

## Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification Number	2	0140398	F		Filed By	be clear an				nittee			X	Lobbyis	st
Name of Filing Committee, Candidate or Lobbyist			or D	Derry Township Democratic Committee											
Street Address			4	40 W Ch	nocolate /	Ave									•
<b>City</b> Hershey					State			PA Zip Code		17033					
Type of Report (Place	x under i	report typ	e)		,			······································					1-1-1-1-1-1		
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post				. 6 <sup>th</sup> Tu		5- 2 <sup>nd</sup> Friday Pre- Election	1	6-30 Day Post Election		7- Annual		Special 2 <sup>nd</sup> Friday Pre-Election		Special 30 Day Post-Election	
		1 1	1			X		1						Γ	
Date Of Election (MM/DD/YYYY)		<u> </u>	1	/ear			Amen Repor	dment t		]	Termi Repor	natior t	<b>1</b>		
Summary of Receipts and From Date Expenditures			The Alberta	To Date		<u> </u>			For C		Office L	Office Use Only			
09/15/2015  A. Amount Brought Forward From Last Report				10/19/2015			<b>-</b>				:				
B. Total Monetary C	ontributio	ns and R	eceipts	\$	10	0,014.47	┨							7-0 01-3	
(From Schedule I) C. Total Funds Available (Sum of Lines A and B)				\$	\$ 10,014.47							j. Tek	agi an		
D. Total Expenditures (From Schedule III)				\$	1,600							44!   14	## 33	N N	100 mm q
E. Ending Cash Balance (Subtract Line D from Line C)					8,414.47									mario malin	
F. Value of In-Kind Contributions Received (From Schedule II)												estado Constituidos		ట	IJ
G. Unpaid Debts and (From Schedule IV)	i Obligatio	ons		\$		A \$60 -1 12 C					· · · · · · · · · · · · · · · · · · ·		7111	- U	<del>,</del>
Part 1- If this is a Comm							candidate								<del></del>
I swear (or affirm) that Sworn to and subscribe A D D day of	-		S A	ea sche	aules on	paper, is to th	***	Signature	4	on Subr	رود و (	port	1 -	tre.	
ign My Commission expire	sture Mo.	[Q]	a O.F.	7	,		71 Area Cod	7	Print	ed Nar		- <b>y</b> 3	193	er	
Part II- If this is a repor I swear (or affirm) that amended.								iolated ar	y provis	ions of	the Act o	of June	3, 1937	(P.L. 1333	, NO.320) a
Sworn to and subscribe	ed before n	ne this				والمناوات والمعاونين والمعاون والمعاونين والمعاونين وال	-TT	11	Marie Carlo Ca	Cr o L					
day of	<del></del>	20	no responsable property	ne de la	NOW THE PERSONS NOW AS A SECOND	and the second s	14	Sig	nature o	of Cand	idate	<u>-</u>			
Sign	ature	and the second second	s manufacture .			-			Printed	Name	i			<del></del>	
My Commission expire	s <u></u>	DAY	YR.			-	Area Cod	 p		Day	rtime Tel	enhone	Numbe		



NOTARIAL SEAL JENNIFER WHITSEL, NOTARY PUBLIC LOWER PAXTON TOWNSHIP, DAUPHIN COUNTY, PA COMMISSION EXPIRES JUNE 19, 2019

DALLY
EDANGES
- SCHOOL ITT
ATTACHED

NO CONNIBUTIONS NO REZELATE NO RECOME THE KARA
NO WHARD WEBTS

## Statement of Expenditures

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Filer Identification Number:			 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	20140398					

To Whom Paid						Date [MM/DD/YYYY]	\$				
	eve Todd				09/19/2015		600				
House # 629	Street Address Bullfrog Valley Rd					Description of Expendi	ture				
City Hummelstow	State	РА	Zip Code	17036	Newspaper ad and campaign material						
To Whom Paid	Commitee to elect San	dy Ballard	and the second s			Date [MM/DD/YYYY]	5	600			
						09/19/2015					
House # 650	Street Address Cod	oa Ave				Description of Expenditure					
City Hershey	State	PA	Zip Code	17033	Campaign printing and mailing. Newspaper ad						
To Whom Pald	The Sun Newspapaper				<del>,</del>	Date [MM/DD/YYYY]	\$	400			
						10/08/2015		400			
House # 18	Street Address E. N	tain St				Description of Expenditure					
City Hummelstown State PA Zip Code 17036					17036	Newspaper ad for Dem Candidate Forum					
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	<del>,,' '</del>			··· · · · · · · · · · · · · · · · · ·	Description of Expendi	ture				
City		State		Zip Code			'mti'n to				
To Whom Paid						Date [MM/DD/YYYY]	<b>.</b> \$				
House #	Street Address		, , , , , , , , , , , , , , , , , , , ,	,	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Description of Expendi	ture	1			
City	And the state of t	State		Zip Code				201200000000000000000000000000000000000			
To Whom Paid						Date [MM/DD/YYYY]	\$				
House #	Street Address			· · · · · · · · · · · · · · · · · · ·		Description of Expendi	ture	al .			
City		State		Zip Code							