

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Q	eport Filed B	y Candida	ta : ::::::::::::::::::::::::::::::::::	Committee	5445111000	- Lobbuiet - I	
Number	T. C.	eport Filed b Mark X)	ry Canuida		Committee		Lobbyist	
Name of Filing Committee, Car Lobbyist	ndidate or Fri	ends of Rhond	la Mays		• · · · · · · · · · · · · · · · · · · ·		<u> </u>	
Street Address	70	1 N 2nd Street			***			
City Harrisburg	City Harrisburg		State	PA	Zip Code	17102		
Type of Report (Place x under r	report type)							
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post 4-6 th Pre-Primary Pre-Primary Primary Pre-El		6th Tuesday e- Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election	11/3/2015 Y	ear	2015	Amendment		Termination		
(MM/DD/YYYY)	11/3/2013			Report		Report		
Summary of Receipts and Expenditures	From Date	To Date			For (Office Use Only		
Experiarcines	3/10/15		5/4/15					
A. Amount Brought Forward F	rom Last Report	\$	0			and transmit tipelly and the transmit		
B. Total Monetary Contributio (From Schedule I)	ons and Receipts	\$	500					
C. Total Funds Available		\$	500				r-3	
(Sum of Lines A and B) D. Total Expenditures		\$				1 12 	<u></u>	
(From Schedule III)			0			aĝi		
E. Ending Cash Balance \$			500					
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received \$ (From Cale Add 1)			0					
*** ***	G. Unpaid Debts and Obligations \$							
(110811 Schedule 14)			_Affidavit Se	 ction			"	
Part 1- If this is a Committee repor							C1	
I swear (or affirm) that this report, Sworn to and subscribed before m			n paper, is to the	best of my knowled	ige and belief tri	ie, correct and comple	te.	
(a day of Mac)	20 (5)	My Commission E	1	Ald (C. 142	VL		
Stor Flow	011	1 3 5		Signature niel C Miller	of Person Submi	itting report		
Signature	1	1 3 5	NOTARIA TRACI L Notary	mer c winer	Printed Name	2		
My Commission expires(9 17			7	234-2	2250		
MO.	DAY YR.	DAUPHII pires Dei	Y PENNS	rea Code	Day	time Telephone Numbe	er	
Part II- If this is a report of a Candi			idate sha					
I swear (or affirm) that to the best amended.	ot my knowledge and	belief high	itical com	nas not violated an	γ provisions of tl	ne Act of June 3, 1937 (P.L. 1333, NO.320) as	
Sworn to and subscribed before m	e this			- Marine	////	- 1		
day of Way 20 15								
Signature of Candidate Rhonda Mays								
Signature	<u> </u>		<u> </u>	onua iviays	Printed Name			
My Commission expires 12 9 17			71	717 425-8767				
				Area Code Daytime Telephone Number				

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL TRACI L MYERS Notary Public HARRISBURG CITY, DAUPHIN COUNTY My Commission Expires Dec 9, 2017

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
	ciondo of Phonda Mayo	
i i i i i i i i i i i i i i i i i i i	riends of Rhonda Mays	
	manner	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (:	1)	\$ 50
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)		\$ 450
Total for the reporting period (2	2)	\$ 450
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	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)	- 1	\$ 500

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: Friends of R	Rhonda Mays			
				I DECEMBER AND DESCRIPTION OF THE PROPERTY OF	an necessica
Full Name of Con	2010-45-2010-00-00-00-00-00-00-00-00-00-00-00-00-		Date [MM/DD/YYYY]	250	
	Dan Miller		4/1/2015	250	
House # 123				Date [MM/DD/YYYY]	
City Harrisburg		State PA	Date [MM/DD/YYYY]		
Full Name of Con	CONTRACTOR OF STREET	anno e	Date [MM/DD/YYYY]	S	
	Jeffrey M H	ali	4/28/2015	200	
House #	Street Address	\$	AD-11.1.	Date [MM/DD/YYYY]	
2249	The state of the s	Swatara Street			The Control of the Co
City Harrisburg	Test est de Session (1985)	State PA	Zip Code 17104	Date [MM/DD/YYYY]	* * * * * * * * * *
Full Name of Cor	ntributor	Transferrickistal	I THE THE PARTY OF	Date [MM/DD/YYYY]	
House #	Street Addres	\$ 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
F = 11, 1 a 11, 1 a 14, 1 a 14				10022 91,442,000 12 15 17	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Full Name of Cor	ntributor		_	Date [MM/DD/YYYY]	
House #	Street Addres	55		Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor	ntributor	Process for recovery the second	Date [MM/DD/YYYY]	\$	
House #	Street Addres	**************************************		Date [MM/DD/YYYY]	
CIV.	The street of th	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor				Date [MM/DD/YYYY]	
House #	Street Addres	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Date [MM/DD/YYYY]	
City	The second of th	State	Zip Code	Date [MM/DD/YYYY]	5

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: Friends of Rhonda Mays	
Name of Creditor	Outstanding Balance of Debt

Name of Creditor	Graphic Services		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
101	Lincoln Street	4/22/2015	
City	Harrisburg State	PA Zip 17112 Code	404.92
Description of Debt	Printing		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State S	Zip Code	
Description of Debt	The state of the s		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt		to at my crace with d	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	3
City	State	Zip Code	- 計画報告 注意知识
Description of Debt	Activities of the second secon		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State :	Zip Code	
Description of Debt			