

## Commonwealth of Pennsylvania - Campaign Finance Report

1/11

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

Filer Identification Number	27-	4727681	Repo	rt Filed B k X)	y Candid	ate	Committee	X	Lobbyist
Name of Filing Com Lobbyist	ommittee, Candidate or COMMITTEE TO ELECT ELLIS R. RIC					ICK ROY			
Street Address			P.O. BC	OX 13222					
City	HARRISBU	RG			State	РА	Zip Code	17110	
Type of Report (Plac	e x under r	eport type)							
1- 6 <sup>th</sup> Tuesday 2- Pre-Primary Pre	2 <sup>nd</sup> Friday -Primary	3-30 Day Post Primary		Tuesday lection	5- 2 <sup>nd</sup> Friday Pre- Election		7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	<u>X</u>	05/19/2015	Year		2015	Amendment Report		Termination Report	
Summary of Receipt Expenditures		91/01/2015			e 5/04/2015		For	Office Use Only	<del>23</del>
A. Amount Brought	14 14 14 15	and the first of the second	1 6		244.64	_]		177 180	cn -
B. Total Monetary C (From Schedule I) C. Total Funds Avail		ns and Receipt	\$ \$		2,508.48 	_			
(Sum of Lines A and D. Total Expenditur			\$		1,881.79	_			
(From Schedule III) E. Ending Cash Bala (Subtract Line D fro	and the officer of the control of		\$		871.33				<u>.</u> (2)
F. Value of In-Kind ( (From Schedule II)			\$		978.8				O .
G. Unpaid Debts an (From Schedule IV)	And the Art Total Court	ins	\$		0				
Part 1- If this is a Com	mittee repor	t. treasurer sien l	nere. If t	his is a Ca	Affidavit S ndidate report.		. 7		,
My Commission ERA	ed before m  A A A A  EDNWEAL  NOTA  NK KARNO  Ver Parkton '  Commission	e this  20  TH OF PENNS ARIAL SEAL DUSKOS, Notan Twp: Wauphin Twp: Wauphin Twp: Wauphin Twp: Wauphin Twp: Warch	YLVA YLVA Publi County 9, 2011	NIA C	- -	SUM OF Signature Se posignature 7/7 Area Code	e of Person Sub Printed Nar	MIN- phitting reports	<u> </u>
Part II- If this is a repo	rt of a Candi	date's Authorize	d Comm	ittee, can	didate shall sign	here.	inv provisions of	f the Act of June 3, 193	7 (P.L. 1333, NO.320) as
amended.	i to the best	or my knowledge	. and De	ner uns pu	ondear committe	and not violated d	, bi oxisiona di	. and reconsume of add	· v anday reduced as
	MAY Locu	20 / 5	YLVAN			## A. F. A. 7/17 Area Code	Printed Name	1/L	per
}	A - V - V - I	wp., Dauphin C Expires March	'Alleman's						

# SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number	27-4727681			

1.Unitermized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	40
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	ali di Karasan	1. 2. 2. 3. A.	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	460
Total for the reporting period	(2)	\$	460
3. Contributions Over \$250.00 (From Part C and Part D)	(X.Ve)		
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	2,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	(* 1974) (* 70.31		
Total for the reporting period	(4)	\$	8.48
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, Re Cover Page, Item B)	port	\$	2,508.48

# 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:		
27-4727681		
27-4727001		

Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
	DEBORAH ROBI	NSON		02/18/2015	60
House #	Street Address			Date [MM/DD/YYYY]	\$
3211	w.	akefield road -	APT B	04/27/2015	200
City	a de la companya del companya de la companya de la companya del companya de la co	State	Zip Code 17109	Date [MM/DD/YYYY]	\$
HARRISBURG		PA	1/109	- , .	
Full Name of Contr				Date [MM/DD/YYYY]	\$ 200
	ELLIS R. ROY, JF	l.		05/04/2015	200
House #	Street Address			Date [MM/DD/YYYY]	\$
621	CL	JRTIN STREET			
City	100000000000000000000000000000000000000	State PA	Zip Code 17110	Date [MM/DD/YYYY]	
HARRISBURG		'^	17210		
Full Name of Conti	ributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Transfer of the state of the st	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
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: 27-	4727681		

Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$			
	ELLIS R. RO	Y, JR.		03/13/2015		500		
House #	Street Address		, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	\$			
621		CURTIN STREET		04/06/2015		500		
City HARRISBUR	G	State PA	Zip Code 17110	Date [MM/DD/YYYY] 04/30/2015	\$	1,000		
Employer Name		CITY OF HARRISBURG	- BUREAU OF POLICE	Occupation RETIREE	1 40,553	<u> </u>		
Employer Mailing Principal Place of		2 SOUTH 2ND STREET	, HARRISBURG, PA 17101					
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$			
House #	Street Address			Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name				Occupation				
		<u> </u>						
Employer Mailing Principal Place of	Business							
Full Name of Cont	ributor		2,000	Date [MM/DD/YYYY]	\$			
House #	Street Address			Date [MM/DD/YYYY]	\$			
City	Established to the Constitution of	State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name		Proceedings	1 section of the sect	Occupation	\$348Q	·		
Employer Mailing Principal Place of								
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$			
House #	Street Address	5		Date [MM/DD/YYYY]	\$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name				Occupation		¥ <u>.                                    </u>		
Employer Mailing			the state of the s					



#### 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.

Filer Identification Number:

27-4727681

Full Name	BESTBUY.COM				
House #	Street Address				
City		State		Zip .	Date [MM/DD/YYYY] \$ 8.48
	RICHFIELD		MN	Code	03/21/2015
Receipt Description	ONLINE PURCHA	SE REVERSAL - RF#04	3042		
Full Name					
House #	Street Address				
City		State		Zip	Date [MM/DD/YYYY] \$
				Code	
Receipt Description					
Full Name					
House #	Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>			
City		State		Zip	Date [MM/DD/YYYY] \$
				Code	
Receipt Description		1 emenadeeda			I mind
Full Name					
House #	Street Address				
City		State	₫ I:	Zip	Date [MM/DD/YYYY]   \$
				Code	**************************************
Receipt Description		- <u></u>   社長事務等			
Full Name				·	
House #	Street Address				
	Street Address	Indican:			Date [MM/DD/YYYY]   \$
City		State		Zip Code	Pare Inim/pp/1111
Receipt Description					
Full Name					
House#	Street Address				
City		State		Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					488
7					

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#### 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: 27-47276	81		
	NUCTION CONCENTED VALUE O	E-\$E0-00-0	NO LECC DED CONTRIBUTOR
UNITEMIZED IN-KIND CONTR  TOTAL for the reporting period	(1)	Ι¢Ι	
TOTAL TOT THE TOPOTHING PERIOD	<b>V-7</b>	] -	188.8
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.01 TO \$	250.00 (FF	ROM PART F)
TOTAL for the reporting period	(2)	\$	150
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250.00 (I	FROM PAR	T-G)
TOTAL for the reporting period	(3)	\$	640
TOTAL VALUE OF IN-KIND CONTRIBUTI			
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; also er	nter	978.8

# SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:			
27-4727681			

Full Name of Con	tributor			Date [MM/DD/YYYY]	
	DEBORAH ROBI	NSON		05/01/2015	150
House #	Street Address			Date [MM/DD/YYYY]	
3211	W/	AKEFIELD ROAD - A			
City	0.0000000000000000000000000000000000000	State	Zip Code 17109	Date [MM/DD/YYYY]	\$
HARRISBUI	RG	PA	17109		
Description of Co	ntribution	ONE MONTH'S F	RENT FOR ADDITIONAL OFFICE SE		
Full Name of Con	tributor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	· ×-				
Description of Co	ontribution				
Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
City	14456 (1444-444-444) (1444-444)	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	
City	Total Control	State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	3
Description of C	ontribution				
and the state of t	And the second s				

#### SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

1000000	 		
Filer Identification Number:			
27-4727681			

Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
DEBORAH ROBI	NSON		02/01/2015	320
House # Street Address			Date [MM/DD/YYYY]	\$
Bandareanna (1990)	akefield road - A	PTB	03/01/2015	320
City HARRISBURG	State PA	<b>Zip Code</b> 17109	Date [MM/DD/YYYY]	
Employer Name	NEW YORK CITY	RETIREMENT SYSTEM (NYCERS)		PARTMENT RETIREE
Employer Mailing Address / Principal Place of Business 335 AD		EET, SUITE 2300, BROOKLYN, NEW YORK	Description of CAMPAIGN/	COMMITTEE OFFICE SPACE
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of Contributor	288		Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
	The property of the second	Name and a second	Dote Instalms book	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Topic and the state of the stat	Occupation	1-9994
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	3
City	State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name		Macadala	Occupation	Total
Employer Mailing Address / Principal Place of Business			Description of Contribution	

# Statement of Expenditures

Filer Identification Number:
37-4727681

To Whom Paid  VISA Facebook RF# 081021  Date [MM/D  0.102]  House # Street Address  Online Transaction  City State 0.1 Zip	20/5 14.00 of Expenditure,
House # Street Address Online TRANSACTON Description Howard	of Expenditure
City State A Zin	f 40 10051
· CA Code	L
To Whom Paid Date [MM/D	D/YYYY] \$ 0.43
CONTRACTOR	12015 200
House # 2331 Street Address NONTH Thind St. Description &	of Expenditure
Longitudina A Longitudina Company	towards office kenr
	D/WWI S
to the control of the	12015 15:00
House # Street Address Union Byour Descriptions	of Expenditure
City HBG State PA Zip Code CAS /	Fod Weasurer
To Whom Paid Date [MM/D	D/YYYY] \$
Metro BANK, 01/30	1/2015 18,00
	of Expenditure MINHUM
City HORRISHWAY State JA Zip Code BANK	MONTHLY KSENICE FEE
To Whom Paid Date [MM/D	
	/ - ( )
House # 3211 Street Address Wallfuld Rd April Description	of Expenditure
City Harrishure State PA Zip 17/09 GAS K	embusement
To Whom Paid Metro BANK Date [MM/E]	
	of Expenditure
City HACTISBURG State PA Zip Code BANK /	Nouthey Service Fee
To Whom Paid Date MM/F	Self-Militar house consumeration as for transport
10. I f. same 11.	158,87
House # Street Address Description	of Expenditure
City State Zip NeWS/10	e Renewal Fee
	DD/YYYY] \$ 1/2/10
7, 0011	/シ//S     7 ジ 7 0 of Expenditure
House # Street Address RF # 33/44/	or experiments
City Portland State OR Zip Code Office	Campaign Cell Phone

# SCHEDULE III

## **Statement of Expenditures**

		:		
Filer Identification Number:	27-4727681	À	·	

To Whom Paid	1/22/2 1	100.0 Mal	1/10	Date [MM/DD/YYYY] \$	da un
	VESTA V	IRGIN MOR	1118	03/2//3015	43.40
House#	Street Address	F# 0780	53	Description of Expenditure	
City		State OR	Zip Code	Compagn Cell Pi	hne #2,
To Whom Paid	1/01/2 1/	` 4 4 14	1	Date [MM/ØD/YYYY] \$	
	Vesta V	RGIN MOR	11/2	03/21/2015	43.40
House #	Street Address	RF 40781	26	Description of Expenditure	1
City		State	Zip Code	CAMPAIGN CELL P	whe #3
To Whom Paid	Bur Bu	11 Com		Date [MM/B0/YYYY] \$	25.42
	pai pu	y Com		330000000	20.70
House #	Street Address	RF# 043	785	Description of Expenditure	
City		State MA	Zip	WIRELESS INTER	ner U.S.B
	71 25	////*	Code		mu viole
To Whom Paid	VK Col	Aphics		Date [MM/DD/YYYY] \$	183,03
House #	Street Address	FIFTICS	tiperen analysis of the	03/3//2015 Description of Expenditure	10010
119435 #	Street Address	KF# 0	61257	Description of Expenditure	
City	<u> </u>	State FL	Zip Code	LIT DROP POST	-CARDS
To Whom Paid	Mal	co ka v		Date [MM/DD/YYYY] \$	
	Metr	0 DANK		03/31/2015	18:00
House #	Street Address	7	Posis	Description of Expenditure	
City Harri	shure	State	rzip Code		
To Whom Paid	NAUNHIA /	Bunky Domas	ratic Committee	Date [MM/DD/YYYY] \$	96.90
House #	Street Address	wany same	Jail MAIAITED	04/07/20/5 Description of Expenditure	74 70
nouse #	Street Address	V		Description wi expenditure	
City Harri	Shuln	State PA	Zip Code	Voteruilder Day	ta Base
To Whom Paid		MAK		Date [MM/DD/YYYY] \$	1/2 20
	Office	111/4	A	04/13/2015	42,39
House #	Street Address	Jonestown	LA	Description/of Expenditure	10
City	111	State //	Zip	INK FOR	H Duntor
l	4106		Code	, , , , , , , , , , , , , , , , , , ,	Rinter
To Whom Paid	BEST &	Duy	_	Date [MM/DD/YYYY] \$	130,20
House #	Street Address	Jonestown	Rd	Description of Expenditure	
City F	Sba	State PA	Zip Code	Virgin Mobile	Top OFF CARA
	Ű				

# SCHEDULE III Statement of Expenditures

Filer Identification Number:	

To Whom Paid	Lalon	ls of Desti	ni Hodak	Date [MM/DD/YYYY] \$ 2500
House #		wo swig	111 /104900	04/27/2015 25 Description of Expenditure
11ouse #	Street Address			Description of Experiment
City Hear	ishwa	State PA	Zip Code	Campaign Donatur
To Whom Paid	Face (	1/6	ic Gutshall	Date [NM/DD/YYYY] \$ 50 00
	FRIENI	JS OF GR	ic quisimi	10.112010012
House #	Street Address			Description of Expenditure
City Hour	rsburg	State PA	Zip Code	CAmpaign Donation
To Whom Paid	Office.	Max		Date [MM/DB/YYYY] \$ 70.66
House #	- / /	77072	$-\rho_{i}$	04/28/2015 // · · · · · · · · · · · · · · · · · ·
110use #	Street Address	Jonestown	. Ka	A second of Expendicule
City	HB6	State PA	Zip Code	PAINTER WOLLING & Pens
To Whom Paid	Me	La Ronk	/	Date [MM/DD/YYYY] \$ 18 00
House #	Street Address	110 OTITIE		Description of Expenditure
"iouse"	Street Address	Wilowal	Sepas 1T	Description of Expenditure
City	FB6	State PA	Zip Code	BANK Monthly Service Fee
To Whom Paid	The PA	Kton Hela	ld GAPPHIC Servie	S 04/30/2015 638.12
House #	Street Address		COLN	Description of Expenditure
City	1111	State /) /	Zip	Manda Miles
	HB6	]   PH	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	