Reset Form I

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)		y Can	Candidate		Committee	X	Lobbyist			
Name of Filing Committee, Candidate or Lobbyist			Chamberlin For Council									
Street Address				612 N, 2nd Street								
City Harrisburg					Stat	e	PA		Zip Code	17101		
Type of Report (Plac	e x under r	eport type)							,			
1- 6 <sup>th</sup> Tuesday   2- 2 <sup>nd</sup> Friday   3- 30 Day Post Pre-Primary   Pre-Primary   Primary			t 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	
	X											
Date Of Election (MM/DD/YYYY)		5/19/2015	Year		2015	2015		nt		Termination Report		
Summary of Receipt Expenditures	s and	From Date		To Date		For Office Use Only						
A. Amount Brought	Enguard E	3/10/2015	\$		/4/2015							
					0							
B. Total Monetary C (From Schedule I)		ns and Receipts		-	2216.37							
C. Total Funds Avail (Sum of Lines A and			\$	:	2216.37							
D. Total Expenditures (From Schedule III)				\$ 1815.72								
E. Ending Cash Balance (Subtract Line D from Line C)			\$	\$ 400.65								
F. Value of In-Kind C (From Schedule II)			\$	0								
G. Unpaid Debts and (From Schedule IV)	d Obligatio	ns	\$	9 0 14A 5				3				
Part 1- If this is a <b>Com</b> n	nittee renor	t trascurar cian h	ore lf	nc 10 % 1 57	Affida			aro	,			
				nedules or	n par er, is to				lge and belief t	ue, correct and comp	lete.	
I swear (or affirm) that this report, including the attached schedules on paler, is to the best of my knowledge and belief true, correct and complete.  Sworn to and subscribed before me this    day of   20   5						ber						
Daet II If this is a secon	t of a Candle	tatale Authorised	Comm	C I	lidate de all a	ian h	are					
	Part II- If this is a report of a Candidate's Authorized Committee Sandidate Stall sign here.  I swear (or affirm) that to the best of my knowledge and be exist political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.											
Sworn to and subscribe	ed before m	e this	Į									
day of												
			,				Signature of Candidate					
Signature									Printed Name		_	
My Commission expire	_											
MO, DAY YR. Area Code Daytime Telephone Number						er						

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number		
1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	) \$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	516.37
Total for the reporting period (2)	) \$	516.37
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	O
All Other Contributions (Part D)	\$	1700
Total for the reporting period (3)	) \$	1700
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	) \$	O

2216.37

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)

#### 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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Full Name of Co	ntributor		<u> </u>	Date [MM/DD/YYYY]	Š	
	Dan Miller		3/26/2015		216.37	
House #	Street Address	······································	Date [MM/DD/YYYY]	\$		
701		N. 2nd Street				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Harrisbur	g	PA	17101			
Full Name of Co				Date [MM/DD/YYYY]	\$	
	Christy Daec	her		4/1/2015		200
House #	Street Address			Date [MM/DD/YYYY]	\$	
2408		Logan Street				
City Harrisbur	a .	State PA	Zip Code 17110	Date [MM/DD/YYYY]	\$	, ,
			17110			
Full Name of Co	ntributor Joe Lucia			Date [MM/DD/YYYY]	\$	100
	Joe Lucia			2/21/2015		100
House # 242	Street Address	Nouth Canana		Date [MM/DD/YYYY]	\$	
		North Street				
City Harrisbu	σ.	State PA	Zip Code 17101	Date [MM/DD/YYYY]	\$	
			17101			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	:
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
E 11 81				Date [MM/DD/YYYY]	\$	
Full Name of Co	REGULOF			Date [WIW/DD/1111]	7	
Na v	Street Address			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [Inital) DDJ 11.11.	7	
elov I		State	Zip Code	Date [MM/DD/YYYY]	\$	
City		State	Tip code	Date frankliph(11111)	•	
Full Name of Co	ntributor	35.0559/453455	Date [MM/DD/YYYY]	\$		
				The state of the s		A CONTRACTOR OF THE CONTRACTOR
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$	
				nggamena-masansansansansansansansansansansansansan		
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)

Full Nan	ne of Contribu	or			Date [MM/DD/YYYY]	<b>S</b>				
			Chamberlin	3/25/2015	325					
House # Street Address			is		Date [MM/DD/YYYY]	\$				
	612		N. 2nd Street		4/1/2015	1375				
City	Harrisburg		State PA	Zip Code	Date [MM/DD/YYYY]	\$				
Employer Name Unemployed					Occupation Engineer	1				
	er Mailing Add Il Place of Busi		612 N. 2nd Street H	larrisburg PA 17101						
	ne of Contribu				Date [MM/DD/YYYY]	\$				
House #	<u> </u>	Street Addres	ss		Date [MM/DD/YYYY]	\$				
City			State	Zip Code	Date [MM/DD/YYYY]	\$				
Employ	er Name				Occupation	Occupation				
	er Mailing Add									
.,	me of Contribu				Date [MM/DD/YYYY]	5				
House #	f	Street Addres	SS		Date [MM/DD/YYYY]	\$   				
City			State	Zip Code	Date [MM/DD/YYYY]	\$				
Employ	er Name		I		Occupation	Occupation				
	er Mailing Add al Place of Busi				The standard of the standard o	·				
	ne of Contribu				Date [MM/DD/YYYY]	\$				
House #	1	Street Addres	ss	,	Date [MM/DD/YYYY]	\$				
City	440		State	Zip Code	Date [MM/DD/YYYY]	\$				
Employ	er Name			4 manufacture de la constitución	Occupation					
	er Mailing Add									

## Statement of Expenditures

Filer Identification Number:	

To Whom Paid						Date [MM/DD/YYYY]	\$			
	Graphic Services					3/31/2015		477		
House # 101	Street Address Lincoln Street					Description of Expenditure				
City Harrisburg State PA Zip Code 17112						Palm Cards				
To Whom Paid	Pennsylvania Democra	atia Dauta	·····		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$			
	rennsylvania Democra	atic raity				3/26/2015		216.37		
House # 229	Street Address Sta	ate Street		-	***	Description of Expendi	ture			
<b>City</b> Harrisburg		State PA	55030	lip Code	17101	voter list				
To Whom Paid	C. T. IB				,	Date [MM/DD/YYYY]	\$	1122,35		
	Capitol Promotions					4/5/2015		1122,53		
House # 231	Street Address P.C	). Box				Description of Expendi	ture			
<b>City</b> Glenside		State PA		ip Code	19038	Yard Signs				
To Whom Paid						Date [MM/DD/YYYY]	\$			
House #	Street Address			······································		Description of Expendi	hure			
nouse #	Street Address									
City		State		Zip Code						
To Whom Paid						Date [MM/DD/YYYY]	5			
House#	Street Address			*		Description of Expendi	ture			
City		State		čip Code						
To Whom Paid						Date [MM/DD/YYYY]	5			
House#	Street Address			<del> </del>		Description of Expendi	ture			
City	Accomplished to the control of the c	State		Zip Code		1 mag 1 7 mag 1	***************************************			
To Whom Paid						Date [MM/DD/YYYY]	5			
House#	Street Address					Description of Expendi	ture	]		
City	[P00050090000000000000000000000000000000	State		Zip Code						
To Whom Paid		The state of the s		**************************************		Date [MM/DD/YYYY]	\$			
House#	Street Address					Description of Expendi	ture	1		
City		State		Zip Code						