Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification			1		-	Filed B	'Y	Ca	ndida	ndidate		11	Committee					Lobt	oyist							
Number			_	(M	(Mark X)			1	_									<u></u>								
Name of Filing Committee, Candidate or			•																							
Lobbyist				Friends of Tim Carter for Sheriff																						
Street Address			$\neg \neg$	2011	2 Leno	x St																				
														n		1										
City	Harrisburg	<u> </u>				_	_	Sti	ate	PA	_		\int_{-1}^{1}	Zip Co	ae	171	04									
Type of Report (Place x under report type)																										
1. 6th Tripeday	2_ 2nd	3_20 P-	, Post	4. C	th Tire	isdav	ξ.	2 nd Fr	idav	6-3) Da	ay Post	t 7	7- Anı	ıual	Spe	cial :	2 nd Friday	Spec	ial 3r	0 Day					
	1-6 th Tuesday 2- 2 nd Friday 3-30 Day Pos Pre-Primary Pre-Primary Primary			-1 - "			1			1	tion	-	'			Pre-Election		1 "	-Elect	_						
rie-rimary	Pre-Primary	rimary		-re	re- Election Pre- Election								ļ <u></u>		ഥ`			<u> </u>								
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Date Of Election	<u> </u>			Yea	31					Am	3Dqs	ment	+	一	- -	Ter	mina	tion	1		1					
(MM/DD/YYYY)		05/19/2	015	1			ţ	2015	5	Rep			-		1	1	port	-	1		1					
												-	\bot		_											
Summary of Rec	ceipts and	From Da	ite		T	To Date									For	Offic	e Use	Only								
Expenditures	į	04/01	1/2015	05/04/2015																						
A. Amount Brou	ight Forward F	rom Last I	Report	1	\$		٥	1		Π											· · ·					
B. Total Moneta	ry Contributio	ns and Pa	ceinte	\dashv	\$					1								k	8	<u>)</u>						
(From Schedule	-	. SITTED PAR	<u>د.</u> د				300	U		1									<u>c</u>	e F						
C. Total Funds A				\dashv	\$					1								_교 육취	=	See	~~f~~z					
(Sum of Lines A				- 1	"		300	10		1								4500		~~	r ^					
D. Total Expend	*			\dashv	\$		—			1								四部名	ı		(' 5					
(From Schedule				- 1	7		64.9	93		1								田祭堂	0	O.						
E. Ending Cash 8				\dashv	\$ 235.07			1								쿵놾탁		j	es and							
(Subtract Line D				1												君母好	I	مد چگ								
		ns Receiv	ed		\$	5			1									 	-	A						
F. Value of In-Kind Contributions Received (From Schedule II)																	$t_{ij}^{*}\rangle$	C .4,	>							
G. Unpaid Debts		าทร		\dashv	\$					1								r	N							
(From Schedule	_	=		1			0)		1																
							_		lavit Se	ection																
Part 1- If this is a C	Committee renor	rt, treasure	r sign ha	ere.	If this	is a Car	ndid:	ate rep	port, c	andida	te sig	gn here	ā. —						-							
I swear (or affirm)	that this report.	, including t	he atta	ched	sched	dules o	n par	per, is	to the	best o	fmy	knowl	'edge	e and l	belief t	rue, c	orrect	t and comple	ete.							
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Thum	-/-	1				Signature of Person Submitting re Debra A. Ellison						s repo	11 L													
1	Signature	1		_					Printed Name						,											
(- /	·			. 1			17				1 6														
My Commission e		24	201					17																		
MO. DAY YR.									-	Area C	ode				Da	ytime	Teler	ohone Numb	er							
Part II state	enort of a final	dato's *	tori	C-	Im.iv.	·e	lini-	e ch-	l elm- '	1erc																
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																										
STH day of	يد ۱۸	20 O	114						جدي			THE PERSON NAMED IN	***************************************	7		X	7									
a day of	- ILIVAY	20_ <u>&</u>	r ()						<u></u>			-	ice	H-	Tra-	id-+										
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Timothy M. Carter Printed Name																										
						-	717			•																
My Commission e			<u>ئ 1 صد</u>	<u>3</u> _																						
	MO.	DAY	YR.							Area C	ode				Day	rtime`	relepi	hone Numbe	er							
A .																										
Common	awealth of P) Chnewi	ania												Commonwealth of Pennsylvania											

NOTARIAL SEAL Thomas Gustin, Notary Public Harrisburg City, Dauphin County My Commission Expires February 24, 2018

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
1.Ontemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
Total for the reporting period	(+)	7	
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)		\$	300
Total for the reporting period	(2)	\$	
Total for the reporting period	(4)	Ą	300
3. Contributions Over \$250.00 (From Part C and Part D)		1	
or some real passion (right are suitar are s)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
	731		
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E		_	
- 4. Other receipts returnes, interest Edined, returned effects, 210-(110)11- art	,		
Total for the reporting period	(4)	\$	
	1.7	l	
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, R	eport		300
Cover Page Item B)			300

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:

Full Name of Con				Date [MM/DD/YYYY]	-1 -60-1
	John E Colema	ın		04/17/2015	100
House #	Street Address			Date [MM/DD/YYYY]	\$
2033	R	aleigh Rd.			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Hummelsto	own	PA	17036		
Full Name of Con			Date [MM/DD/YYYY]	\$	
ling to the last provided according to the last of the	Virginia P Zozo	>5	04/17/2015	100	
House #	Street Address			Date [MM/DD/YYYY]	\$
605		. 25th St.			
City	[12] (2.20)	State	Zip Code	Date [MM/DD/YYYY]	
Harrisburg		PA	17104		
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
	Debra A Ellisor	n		04/17/2015	100
House #	Street Address		,, ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date [MM/DD/YYYY]	
4503		lorth Rd.			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Harrisburg		PA	17109		- 1940 1942
Full Name of Con	tributor		Date [MM/DD/YYYY]		
House#	Street Address			Date [MM/DD/YYYY]	\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
				Date (min/pb/) 1311	
City		State	Zip Code	Date [MM/DD/YYYY]	
		Julia	Lip code	Date (Minipody 1111)	
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$ S
					7.51
House #	Street Address			Date [MM/DD/YYYY]	. .
City		State	Zip Code	Date [MM/DD/YYYY]	.
				Dutc (Mill) DD/11((1))	
Full Name of Con	tributor			Date [MM/DD/YYYY]	1850
House #	Street Address			Date [MM/DD/YYYY]	\$ \$ 1
				Date (MIN) DDJ 1111	
City		State	7in Codo	Doto FRANK (DD (VOORV)	
		State	Zip Code	Date [MM/DD/YYYY]	S
					[Atal]

SCHEDULE III Statement of Expenditures

Profice and amount for the profice and the colors.		
Filer Identification Number:	,	
가 있어요 하면 나는 어느 어느 가장 있는 사람들이 하는 한 사람들이 가게 남편을 다 하다.		
· 我们 (4),"在40年的,他们是是有多数的,我们就是 是		
(1) The first term of the		

To Whom Paid				Date [MM/DD/YYYY]	\$.		
Ha	rland Clarke (Wells Fargo-PA)			04/21/2015	64.93		
House #	itreet Address	Description of Expenditure					
City Dallas	State	тх	Zip 75266-0073	Checks & endorsement stan	np		
To Whom Paid	,			Date [MM/DD/YYYY]	\$		
House #	treet Address			Description of Expendi	ture .		
City	State		Zip Code	See Team Market			
To Whom Paid				Date [MM/DD/YYYY]	S		
House #	treet Address			Description of Expendi	ture		
City	State		Zip Code				
To Whom Paid				Date [MM/DD/YYYY]			
House#	Street Address			Description of Expendi	ture		
City	State		Zip Code				
To Whom Paid		•	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$		
House#	Street Address			Description of Expendi	ture		
City	State		Zip Code				
To Whom Paid				Date [MM/DD/YYYY]	\$		
House#	Street Address			Description of Expend	iture		
City	State		Zip Code				
To Whom Paid				Date [MM/DD/YYYY]	9		
House #	Street Address			Description of Expend	lture		
City	State		Zip Code				
To Whom Paid				Date [MM/DD/YYYY]	\$		
House #	Street Address			Description of Expend	iture		
City	State		Zip Code				