Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	Report Filed B		_	Committee		Lobbyist
Number	(Mark X)					
Name of Filing Committee, Candidate or Lobbyist Street Address	Campi	n7T	Elect V	leff Bo	1 timore	
City Haccahia	1 1.0. L	State	51 p1	Zip Code	17111	
MAI [15 DUIG	-		<u>/ //</u>		17106	
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	4-6th Tuesday Pre-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 (MM/DD/YYYY) 05/19/2015	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures O(~ O/ 20	To Date	e 04-2015	Property the Control of Market	For	Office Use Only	
A. Amount Brought Forward From Last Repor						
B. Total Monetary Contributions and Receipts (From Schedule I)	200	0 00			100 to 10	
C. Total Funds Available (Sum of Lines A and B)	\$1	.00	1			景 强
D. Total Expenditures	\$ 270	_	Į			()
(From Schedule III) E. Ending Cash Balance	3.39	00				- Carried St.
(Subtract Line D from Line C)	174	2.00	1		景有图	量回
F. Value of In-Kind Contributions Received	\$		1		- C.	with the same of t
(From Schedule II) G. Unpaid Debts and Obligations	\$	0	1		0.5	CI
(From Schedule IV)	200					
Part 1- If this is a Committee report, treasurer sign h	iere. If this is a Co-	Affidavit Ser ndidate report, ca				
I swear (or affirm) that this report, including the atta					rue, correct and comp	olete.
Sworn to and subscribed before me this		C.		roy L	Allemore	
And Jo		<u>(</u>	Jeneture	crey 1	nitting report	<u>II</u>
Signature GOMMONWEALTH (My Commission expires LAUFIA / LIMBASSIM	ALSEAL	-	717		525-1723	, ibas
MOAUFIA A MARASEN Susquenanna Twp. My Commission Evel	the same of the same of		Area Code	Da	ytime Telephone Nun	nper
Part II- If this is a report of a Candidate's Authorizer I swear (or affirm) that to the best of my knowledge amended.	d Committee, can			ny provisions of	the Act of June 3, 199	37 (P.L. 1333, NO.320) as
Sworn to antisubscribed before me this day of ACC 20 (Signature COMMONIVEALTH OF PENNOVA) My Commission expires NOTABIAL SEAL Susquehama Twp., Dauphin Cour My Commission Evelson a parket	ithlic		Sig Self rey 177 Area Code	Printed Name	idate TiMCR 21-5327 time Telephone Num	ber
My Commission Expires August 30 :	2016					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
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)	\$	
Total for the reporting period (2)	\$!
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	O
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	1	
Total for the reporting period (4)	\$	200.00
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	\$	James - UU

Cover Page, Item B)

PAGE	OF	

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	//	DIL.		aporting F		
Campages to Elect (1	ett	Baltimere.		From <u>DI</u>	-01-20,	7/5 To 05-04-2015
Full Name Sett Baltimore	···					
Mailing Address N. 17 & Street				··. ···		
City Harankum	State:	Zip Code (Plus 4)	MD.			* 200.00
Receipt Description			04	28	2015	* Lev. cv.
Full Name	nittee					
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Meiling Address						an e an
CHÝ	State	Zip Code (Plus 4)	∰MD So	DAY	YEAR	Amount \$
Receipt Description	<u></u>		<u> </u>			
Full Name				***************************************	<u> </u>	
Meiling Address						
City	State	Zip Cöde (Plüs 4)	a是Mio 表示	DAY	MYCARXII	Amount \$
Receipt Description	4			÷		
Fuji Name						-
Mailing Address			*******			
City	1 e*****	Zip Code (Plus 4)		Description of the last of the	Samuel Company	- 10 Section (Ching)
<u> </u>	State	Zip Code (Piusw	емо-	DANS	NAME AND VA	Amount:
Receipt Description						
Full Name						
Mailing Address	<u>-</u>					
City	State	Zip Code (Plus 4)	ECMONS.	leisin katega	1-VEAP	Amount
		MAP WENNEY TO THE TANK	Phillips reserve	Kalaban karana	Million Messages	\$
Receipt Description	· · · · · · · · · · · · · · · · · · ·			·	· <u></u>	
Futi Name						
Mailing Address				<u> </u>		
Otty	State		Mos	PEDAY	PEYEAR:	Amount
Receipt Description		-				,\$
1000,000						
<u> </u>						PAGE TOTAL
Enter Grand Total of Part E on Schei	dule I,	Detailed Summary	Page,	Section	n 4.	\$

DSEB-502 (7-99)

Statement of Expenditures

Filer Identification Number:			
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поизен	Street Address	Grooked Hill		Description of Expenditure	
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City //		State	Zip	CL " sc	
1/101	isbura	PA	Code 17106	Stamps	
To Whom Paid	17			Date [MM/DD/YYYY] \$	
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	UDY-)		04-102/2015 30.00	
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City //		State //	Zip		lielija egedi
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City		State	Zip	111. 1011.	
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City /		State	Zip		
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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 Nun	nuel:			
		7 (0)		100-00-00-00-00-00-0
Name of Creditor			Outstanding Balance of Debt	
House #	Street Address	N. 174 Street	DATE DEBT INCURRED [MM/DD/YYYY]	\$ 200.00
		No 17 1/2) The T	04/28/7015	-
	Harri	sbug	PH Code 17/03	
Description of Debt	\$200	Loan from Jeff Bal	timore to Comm	tee
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				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	•
City		State	Zip Code	
Description of Debt		1 (1000)	1	- Hamming Mary and the Company of th
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt		- Parameter - Para	, promosoficialist	1,000
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt		Processor	- Total Anna Carlotte	<u> </u>