



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		Committee		Lobbyist	
								<input checked="" type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist				Friends of Jeff Haste					
Street Address				220 Hetrick Ln.					
City		Harrisburg		State		PA		Zip Code	
								17112	
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 type="checkbox"/>	<input checked="" 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)		Year		Amendment Report		Termination Report			
Summary of Receipts and Expenditures		From Date		To Date		For Office Use Only			
		5/5/15		6/8/15					
A. Amount Brought Forward From Last Report		\$		8,707.49		<p>County Copy</p> <p>RECEIVED</p> <p>2015 JUN 18 PM 12:03</p> <p>Department of State</p> <p>Office of State</p> <p>Office of State</p>			
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		0					
C. Total Funds Available (Sum of Lines A and B)		\$		8,707.49					
D. Total Expenditures (From Schedule III)		\$		1,647.84					
E. Ending Cash Balance (Subtract Line D from Line C)		\$		7,059.65					
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									
18 day of June 20 15									
<p>Signature: <u>Richie A. Martz</u></p> <p>COMMONWEALTH OF PENNSYLVANIA</p> <p>NOTARIAL SEAL</p> <p>RICHE A. MARTZ, Notary Public</p> <p>City of Harrisburg, Dauphin County</p> <p>My Commission expires May 13, 2019</p>									
<p>Signature of Person Submitting report: <u>K.B. Gamm</u></p> <p>Printed Name: <u>Kathleen Bowman</u></p> <p>Area Code: <u>717</u></p> <p>Daytime Telephone Number: <u>585-3084</u></p>									
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									
18 day of June 20 15									
<p>Signature: <u>Richie A. Martz</u></p> <p>COMMONWEALTH OF PENNSYLVANIA</p> <p>NOTARIAL SEAL</p> <p>RICHE A. MARTZ, Notary Public</p> <p>City of Harrisburg, Dauphin County</p> <p>My Commission expires May 13, 2019</p>									
<p>Signature of Candidate: <u>Jeff Haste</u></p> <p>Printed Name: <u>Jeff Haste</u></p> <p>Area Code: <u>717</u></p> <p>Daytime Telephone Number: <u>979-2643</u></p>									

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Friends of Jeff Haste		
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 0
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)			\$ 0
Total for the reporting period		(2)	\$ 0
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
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>			\$ 0

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	<i>Friends of Jeff Haste</i>
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							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code			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]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code			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]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code			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:

Friends of Jeff Haste

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]	\$	
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 C

Contributions Received From Political Committees

Over \$250.00

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

Filer Identification Number:

Friends of Jeff Haste

Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State			Zip Code	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]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State			Zip Code	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]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State			Zip Code	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 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:	<i>Friends of Jeff Haste</i>
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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							
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							

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Friends of Jeff Haste

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

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

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

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

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

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:

*Friends of Jeff Haste***1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter
on Page 1, Report Cover Page, Item F)

\$

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

Friends of Jeff Haste

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							
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 II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	<i>Friends of Jeff Haste</i>
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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				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]	\$		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				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]	\$		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				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]	\$		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Jeff Haste
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To Whom Paid		Lower Paxton Twp. Friendship Center			Date [MM/DD/YYYY]	\$	250.00
House #	500	Street Address		Commons Dr.	Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17112	Donation	
To Whom Paid		HRCC			Date [MM/DD/YYYY]	\$	400.00
House #		Street Address		P.O. Box 11787	Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17108	Donation	
To Whom Paid		Jeff Haste			Date [MM/DD/YYYY]	\$	481.28
House #	220	Street Address		Hetrick Ln.	Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17112	Reimbursement	
To Whom Paid		AT&T			Date [MM/DD/YYYY]	\$	265.34
House #		Street Address		P.O. Box 537104	Description of Expenditure		
City	Atlanta	State	GA	Zip Code	30353	May Phone Bill	
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			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	<i>Friends of Jeff Haste</i>
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State	Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State	Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State	Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State	Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State	Zip Code		
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State	Zip Code		
Description of Debt							