



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)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Destini Hodges								
Street Address	2052 Zarker street								
City	Harrisburg	State	PA	Zip Code	17104				

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)	5/19		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  2015 MAY -7 PM 12:54 RECEIVED TREASURY COUNTY BUREAU OF VOTER REGISTRATION AND ELECTIONS
A. Amount Brought Forward From Last Report	12/1/15	5/4/15	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	785	
D. Total Expenditures (From Schedule III)	\$	471.92	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	313.08	
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

7<sup>th</sup> day of May 20 15Signature of Person Submitting report  
*Laura L. Kennedy*Notarial Seal  
Laura L. Kennedy, Notary Public  
Newberry Twp., York County  
My Commission Expires Feb. 18, 2017  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Printed Name

Evans

My Commission expires 02 18 2017  
MO. DAY YR.565-0443  
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 15Signature  
*Laura L. Kennedy*Notarial Seal  
Laura L. Kennedy, Notary Public  
Newberry Twp., York County  
My Commission Expires Feb. 18, 2017  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Candidate

Printed Name

Destini Hodges

My Commission expires 02 18 2017  
MO. DAY YR.608-8803  
Daytime Telephone Number

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

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	525
<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)		\$	260
Total for the reporting period	(2)	\$	260
<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)	\$	
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	
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>		\$	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.)

Filer Identification Number:	
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Full Name of Contributor					M. Camille Erice		Date [MM/DD/YYYY]	\$	100.00
							04/24/2015		
House #	Street Address		1 South 18 <sup>th</sup> Street		Date [MM/DD/YYYY]		\$		
City		State	PA	Zip Code	17104	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Laura Yeiser		Date [MM/DD/YYYY]	\$	100.00
							04/24/2015		
House #	Street Address		2749 N. 4 <sup>th</sup> Street		Date [MM/DD/YYYY]		\$		
City		State	PA	Zip Code	17110	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Gene Carlo Veno		Date [MM/DD/YYYY]	\$	60.00
							04/24/2015		
House #	Street Address		2327 Forest Hills Dr		Date [MM/DD/YYYY]		\$		
City		State	PA	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		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 Now Print

House #

4790

Street Address

Derry Street

City

Harrisburg

State

PA

Zip Code

17111

Date [MM/DD/YYYY]

04/02/2015

\$

362.44

Receipt Description

returned check item

Full Name

House #

Street Address

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Receipt Description

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		SAM'S CLUB			Date [MM/DD/YYYY]	\$	39.52
					04/20/2015		
House #	Street Address		Description of Expenditure				
City	Harrisburg	State	PA	Zip Code	fundraising event supplies		
To Whom Paid		PANERA BREAD			Date [MM/DD/YYYY]	\$	18.61
					04/20/2015		
House #	Street Address		Description of Expenditure				
City	Harrisburg	State	PA	Zip Code	door knocking lunch		
To Whom Paid		PARTY CITY			Date [MM/DD/YYYY]	\$	51.35
					04/21/2015		
House #	Street Address		Description of Expenditure				
City	Harrisburg	State	PA	Zip Code	fundraising event supplies		
To Whom Paid		Get it Now Print			Date [MM/DD/YYYY]	\$	362.44
					04/01/2015		
House #	Street Address		Description of Expenditure				
City	Harrisburg	State	PA	Zip Code	17111	campaign literature	
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			