Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 5 (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: | Report Filed By: CANDIDATE 1. | COMMITTEE 2. X | LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CONNOLLY

Street Address: 345 N. HARRISBURG ST.

City: HARRISBURG | State: PA | Zip Code: 17113 -

TYPE OF REPORT (place X to the right of report type)

6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO
6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
ANNUAL REPORT	7.	YEAR		FILING METHOD (CHECK ONE)		PAPER		DISKETTE

Name of Office Sought by Candidate:

DATE OF ELECTION MO.	DAY	YEAR	District Number	Office Code	Party Code	County Code
11	3	2015				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO. 6 DAY 9 YEAR 2015 To MO. 10 DAY 19 YEAR 2015

FOR OFFICE USE ONLY

RECEIVED 2015 OCT 23 PM 4:10 DAUPHIN COUNTY ELECTION BUREAU

A. Amount Brought Forward From Last Report	$ 0
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 3,050.00
C. Total Funds Available (Sum of Lines A and B)	$ 3,050.00
D. Total Expenditures (From Schedule III)	$ 170.00
E. Ending Cash Balance (Subtract Line D from Line C)	$ 2,880.00
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, COMMONWEALTH OF PENNSYLVANIA, Candidate report, candidate sign here)

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

NOTARIAL SEAL
KARA ELIZABETH ZART, Notary Public
Susquehanna Twp., Dauphin County
My Commission Expires August 5, 2018

Sworn to and subscribed before me this 23 day of October 20 15

Kara Elizabeth Zart
Signature

My commission expires 08 (MO.) 05 (DAY) 2018 (YR.)

Shaela Ellis
Signature of Person Submitting Report

Shaela Ellis
Printed Name

717 (Area Code) 512-8662 (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 23 day of October 20 15

Kara Elizabeth Zart
Signature

My commission expires 08 (MO.) 05 (DAY) 2018 (YR.)

Tom Connolly
Signature of Candidate

Tom Connolly
Printed Name

717 (Area Code) 433-8293 (Daytime Telephone Number)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KARA ELIZABETH ZART, Notary Public
Susquehanna Twp., Dauphin County
My Commission Expires August 5, 2018

Dauphin County Election Bureau
2 S. 2nd St.
PO Box 1295
Harrisburg PA 17108

DSEB-502 (7-99)

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.

Name of Filing Committee or Candidate	Reporting Period
Friends of Connolly	From 6-9-15 To 10-19-15

Contributing Committee	DATE (MO / DAY / YEAR)	AMOUNT
Full Name of Contributing Committee: Capital Region Stonewall Democrats	10 / 10 / 2015	$ 200.00
Mailing Address: P.O. Box 60523		$
City: Harrisburg State: PA Zip Code (Plus 4): 17106 -		$
Full Name of Contributing Committee		$
Mailing Address		$
City State Zip Code (Plus 4) -		$
Full Name of Contributing Committee		$
Mailing Address		$
City State Zip Code (Plus 4) -		$
Full Name of Contributing Committee		$
Mailing Address		$
City State Zip Code (Plus 4) -		$
Full Name of Contributing Committee		$
Mailing Address		$
City State Zip Code (Plus 4) -		$
Full Name of Contributing Committee		$
Mailing Address		$
City State Zip Code (Plus 4) -		$
Full Name of Contributing Committee		$
Mailing Address		$
City State Zip Code (Plus 4) -		$
Full Name of Contributing Committee		$
Mailing Address		$
City State Zip Code (Plus 4) -		$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL $ 200.00

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CONNOLLY	From 6-9-15 To 10-13-15

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4)	DATE (MO / DAY / YEAR)	AMOUNT
KATHLEEN M. KRUSKO 2257 Rudy Rd. HARRISBURG / PA / 17104 -	10 / 14 / 2015	$ 100.00
LISA ESTEVA 6075 Talavera Ct. Alexandria / VA / 22310 -	10 / 14 / 2015	$ 150.00
SHAELA P. ELLIS 345 N. HARRISBURG ST HARRISBURG / PA / 17112 -	10 / 19 / 2015	$ 100.00
		$
		$
		$
		$
		$

PAGE TOTAL $ 350.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART D

ALL OTHER CONTRIBUTIONS

OVER $250.00

Use this Part to itemize all other contributions with an aggregate value of over $250.00 in the reporting period. (Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CONNOLLY	From 6-9-15 To 10-19-15

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Employer Name	Occupation	Employer Mailing Address/Principal Place of Business	DATE (MO/DAY/YEAR)	AMOUNT
MARION CONNOLLY	2103 MARKET ST	HARRISBURG	PA	17103	RETIRED	RETIRED		10/10/2015	$ 1,000.00
TOM CONNOLLY	345 N. HARRISBURG ST	HARRISBURG	PA	17113	Bellevue Park Property Management	Business Owner	345 N. HARRISBURG ST. HARRISBURG, PA 17113	10/18/2015	$ 1,000.00
MEGAN E MACDONALD	941 SUNNY HILL LANE	HARRISBURG	PA	17111	PINNACLE HEALTH HARRISBURG	NURSE	111 SOUTH FRONT ST. HARRISBURG, PA 17101	10/17/2015	$ 500.00
									$
									$

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL $ 2500.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Connolly	From 6-9-15 To 10-19-15

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
Press & Journal	20 S. Union St.	Middletown	PA	17057	10	15	2015	$ 170.00	Newspaper Ad
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL $ 170.00