



Reset Form

Print Form

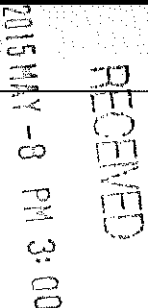
Commonwealth of Pennsylvania - Campaign Finance Report

(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 TIMOTHY L. DEFOOR							
Street Address	P.O. BOX 61491							
City	HARRISBURG	State	PA	Zip Code	17106-1491			

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	2015		Amendment Report	Termination Report	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01-01-2015	05-01-2015	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1255.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1255.00	
D. Total Expenditures (From Schedule III)	\$	513.32	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	741.68	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	125.00	
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 day of May 20 15

Signature of Rich A. Martz

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 RICHIE A. MARTZ, Notary Public
 City of Harrisburg, Dauphin County
 My Commission Expires May 13, 2015

My Commission expires

MO.

Signature of Person Submitting report

GREGORY H. DENK, CPA

Printed Name

(717)

Area Code

652-4952

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 15

Signature of Rich A. Martz

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 RICHIE A. MARTZ, Notary Public
 City of Harrisburg, Dauphin County
 My Commission Expires May 13, 2015

My Commission expires

MO.

Signature of Candidate

Printed Name

717

Area Code

319-5658

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	85.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	170.00
Total for the reporting period	(2)	\$	170.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	1000.00
Total for the reporting period	(3)	\$	1000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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)		\$	1255.00

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 Contributor					Date [MM/DD/YYYY]		\$	
BRIAN L MORGAN					04/08/2015		\$	70. ⁰⁰
House #	Street Address		Date [MM/DD/YYYY]		\$			
306	LINN ST				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
HARRISBURG	PA	17109			\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
GARY E. FRENCH					04/08/2015		\$	100. ⁰⁰
House #	Street Address		Date [MM/DD/YYYY]		\$			
1021	CLUB RD				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
LIVERPOOL	PA	17045			\$			
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]		\$			
					\$			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
							\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
					\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
					\$			

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor		ROYCE L. MORRIS				Date [MM/DD/YYYY]	\$	500.00
House #	427	Street Address		SPRINGHOUSE ROAD		Date [MM/DD/YYYY]	\$	
City	HARRISBURG	State	PA	Zip Code	17111	Date [MM/DD/YYYY]	\$	
Employer Name		GOLDBERG KATZMAN				Occupation	ATTORNEY	
Employer Mailing Address / Principal Place of Business		4250 CRUMS MILL RD SUITE 301 HBG PA 17112						
Full Name of Contributor		DRL.H. BROWN				Date [MM/DD/YYYY]	\$	500.00
House #	300	Street Address		S. FRONT ST.		Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA	State	PA	Zip Code	19106	Date [MM/DD/YYYY]	\$	
Employer Name		THE TEMPLE GROUP				Occupation	PRESIDENT/CEO	
Employer Mailing Address / Principal Place of Business		230 S. BROAD ST SUITE 1101 PHILADELPHIA PA 19102						
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$	125. ⁰⁰
TIMOTHY L. DEFOOR					04/08/2015			
House #	1300	Street Address	ELLIS DRIVE APT 206			Date [MM/DD/YYYY]	\$	
City	HARRISBURG	State	PA	Zip Code	17110	Date [MM/DD/YYYY]	\$	
Description of Contribution		FOOD FOR FUNDRAISER						

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

To Whom Paid		PAT STUDIO			Date [MM/DD/YYYY]	\$	99.64
House #	500	Street Address	HERSHEY RD		Description of Expenditure		
City	Hummelstown	State	PA	Zip Code	17036	PHOTOGRAPHY	
To Whom Paid		FEDEX OFFICE			Date [MM/DD/YYYY]	\$	373.68
House #	4800	Street Address	JONESTOWN RD		Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code	17109	PRINTING SERVICES	
To Whom Paid		MAWT			Date [MM/DD/YYYY]	\$	40.00
House #		Street Address	P.O. BOX 172		Description of Expenditure		
City	MILLERSBURG	State	PA	Zip Code	17061-0172	REGISTRATION FEE	
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			
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			