

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	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends	of Destini H	odaes		
Street Address 2052 Zarker street					
city Harrisburg	0000 20	State PA	Zin Codo	7104	
Type of Report (Place x under report type)					
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	The state of the state of the state of	nd Friday 6-30 Day Pos - Election Election		cial 2 nd Friday -Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 5/1 G	Year 2	Amendment Report	Teri Rep	mination ort	
Summary of Receipts and From Date Expenditures		5	For Office	Use Only	
A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts				(77.) 25.0 25.0	1
(From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) 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)	\$ 785 \$ 785 \$ 471.0 \$ 313.0 \$ 0	3 12 08		AND REPORT BY OF	PECEIVED MAY -7 PH 12: 54
		Affidavit Section	`		
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 This day of 20 15 COMMONWEALTH OF PENNSYLYANNATE of Person Submitting report Notarial Seal OZM LINE Signature My Commission expires 02 18 201 My Commission Expires Feb. 18, 2017 MO. DAY YR. MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES 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 The day of May 20 15 Signature Notarial Seal Laura L. Kennedy, Notary Public Newberry Twp., York Quinty, My Commission expires Feb. 18, 2017 My Commission Expires Feb. 18, 2017 Member, Pennsylvania Association of Notariaes Member, Pennsylvania Association of Notariaes					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
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1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	1 14.	
Total for the reporting period (1)	\$	535
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)	\$	260
Total for the reporting period (2)	\$	a b o
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	· · · · · · · · · · · · · · · · · · ·
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	
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)	\$	785.00

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.)

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• Electrentiacanon Number	
Filer Identification Number:	
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particular and construction of the constructio					1100 111	,
Full Name of Contr	ibutor M. Cai	mille Eric	2	Date [MM/DD/YYYY]	\$	
				0412412015		100100
House #	Street Address	1 South	18th street	Date [MM/DD/YYYY]	\$	
		.4" 500((()	- • • • • • • • • • • • • • • • • • • •			
City	- I	State PA	Zip Code I기10식	Date [MM/DD/YYYY]	\$	
Harr	sburg	THE STATE OF THE S	11109			
Full Name of Contr	ibutor	ra yeise	> /	Date [MM/DD/YYYY]	\$	
	-000	or yerse		04/94/2015		100:00
House #	Street Address	<u> </u>	1240	Date [MM/DD/YYYY]	\$	
		FING N.	4th street			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Harr Harr	isburg	PA PA	17110			
Full Name of Contr	ibutor Cook	0	V200	Date [MM/DD/YYYY]	\$	
	Gene	Carlo '	1510	0412412015		60, 00
House#	Street Address	00 5	·	Date [MM/DD/YYYY]	\$	
		2327 -	forest Hills Dr			
City	Establisher State (1997)	State	Zip Code	Date [MM/DD/YYYY]	\$	
Han	risburg	PA				
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$	
				and Age along the man Age (the first and Age and Age (the Age and Age (the		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City						
		State	Zip Code	Date [MM/DD/YYYY]	S	
	10名前书号表演员共和日本	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contr	ibutor	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
200 (100 (100 (100 (100 (100 (100 (100 (ibutor	State	Zip Code			
		State	Zip Code	Date [MM/DD/YYYY]		
Full Name of Contr	ibutor Street Address	State	Zip Code		\$	
Full Name of Conti				Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
Full Name of Contr		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Conti	Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
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Full Name of Conti	Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	

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:

Full Name	Get it N	Jow P	hint	
House # 4-90 Stre	et Address	1 Stre	At	
City		State	Zip	Date [MM/DD/YYYY] \$
	Horrishura	T PA		14. CAS 200 160140
Receipt Description	Harrisburg returned the			
Full Name	resurred che	CKIHEN	11	
House # Stre	et Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	117		Code	(株式 第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二次
Receipt Description				
Full Name				
House # Stre	et Address			·
City		State	Zip	Date [MM/DD/YYYY] \$
ija marata kan kan kan kan kan kan kan kan kan ka			Code	
Receipt Description				等 第
Full Name				
House# Stre	et Address			
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Receipt Description	1.63	53/163/163/21 <u> </u>	es Place to the Council of	1 (2002)
Full Name				
	et Address			
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City		State	Zip Code	Date [MM/DD/YYYY] \$
		And the second s		
Receipt Description				
Full Name				
House# Stre	et Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				

Statement of Expenditures

	Statement of Expen	aitaie
Filer Identification Number:		

To Whom Paid		
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	20	- 1 0 - 10 - 10
House # Street Address		Description of Expenditure
City 1 Stat	te 🕜 🛆 Zip	0. 0.400/\$100 0.400
Hamisburg	"e PA Zip Code	fundraising event suppries
TO Whom Paid PANERA R	OCAN	Date MM/DD/YYYYI S
I PHNEKA E	SKEAD)	04/20/2015 18.1e1
House# Street Address		Description of Expenditure
Gity Harrisburg sta	te PA Zip	door knocking runch
To Whom Paid		Date [MM/DD/YYYY] \$
PARTY CIT	V	04/21/2015 51.35
House # Street Address		Description of Expenditure
City Harrisburg Stal		fundraising event supplier
	Code	Usupplier
To Whom Paid Get it NOW	ONIO L	Date [MM/DD/YYYY] \$ 360.44
		04101130N
House # Street Address ムフ	90 lerry street	Description of Expenditure
l City	te Zio	campaign literature
** Harrisburg	PA Code 17111	carres of Maciana
To Whom Paid		Date [MIV/DD/YYYY] \$
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House # Street Address		Description of Expenditure
City Sta	te Zip	
City	Code	·
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House # Street Address		Description of Expenditure
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City	te Zip Code	
To Whom Paid	that the Lands of	Date [MM/DD/YYYY] \$
House # Street Address		Description of Expenditure

City Sta	te Zip Code	
To Whom Paid		Date [MM/DD/YYYY] \$
		100 A
House # Street Address		Description of Expenditure
City	te Zip Code	