Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 2 (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. X	COMMITTEE 2.	LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist: Tom 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)											
	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES		NO	
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES		NO	
	ANNUAL REPORT	7.	YEAR		FILING METHOD (CHECK ONE)		PAPER	X		DISKETTE	

Name of Office Sought by Candidate: Dauphin County Commissioner

DATE OF ELECTION: MO. 11 DAY 3 YEAR 2015

District Number | Office Code | Party Code | County Code (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 4:01 DAUPHIN COUNTY ELECTION BUREAU

A. Amount Brought Forward From Last Report	$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	$	0
C. Total Funds Available (Sum of Lines A and B)	$	0
D. Total Expenditures (From Schedule III)	$	437.05
E. Ending Cash Balance (Subtract Line D from Line C)	$	0
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 attached schedules on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

COMMONWEALTH OF PENNSYLVANIA
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

Kara Elizabeth Zart
Signature

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

Tom Connolly
Signature of Person Submitting Report

Tom Connolly
Printed Name

717 (Area Code) 433-8293 (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

____ day of _____ 20____

Signature

My commission expires ____ (MO.) ____ (DAY) ____ (YR.)

Signature of Candidate

Printed Name

Area Code | Daytime Telephone Number

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

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Tom 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
STAPLES	4203 Union Deposit Rd	Harrisburg	PA	17111 -	9	7	2015	$ 51.74	Banner
A-C Moore	4219 Union Deposit Rd	Harrisburg	PA	17111 -	9	11	2015	$ 51.51	Flags For Event
STAPLES	4203 Union Deposit Rd	Harrisburg	PA	17111 -	10	4	2015	$ 33.80	office supplies
Dauphin County Democratic Comm.	P.O. Box 60755	Harrisburg	PA	17106 -	10	5	2015	$ 300.00	Program Ad
								$	
								$	
								$	
								$	
								$	

PAGE TOTAL $ 437.05

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