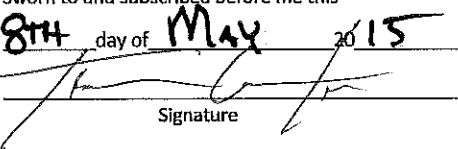
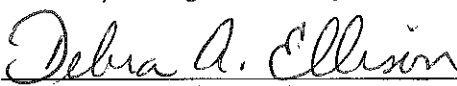
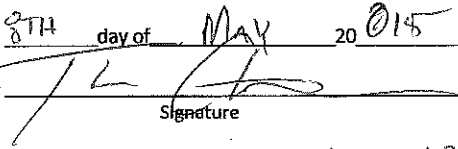
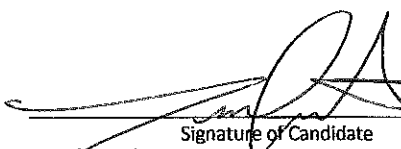


## Commonwealth of Pennsylvania - Campaign Finance Report

(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		Friends of Tim Carter for Sheriff						
Street Address		2012 Lenox St.						
City	Harrisburg	State	PA	Zip Code	17104			
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	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		04/01/2015	05/04/2015					
A. Amount Brought Forward From Last Report		\$	0	<div style="text-align: center;"> <p>2015 MAY -8 PM 1:32</p> <p>RECEIVED</p> <p>DAUPHIN COUNTY BUREAU OF VOTER REGISTRATION AND ELECTIONS</p> </div>				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	300					
C. Total Funds Available (Sum of Lines A and B)		\$	300					
D. Total Expenditures (From Schedule III)		\$	64.93					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	235.07					
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 <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> 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 20 2015								
 Signature				 Signature of Person Submitting report Debra A. Ellison Printed Name				
My Commission expires 02 24 2018 MO. DAY YR.				717 Area Code		651-1495 Daytime Telephone Number		
Part II- If this is a report of a <b>Candidate's Authorized Committee</b> , 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 20 2015								
 Signature				 Signature of Candidate Timothy M. Carter Printed Name				
My Commission expires 02 24 2018 MO. DAY YR.				717 Area Code		379-4815 Daytime Telephone Number		

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

<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)		\$	
All Other Contributions (Part B)		\$	300
Total for the reporting period		(2)	\$ 300
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
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)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	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:	
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Full Name of Contributor		John E Coleman				Date [MM/DD/YYYY]	\$	100
						04/17/2015		
House #	2033	Street Address		Raleigh Rd.		Date [MM/DD/YYYY]	\$	
City	Hummelstown	State	PA	Zip Code	17036	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Virginia P Zozos				Date [MM/DD/YYYY]	\$	100
						04/17/2015		
House #	605	Street Address		S. 25th St.		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17104	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Debra A Ellison				Date [MM/DD/YYYY]	\$	100
						04/17/2015		
House #	4503	Street Address		North Rd.		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17109	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Harland Clarke (Wells Fargo-PA)			<b>Date [MM/DD/YYYY]</b>	\$	64.93
					04/21/2015		
<b>House #</b>		<b>Street Address</b>	PO Box 660073		<b>Description of Expenditure</b>		
<b>City</b>	Dallas	<b>State</b>	TX	<b>Zip Code</b>	75266-0073	Checks & endorsement stamp	
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			