

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF 3
(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>												
Name of Filing Committee, Candidate or Lobbyist: DALE E. KLEIN																				
Street Address: 7736 ALTHEA AVE.																				
City: HARRISBURG					State: PA		Zip Code: 17112-													
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY		1.		2ND FRIDAY PRE-PRIMARY		2. <input checked="" type="checkbox"/>		30 DAY POST PRIMARY		3.		AMENDMENT REPORT?		YES		NO		<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST ELECTION		6.		TERMINATION REPORT?		YES		NO		<input checked="" type="checkbox"/>	
	ANNUAL REPORT		7.		YEAR				FILING METHOD () CHECK ONE				PAPER		<input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate: CLERK OF COURTS					DATE OF ELECTION					District Number		Office Code		Party Code		County Code				
					MO. DAY YEAR 5 19 2015									REP		22				
																		(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:					MO. DAY YEAR 1 1 2015			To			MO. DAY YEAR 5 4 2015			FOR OFFICE USE ONLY RECEIVED 2015 MAY -8 AM 11:08 DAUPHIN COUNTY ELEC CT VOT REGISTRATION AC ELECTIONS						
A. Amount Brought Forward From Last Report					\$			0												
B. Total Monetary Contributions and Receipts (From Schedule I)					\$			0												
C. Total Funds Available (Sum of Lines A and B)					\$			0												
D. Total Expenditures (From Schedule III)					\$			390 ⁰⁰ / ₁₀₀												
E. Ending Cash Balance (Subtract Line D from Line C)					\$			-390 ⁰⁰ / ₁₀₀												
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.

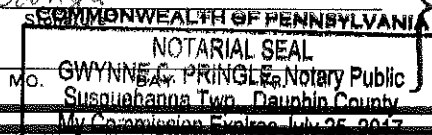
I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8th day of MAY 2015

Gwynne C. Pringle

My commission expires



[Signature]

Signature of Person Submitting Report

Dale Klein

Printed Name

717

Area Code

991-9052

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

day of 20

Signature

My commission expires

MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

PAGE 2 OF 3

Name of Filing Committee or Candidate <u>DALE E. KOEHN</u>	Reporting Period From <u>1/1/2015</u> To <u>5/4/2015</u>
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>0</u>
All Other Contributions (Part B)	\$ <u>0</u>
TOTAL for the Reporting Period	(2) \$ <u>0</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0</u>
All Other Contributions (Part D)	\$ <u>0</u>
TOTAL for the Reporting Period	(3) \$ <u>0</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u>0</u>

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.)	\$ <u>0</u>
--	-------------

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate DALE E. KLEIN		Reporting Period From 1/1/2015 To 5/4/2015			
To Whom Paid CENTRAL DAUPHIN MIDDLE School		MO. 2	DAY 13	YEAR 15	Amount \$ 100.00
Mailing Address 4600 Locust Ln. (CD/PA)		Description of Expenditure AD/MUSICAL			
City H.B.G., PA	State PA	Zip Code (Plus 4) 17109-		check # 950	
To Whom Paid FRAC CENRB OF LCB/PA		MO. 4	DAY 1	YEAR 15	Amount \$ 20.00
Mailing Address 8143 Jonestown RD.		Description of Expenditure AD/Pancake Breakfast			
City H.B.G.	State PA	Zip Code (Plus 4) 17112-		check # 812	
To Whom Paid Dauphin Co. Bureau of Elections		MO.	DAY	YEAR	Amount \$ 100
Mailing Address 201 Market St.		Description of Expenditure Filing Fee			
City H.B.G.	State PA	Zip Code (Plus 4) 17101-			
To Whom Paid Lower Paxton Twp Republican Comm		MO. 1	DAY 13	YEAR 15	Amount \$ 70.00
Mailing Address 1634 Buckingham Rd.		Description of Expenditure FUNDRAISER			
City H.B.G.	State PA	Zip Code (Plus 4) 17111-		check # 946	
To Whom Paid (CCRC) FRIENDS OF WICK/TIM DeFoor		MO. 4	DAY 22	YEAR 15	Amount \$ 50.00
Mailing Address 2255 Paxton Church Rd.		Description of Expenditure Fundraiser for Chimienti and DeFoor			
City H.B.G.	State PA	Zip Code (Plus 4) 17110-		check # 955	
To Whom Paid SDauphin Co. Republican Women		MO. 3	DAY 24	YEAR 15	Amount \$ 50
Mailing Address 2255 Paxton Church Rd		Description of Expenditure DRESS			
City H.B.G.	State PA	Zip Code (Plus 4) 17110-			
To Whom Paid		MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure			
City	State	Zip Code (Plus 4)			
To Whom Paid		MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure			
City	State	Zip Code (Plus 4)			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 390