	A	rea Code	Dayt	ime Telephone Number	<del></del>	

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
2.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ Ó
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
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)	\$
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 (Add and	\$

Cover Page, Item B)

#### **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

Filer Identification Number:			
Unitemized in-kind contribution	ITIONS RECEIVED-VAL	JE OF \$50.00 OR LESS PER CONTRIE	BUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEI	VED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECEIV	ED-VALUE OVER \$250.	00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		i i l	Õ

# SCHEDULE III Statement of Expenditures

Filer Identification Number:				

To Whom Paid Printworks  Date [MM/DD/  O 1/15/11  House # 5630 Street Address Allentown BIVd.  Description of E	expenditure  (YYY) \$ 50.00  Expenditure  (YYY) \$ 315.88
City Harnsburg State PA Code 1711 Fundra  To Whom Paid D CCRW  House # 15 Street Address Huntley Drive  City Harnsburg State PA Code 17112 A Memory  To Whom Paid Printworks  House # 5630 Street Address Allentown BIVd.  City I State D Zip Description of E  State PA Code 17112 Date [MM/DD/10]  Date [MM/DD/10]  Discription of E	
City Hamsburg State PA Code 17111 Fundra  To Whom Paid D CCRW  House # 15 Street Address Huntley Drive  City Hamsburg PA Code 17112 2 Meny  To Whom Paid Printworks  House # 5630 Street Address Allentown BIVd.  City State PA Zip  Code 17112 2 Meny  Date [MM/DD/10]  Date [MM/DD/10]  City State PA Zip  Code 17112 2 Meny  Date [MM/DD/10]  City State PA Zip  Code 17112 2 Meny  Date [MM/DD/10]  City State PA Zip  Code 17113 10	xpenditure  perships  xyy \$ 315.88
To Whom Paid  DCCRW  House # 15 Street Address Huntley Drive  City Hamsburg State PA Code 17112 2 Mem  To Whom Paid Printworks  House # 5630 Street Address Allentown BIVd.  City State 2 Zip Date [MM/DD/15] 19  Description of E	xpenditure  perships  xyy \$ 315.88
House # 15 Street Address Huntley Drive  City Hamsburg State PA Code 17112 2 Mem  To Whom Paid Printworks  House # 5630 Street Address Allentown BIVd.  City State 2 Zip Code 17112 2 Mem  Date [MM/DD/  01/15/15  Description of E	spenditure  perships  covvi s  315.88
House # 1/5 Street Address Huntley Drive  City Hamsburg State PA Code 17112 2 Mem.  To Whom Paid Printworks  House # 5630 Street Address Allentown Blvd.  City State 2 Zip 0  Description of E	erships mm \$ 315.88
City Harrisburg State PA Code 17112 2 Mem.  To Whom Paid Printworks  House # 5630 Street Address Allentown Blvd.  City State 2 Zip 0	aerships mm = 315.88
To Whom Paid Printworks  House # 5630 Street Address Allentown BIVd.  City State 2 Zip 0	mm 5 315.88
House # 5630 Street Address Allentown Blvd.  City   State   2   Zip   0	315.88
House # 5630 Street Address Allentown Blvd.  City   State   2   Zip   0	
City   State   2 Zip   0	
City Harnstown State PA Code 17112 Campaia	to a transfer of the state of t
Design Trainson of Especial in Progression 1	n letter/mailer
To Whom Paid Date [MM/DD//	mm \$ d
RNC 01/17/2	\$ 10.00
House # 310 Street Address First St. SE Description of E	xpenditure
City Washington, State D.C. Zip 20003 Member	rship
To Whom Paid Date [MM/DD/	mm] s &
DCRC 02/23/	mm  \$ \$ 2015
House # 2255 Street Address Paxton Church Rd. Description or -	ture !
City Harrisburg State PA Code 17110 2015	Pledge
To Whom Paid Friends of Hask + Pries Date [MM/DD/ 02/23/2	
	073   (表)
Steelfon State PA Code 17113 Final 4	+ Fundraiser
To Whom Paid Date [MM/DD/	
Derry Twp. Republican Comm. 02/23/2	
House # Street Address P.O. Box. 78 Description of E	xpenditure
City Hershey State PA Code 17033 Spring	Fundraiser
To Whom Paid Date [MM/DD/	1/1 0 0 / 2
Dauphin County Bureau of Elections 3/4/20	15 100.00
House # 201 Street Address Market St.  Description of E	xpengiture
City Harrisburg State PA Zip 17101 Filing	-ee

## Statement of Expenditures

666 M9050			 
Ball In the	Identification Number:		
	THE RESERVE AND ADDRESS OF THE PARTY OF THE		

To Whom Paid	CD 0	Vii Lall	Backer	Date [MM/DD/YYYY] \$	
	[ CD Bodz	Volleyball	DOOSTU S	3/19/2015	100.00
House #	Street Address	-		Description of Expenditure	
City Han	CASA	State PA	zip Code 1711 2	Sponsor	
To Whom Paid	00.50			Date [MM/DD/YYYY] \$	
militarity from professional fraction for the first free and the second section of the second section of the second	190			4/18/2015	200,00
House#	Street Address	P.O. Box 6		Description of Expenditure	
city Han	isburg	State PA	Zip Code 17112	Golf Sponsor	•
To Whom Paid	Susquehon	na Twp.	Republican Comm	Date [MM/DD/YYYY] \$ 5/1/20/5	60.00
House # 22-55	Street Address	exton Churc	h Rd.	Description of Expenditure	
city Har	risburg	State PA	Republican Comm h Rd. Zip Code 17110	fundraiser	
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
35530.555					
To Whom Paid				Date [MM/DD/YYYY] \$	
To Whom Paid				Date [MM/DD/YYYY] \$	
To Whom Paid House #	Street Address			Date [MM/DD/YYYY] \$  Description of Expenditure	
	Street Address	State .	Zip Code		
House #	Street Address	State	346946183345643565		
House #	Street Address  Street Address	State	346946183345643565	Description of Expenditure	
House # City To Whom Paid		State	346946183345643565	Description of Expenditure  Date [MM/DD/YYYY] \$	
House #  City  To Whom Paid  House #			Code	Description of Expenditure  Date [MM/DD/YYYY] \$	
House #  City  To Whom Paid  House #  City			Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure	
House #  City  To Whom Paid  House #  City  To Whom Paid	Street Address		Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$	
House #  City  To Whom Paid  House #  City  To Whom Paid  House #	Street Address	State	Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$	
House #  City  To Whom Paid  House #  City  To Whom Paid  House #  City	Street Address	State	Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure	
House #  City  To Whom Paid  House #  City  To Whom Paid  House #  City  To Whom Paid	Street Address  Street Address	State	Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$	

#### **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:		
Name of Credito			
		DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address	[MM/DD/YYYY]	\$
a i			
City		State Zip Code	
Description of D	)ebt		**************************************
			enganatan salah
Name of Credito			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	) [\$
City		State Zip	
Description of D	)ebt	Code	
Name of Credito	or	erkongstellerende eret det eret dit eller erekonstelleret stepet gestell gestelle i i de de beginning og ble b I de stepet stepet eret eret eret eret eret eret eret	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRE	) \$
		[MM/DD/YYYY]	
City ,		State Zip	
		Code	
Description of D	)ebt		
Name of Credite	or		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURREI	\$
		[MM/DD/YYYY]	
City		State Zip	
Description of D	loh!	Code	
Description of t	)-EUA		
Name of Credite	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURREI	<b>5</b>
1		[MM/DD/YYYY]	
City		State Zip	
		Code	
Description of C	Jebr		
Name of Credit	or .		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRE	D \$
		[MM/DD/YYYY]	
City		State Zip	
City		Code	
Description of D	Debt		



### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed E ( Mark X)	By Candida	te X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Je	an Ma	fizo Ki nere Re	19		
Street Address	6527	Winds	nere Re	t.		
City Hamsb		State	PA	Zip Code	17111	
Type of Report (Place x under report type)						
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day P Pre-Primary Pre-Primary Primary	Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 5/19/20	Year	2015	Amendment Report	X	Termination Report	
Summary of Receipts and From Date Expenditures	To Date	•		For	Office Use Only	
A. Amount Brought Forward From Last Rep	-12,	281.77				
B. Total Monetary Contributions and Rece (From Schedule I) C. Total Funds Available (Sum of Lines A and B)	pts \$	0			18 18 22	PECEVED
D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)	[선생님(1014] (선생	281.77 ,255.88 537.65			5012 2232 2332	3-5
F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations		0			考表	景巴
(From Schedule IV)	7	0				<u>ප</u>
	- tion stitue on	Affidavit Se				
Part 1- If this is a <b>Committee</b> report, treasurer signs wear (or affirm) that this report, including the Sworn to and subscribed before me this				dge and belief t	rue, correct and comple	ete.
day of May 30 15		<del>-</del>	Signature Jean	of Person Subn Nac Fr Printed Nam	zo Kana	<del></del>
Ny Commission expires 9 - 2 2 - 2 C COMMONWEALTH OF PENNSYLVANI Notarial Seal	<b>↑</b>		7/7 Area Code	Da	51-5687 ytime Telephone Numb	er
Part II If their of emprisel a Canaligate Country in the I swear (any form his bloto Empiles Cof my Rockid amendmenter, pennsylvania association of notae	zed Committee, cand	didate shall sign h ditical committee	ere. has not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this day of 20	٠,					
day of20			Sig	nature of Cand	date	<del></del>
Signature	.			Printed Name	****	Park and Piller
My Commission expiresMO. DAY YF	. <u>.                                   </u>		Area Code	Day	time Telephone Numbe	er

## Statement of Expenditures

		ن و و و و و و و و و و و و و و و و و و و	
Filer Identification Number:			

To Whom Paid		Date [MM/DD/YYYY] \$	
	ich Chimienti	4/22/2015	50.00
555555555555555555555555555555555555555	on Church Rd.	Description of Expenditure	is and the second of the secon
City Harrisburg State	PA Code 17110	Fundrais-er	
To Whom Paid	TO TO T	Date [MM/DD/YYYY] \$	C
To Whom Pala Friends of	lim Dotoor	4/22/2015	50.00
	or Church Rd.	Description of Expenditure	
City Hanisburg State	PA Code 17110	Fundrais er	
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 Pald		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	And the second s	and the second s
To Whom Pald		Date [MM/DD/YYYY] \$	
House # Street Address		Description of Expenditure	
City State	Zip Code		