

# 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	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Campaign to Elect Jeff Baltimore						
Street Address	P.O. Box 60051						
City	Harrisburg	State	PA	Zip Code	17106		

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)	05/19/2015	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	<p>For Office Use Only</p> <p>2015 MAY -8 AM 11:15</p> <p>RECEIVED</p> <p>DAUPHIN COUNTY ELECTIONS DIVISION</p> <p>NOTA RECEPTION AND ELECTRONIC</p>
A. Amount Brought Forward From Last Report	01-01-2015	05-04-2015	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	200.00	
D. Total Expenditures (From Schedule III)	\$	200.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	339.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	200.00	

## 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

8<sup>th</sup> day of May 2015  
 Signature of Person Submitting report

Jeffrey Baltimore II  
 Printed Name

My Commission expires

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 LAURA A. TARASEWICH, Notary Public  
 MO. Susquehanna Twp., Dauphin County  
 My Commission Expires August 30, 2016

717  
 Area Code

525-1723  
 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

8<sup>th</sup> day of May 2015  
 Signature of Candidate

Jeffrey A. Baltimore  
 Printed Name

My Commission expires

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 LAURA A. TARASEWICH, Notary Public  
 MO. Susquehanna Twp., Dauphin County  
 My Commission Expires August 30, 2016

717  
 Area Code

421-5327  
 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)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
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)	\$
		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 Cover Page, Item B)		\$
		200.00

**PART E  
OTHER RECEIPTS**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**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 <i>Campaign to Elect Jeff Baltimore</i>					Reporting Period From <i>01-01-2015</i> To <i>05-04-2015</i>				
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Full Name <i>Jeff Baltimore</i>									
Mailing Address <i>1118 N. 17th Street</i>									
City <i>Harrisburg</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17103 -</i>	MO <i>04</i>	DAY <i>28</i>	YEAR <i>2015</i>	Amount <i>\$ 200.00</i>			
Receipt Description <i>Loan to Committee</i>									

  

Full Name									
Mailing Address									
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount			
		-				\$			
Receipt Description									

  

Full Name									
Mailing Address									
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount			
		-				\$			
Receipt Description									

  

Full Name									
Mailing Address									
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount			
		-				\$			
Receipt Description									

  

Full Name									
Mailing Address									
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount			
		-				\$			
Receipt Description									

  

Full Name									
Mailing Address									
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount			
		-				\$			
Receipt Description									

  

Full Name									
Mailing Address									
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount			
		-				\$			
Receipt Description									

  

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.										<b>PAGE TOTAL</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
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SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		USPS				Date [MM/DD/YYYY]	\$	49.00
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	Crooked Hill		Harrisburg		PA	17106	Stamps	
To Whom Paid		USPS				Date [MM/DD/YYYY]	\$	30.00
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	Crooked Hill		Harrisburg		PA	17106	P.O. Box rental fee	
To Whom Paid		AAA				Date [MM/DD/YYYY]	\$	10.00
House #	Street Address		City		State	Zip Code	Description of Expenditure	
2301	Paxton Church Road						Notarized Petitions	
To Whom Paid		Dauphin County Bureau of Elections				Date [MM/DD/YYYY]	\$	50.00
House #	Street Address		City		State	Zip Code	Description of Expenditure	
	S. Second Street		Harrisburg		PA	17101	Filed Petitions	
To Whom Paid		P K Graphics				Date [MM/DD/YYYY]	\$	200.00
House #	Street Address		City		State	Zip Code	Description of Expenditure	
					FL		Literature Handouts	
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address		City		State	Zip Code	Description of Expenditure	
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address		City		State	Zip Code	Description of Expenditure	
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address		City		State	Zip Code	Description of Expenditure	

**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:									
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Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]					\$		
1118	N. 17th Street	04/28/2015						200.00	
City		State	Zip Code						
Harrisburg		PA	17103						
Description of Debt									
\$200 Loan from Jeff Baltimore 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									

  

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]					\$		
City		State	Zip Code						
Description of Debt									