



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

1/11

Filer Identification Number	27-4727681	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT ELLIS R. RICK ROY								
Street Address	P.O. BOX 13222								
City	HARRISBURG	State	PA	Zip Code	17110				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post 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
<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"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2015	05/04/2015	
A. Amount Brought Forward From Last Report	\$	244.64	<p>RECEIVED</p> <p>2015 MAY -7 PM 1:26</p> <p>DAUPHIN COUNTY DEPT. OF VOTER REGISTRATION AND ELECTIONS</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,508.48	
C. Total Funds Available (Sum of Lines A and B)	\$	2,753.12	
D. Total Expenditures (From Schedule III)	\$	1,881.79	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	871.33	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	978.8	
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

7<sup>th</sup> day of May 20 15

*[Signature]*

*[Signature]*

Signature of Person Submitting report

*[Signature]*

Printed Name

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

FRANK KARNOUSKOS, Notary Public

Lower Paxton Twp., Dauphin County

My Commission Expires March 9, 2018

717

Area Code

695-9823

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

7<sup>th</sup> day of May 20 15

*[Signature]*

Signature

*[Signature]*

Signature of Candidate

Ellis R. Roy, Jr.

Printed Name

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

FRANK KARNOUSKOS, Notary Public

Lower Paxton Twp., Dauphin County

My Commission Expires March 9, 2018

717

Area Code

557-1631

Daytime Telephone Number

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SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	27-4727681	
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 40
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	460
Total for the reporting period	(2)	\$ 460
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$ 2,000
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 8.48
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>		\$ 2,508.48

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**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.)

<b>Filer Identification Number:</b>	27-4727681
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<b>Full Name of Contributor</b>		DEBORAH ROBINSON		<b>Date [MM/DD/YYYY]</b>	02/18/2015	\$	60
<b>House #</b>	3211	<b>Street Address</b>	WAKEFIELD ROAD - APT B	<b>Date [MM/DD/YYYY]</b>	04/27/2015	\$	200
<b>City</b>	HARRISBURG	<b>State</b>	PA	<b>Zip Code</b>	17109	\$	
<b>Full Name of Contributor</b>		ELLIS R. ROY, JR.		<b>Date [MM/DD/YYYY]</b>	05/04/2015	\$	200
<b>House #</b>	621	<b>Street Address</b>	CURTIN STREET	<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	HARRISBURG	<b>State</b>	PA	<b>Zip Code</b>	17110	\$	
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		\$	

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# 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:	27-4727681
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	500
ELLIS R. ROY, JR.					03/13/2015			
House #	621	Street Address			Date [MM/DD/YYYY]		\$	500
		CURTIN STREET			04/06/2015			
City	HARRISBURG		State	PA	Zip Code	17110	Date [MM/DD/YYYY]	\$ 1,000
						04/30/2015		
Employer Name				CITY OF HARRISBURG - BUREAU OF POLICE		Occupation	RETIREE	
Employer Mailing Address / Principal Place of Business				2 SOUTH 2ND STREET, HARRISBURG, PA 17101				
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								

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**PART E**  
**Other Receipts**

**REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.**

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

<b>Filer Identification Number:</b>	27-4727681
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<b>Full Name</b>		BESTBUY.COM						
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		RICHFIELD	<b>State</b>	MN	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$ 8.48
							03/21/2015	
<b>Receipt Description</b>		ONLINE PURCHASE REVERSAL - RF#043042						
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Receipt Description</b>								

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## 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:	27-4727681
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	188.8
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**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period	(2)	\$	150
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	640
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**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)

\$	978.8
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	27-4727681
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<b>Full Name of Contributor</b>		DEBORAH ROBINSON				<b>Date [MM/DD/YYYY]</b>	\$	150
						05/01/2015		
<b>House #</b>	3211	<b>Street Address</b>	WAKEFIELD ROAD - APT B			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	HARRISBURG	<b>State</b>	PA	<b>Zip Code</b>	17109	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Description of Contribution</b>		ONE MONTH'S RENT FOR ADDITIONAL OFFICE SPACE						

  

<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Description of Contribution</b>								

  

<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Description of Contribution</b>								

  

<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Description of Contribution</b>								

  

<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Description of Contribution</b>								

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

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<b>Filer Identification Number:</b>	27-4727681
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<b>Full Name of Contributor</b>					DEBORAH ROBINSON		<b>Date [MM/DD/YYYY]</b>		\$	320
							02/01/2015			
<b>House #</b>	3211	<b>Street Address</b>		WAKEFIELD ROAD - APT B		<b>Date [MM/DD/YYYY]</b>		\$	320	
						03/01/2015				
<b>City</b>	HARRISBURG	<b>State</b>	PA	<b>Zip Code</b>	17109	<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>					NEW YORK CITY RETIREMENT SYSTEM (NYCERS)		<b>Occupation</b>		HEALTH DEPARTMENT RETIREE	
<b>Employer Mailing Address / Principal Place of Business</b>					335 ADAMS STREET, SUITE 2300, BROOKLYN, NEW YORK		<b>Description of Contribution</b>		CAMPAIGN/COMMITTEE OFFICE SPACE	
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							<b>Description of Contribution</b>			



SCHEDULE III

Statement of Expenditures

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Filer Identification Number:	27-4727681
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To Whom Paid	VISA Facebook RF# 081021	Date [MM/DD/YYYY]	07/02/2015	\$	14.00
House #	Street Address	Description of Expenditure			
	Online Transaction	Holiday AD Boost			
City	State	Zip Code			
	CA				
To Whom Paid	TASSA Corporation	Date [MM/DD/YYYY]	01/08/2015	\$	200
House #	Street Address	Description of Expenditure			
2337	NORTH Third St.				
City	State	Zip Code			
HBO	PA	17110	Payment towards office rent		
To Whom Paid	VISA Sheetz	Date [MM/DD/YYYY]	01/06/2015	\$	15.00
House #	Street Address	Description of Expenditure			
	Union Depositor				
City	State	Zip Code			
HBO	PA		CAS FOR Treasurer		
To Whom Paid	Metro Bank	Date [MM/DD/YYYY]	01/30/2015	\$	18.00
House #	Street Address	Description of Expenditure			
	Union Depositor				
City	State	Zip Code			
Harrisburg	PA		BANK Service Fee		
To Whom Paid	Deborah Robinson	Date [MM/DD/YYYY]	02/17/2015	\$	30.00
House #	Street Address	Description of Expenditure			
3211	Wakefield Rd Apt B				
City	State	Zip Code			
Harrisburg	PA	17109	CAS Reimbursement		
To Whom Paid	Metro Bank	Date [MM/DD/YYYY]	02/27/2015	\$	18.00
House #	Street Address	Description of Expenditure			
	Union Depositor				
City	State	Zip Code			
Harrisburg	PA		BANK Monthly Service Fee		
To Whom Paid	Blue host.com	Date [MM/DD/YYYY]	03/15/2015	\$	158.87
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
	UT		Website Renewal Fee		
To Whom Paid	VESTA VIRGIN Mobile	Date [MM/DD/YYYY]	03/20/2015	\$	43.40
House #	Street Address	Description of Expenditure			
	RF # 331441				
City	State	Zip Code			
Portland	OR		Office Campaign Cell Phone #1		

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## Statement of Expenditures

Filer Identification Number:

27-4727681

To Whom Paid		Vesta Virgin Mobile			Date [MM/DD/YYYY]	\$	43.40
House #	Street Address		RF # 078053		Description of Expenditure		
City	State		OR	Zip Code	Campaign Cell Phone #2		
To Whom Paid		Vesta Virgin Mobile			Date [MM/DD/YYYY]	\$	43.40
House #	Street Address		RF # 078126		Description of Expenditure		
City	State			Zip Code	Campaign Cell Phone #3		
To Whom Paid		Best Buy, Com			Date [MM/DD/YYYY]	\$	25.42
House #	Street Address		RF # 043785		Description of Expenditure		
City	State		MN	Zip Code	WIRELESS INTERNET USB		
To Whom Paid		PK Graphics			Date [MM/DD/YYYY]	\$	183.03
House #	Street Address		RF # 061257		Description of Expenditure		
City	State		FL	Zip Code	Lit Drop Post CARDS		
To Whom Paid		Metro Bank			Date [MM/DD/YYYY]	\$	18.00
House #	Street Address		Union Depositor		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code			
To Whom Paid		Dauphin County Democratic Committee			Date [MM/DD/YYYY]	\$	96.90
House #	Street Address				Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	Votebuilder Data Base		
To Whom Paid		Office MAX			Date [MM/DD/YYYY]	\$	42.39
House #	Street Address		Jonestown Rd		Description of Expenditure		
City	Hsbq	State	PA	Zip Code	INK FOR HP Printer		
To Whom Paid		Best Buy			Date [MM/DD/YYYY]	\$	130.20
House #	Street Address		Jonestown Rd		Description of Expenditure		
City	Hsbq	State	PA	Zip Code	Virgin Mobile Top off Cards		

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SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	27-4727681
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To Whom Paid		Friends of Destini Hodges			Date [MM/DD/YYYY]	\$	25 <sup>00</sup>
House #	Street Address			Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	Campaign Donation		
To Whom Paid		FRIENDS OF ERIC GUTSHALL			Date [MM/DD/YYYY]	\$	50 <sup>00</sup>
House #	Street Address			Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	Campaign Donation		
To Whom Paid		OFFICE MAX			Date [MM/DD/YYYY]	\$	70.66
House #	Street Address			Description of Expenditure			
City	HBG	State	PA	Zip Code	Printer Color Ink + Pens		
To Whom Paid		Metro Bank			Date [MM/DD/YYYY]	\$	18 <sup>00</sup>
House #	Street Address			Description of Expenditure			
City	HBG	State	PA	Zip Code	Bank Monthly Service Fee		
To Whom Paid		The Paxton Herald Graphic Services			Date [MM/DD/YYYY]	\$	638.12
House #	Street Address			Description of Expenditure			
City	HBG	State	PA	Zip Code	CAMPAIGN MAILERS-EDDM		
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			