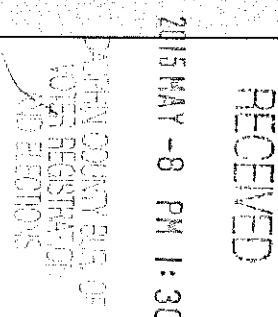


Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	FRIENDS TO ELECT MONA JOHNSON								
Street Address	2321 THORNTON RD								
City	HARRISBURG	State	PA	Zip Code	17109				
Type of Report (Place x under report type)									
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th 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	
<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	For Office Use Only					
		02/01/2015	05/04/2015						
A. Amount Brought Forward From Last Report		\$	0						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	1,275						
C. Total Funds Available (Sum of Lines A and B)		\$	1,275						
D. Total Expenditures (From Schedule III)		\$	756.81						
E. Ending Cash Balance (Subtract Line D from Line C)		\$	568.19						
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, is to the best of my knowledge and belief true, correct and complete.									
Sworn to and subscribed before me this									
8 th day of May 20 2016									
Cindy M. Deitrich									
Signature									
My Commission expires 12-13-16									
MO. DAY YR.									
		Signature of Person Submitting report Dolores Holloway Printed Name 717 Area Code 565-0393 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 day of May 20 16									
Cindy M. Deitrich									
Signature									
My Commission expires 12-13-16									
MO. DAY YR.									
		Signature of Candidate Mona Johnson Printed Name 717 Area Code 565-0393 Daytime Telephone Number							

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 CINDY M. DEITRICH, Notary Public
 Susquehanna Twp. Dauphin County
 My Commission Expires December 13, 2016

COMMONWEALTH OF PENNSYLVANIA
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 My Commission Expires December 13, 2016

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	550
All Other Contributions (Part B)	\$	725
Total for the reporting period	(2)	\$ 1,275

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 0

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period	(4)	\$	0
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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>	\$	1,275
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PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number										Amount		
Full Name of Contributing Committee						HOME BUILDERS ASSOCIATION				Date [MM/DD/YYYY]	\$	100
										04/13/2015		
House #			Street Address		2416 PARK DRIVE				Date [MM/DD/YYYY]	\$	✓	
City	HARRISBURG		State	PA	Zip Code	17110		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						VISION FOR PA PAC				Date [MM/DD/YYYY]	\$	50
										04/13/2015		
House #			Street Address						Date [MM/DD/YYYY]	\$		
City			State		Zip Code			Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						FRIENDS OF MICHAEL SCHUBERT				Date [MM/DD/YYYY]	\$	150
										04/15/2015		
House #			Street Address						Date [MM/DD/YYYY]	\$		
City			State		Zip Code			Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						CITIZENS FOR GEORGE HARTWICK III				Date [MM/DD/YYYY]	\$	50
										04/28/2015		
House #			Street Address		P.O. BOX 391				Date [MM/DD/YYYY]	\$		
City	HARRISBURG		State	PA	Zip Code	17108		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						FRIENDS OF FRANK LYNCH				Date [MM/DD/YYYY]	\$	200.00
										04/15/2015		
House #	3812		Street Address		HILLCREST ROAD				Date [MM/DD/YYYY]	\$		
City	HARRISBURG		State	PA	Zip Code	17109		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #			Street Address						Date [MM/DD/YYYY]	\$		
City			State		Zip Code			Date [MM/DD/YYYY]	\$			

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					Date [MM/DD/YYYY]		\$	
CHRISTOPHER DIETZ					04/15/2015			
House #	Street Address		Date [MM/DD/YYYY]		\$			
277	UNION STREET						50	
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
MILLERSBURG	PA	17061						

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
HOMER C FLOYD					04/15/2015		50	
House #	Street Address		Date [MM/DD/YYYY]		\$			
507	CLINTON RD							
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
HARRISBURG	PA	17109						

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
JACALYN CALDWELL SPEAKS					04/13/2015		100	
House #	Street Address		Date [MM/DD/YYYY]		\$			
1857	PEBBLE CT							
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
HARRISBURG	PA	17110						

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
GARY N DONALD LENKER					04/10/2015		100	
House #	Street Address		Date [MM/DD/YYYY]		\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
MICHAEL G. MUSSER II					04/09/2015		100	
House #	Street Address		Date [MM/DD/YYYY]		\$			
813	CHAMBERS ST							
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
BRESSLER	PA	17113						

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
JUSTIN C FLEMING					04/15/2015		50	
House #	Street Address		Date [MM/DD/YYYY]		\$			
109	FAWN CT							
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
HARRISBURG	PA	17110						

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		THOMAS AND PAMELA ZIDIK				Date [MM/DD/YYYY]	\$	50.00
						04/15/2015		
House #	1500	Street Address	LA CARR LANE			Date [MM/DD/YYYY]	\$	
City	DAUPHIN	State	PA	Zip Code	17018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		ALEXANDER REBER				Date [MM/DD/YYYY]	\$	50.00
						04/15/2015		
House #	1013	Street Address	NORTH 2ND STREET			Date [MM/DD/YYYY]	\$	
						04/15/2015		
City	HARRISBURG	State	PA	Zip Code	17102	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		JENNIFER SNALLWOOD				Date [MM/DD/YYYY]	\$	25.00
						04/15/2015		
House #	1	Street Address	BIGELOW DR			Date [MM/DD/YYYY]	\$	
City	HARRISBURG	State	PA	Zip Code	17103	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		ROBERT M. JACKSON				Date [MM/DD/YYYY]	\$	150.00
						04/15/2015		
House #	600	Street Address	LESENTIER LANE			Date [MM/DD/YYYY]	\$	
City	HARRISBURG	State	PA	Zip Code	17112	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

Filer Identification Number:	
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To Whom Paid		MR. G'S		Date [MM/DD/YYYY]		\$ 229.28	
				04/15/2015			
House #	3745	Street Address	N 6TH STREET		Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code	17110	FOOD FOR F.R.	
To Whom Paid		MR. G'S		Date [MM/DD/YYYY]		\$ 209.58	
				04/15/2015			
House #	3745	Street Address	N 6TH STREET		Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code	17110	Drinks for FR	
To Whom Paid		MOUNT SAINT MARY UNIVERSITY		Date [MM/DD/YYYY]		\$ 300	
				04/24/2015			
House #	16300	Street Address	OLD EMMITSBURG ROAD		Description of Expenditure		
City	EMMITSBURG	State	MD	Zip Code	21727	Admission fee for a township resident senior.	
To Whom Paid		UNITED STATES POST OFFICE		Date [MM/DD/YYYY]		\$ 8.82	
				03/05/2015			
House #		Street Address	MAIN OFFICE WINDON		Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code	17107	STAMPS	
To Whom Paid		TARGET		Date [MM/DD/YYYY]		\$ 9.13	
				04/16/2015			
House #		Street Address	HARRISBURG NORTH		Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code	17110	THANK YOU CARDS	
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			