

Commonwealth of Pennsylvania

Campaign Finance Report

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

Filer Identification Number : 2002317		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: FLYERS VICTORY FUND										
Street Address: 659 LAKE ST										
City: DALLAS			State: PA		Zip Code: 18612					
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	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2014	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	16	2014	TO	10	20	2014		
A. Amount Brought Forward From Last Report				\$		40,248.09				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		2.93				
C. Total Funds Available (Sum Of Lines A and B)				\$		40,251.02				
D. Total Expenditures (From Schedule III)				\$		21,150.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		19,101.02				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____
MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

Area Code 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

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FLYERS VICTORY FUND	From: <u>9/16/2014</u> To: <u>10/20/2014</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 2.93

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 Page1, Report Cover Page, Item B.)	\$ 2.93
---	---------

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
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor		MO	DAY	YEAR	\$	0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

	DATE			AMOUNT			
Full Name of Contributing Committee	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">City</td> <td style="width: 25%; padding: 5px;">State</td> <td style="width: 50%; padding: 5px;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

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
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

PART E
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

Name of Filing Committee or Candidate FLYERS VICTORY FUND	Reporting Period From: <u>9/16/2014</u> To: <u>10/20/2014</u>
---	---

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$
Luzerne Bank						
Mailing Address 118 Main Street			9	16	2014	
City Luzerne	State PA	Zip Code (Plus 4) 18709				
Receipt Description interest						

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$
Luzerne Bank						
Mailing Address 118 Main Street			9	30	2014	
City Luzerne	State PA	Zip Code (Plus 4) 18709				
Receipt Description interest						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 2.93

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate FLYERS VICTORY FUND	Reporting Period From: <u>9/16/2014</u> To: <u>10/20/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
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, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FLYERS VICTORY FUND	From <u>9/16/2014</u> To: <u>10/20/2014</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Friends of Keith Gillespie	9	18	2014	\$ 250.00
Mailing Address 5225 Picking Road				
City York	State PA	Zip Code (Plus 4) 17406	Description of Expenditure contribution	
Friends of Mark Keller	9	24	2014	\$ 400.00
Mailing Address 6441 Waggoners Gap Road				
City Landisburg	State PA	Zip Code (Plus 4) 17040	Description of Expenditure contribution	
Friends of Robert W. Godshall	10	17	2014	\$ 1,000.00
Mailing Address 150 Main Capitol Building				
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2053	Description of Expenditure contribution	
Friends of Seth M. Grove	10	17	2014	\$ 1,000.00
Mailing Address B8 Main Capitol Building				
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2196	Description of Expenditure contribution	
Friends of Thomas H. Killion	10	17	2014	\$ 1,000.00
Mailing Address 400 Irvis Office Building				
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2168	Description of Expenditure contribution	

To Whom Paid Friends of Ron Marsico			MO	DAY	YEAR	\$	1,000.00
Mailing Address 218 Ryan Office Building			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2105	Description of Expenditure contribution				
To Whom Paid Friends of Kurt A. Masser			MO	DAY	YEAR	\$	1,000.00
Mailing Address 414 Irvis Office Building			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2107	Description of Expenditure contribution				
To Whom Paid Friends of Mark Mustio			MO	DAY	YEAR	\$	1,000.00
Mailing Address 432 Irvis Office Building			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2044	Description of Expenditure contribution				
To Whom Paid Friends of Tina Pickett			MO	DAY	YEAR	\$	1,000.00
Mailing Address 314-C Main Capitol Building			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2110	Description of Expenditure contribution				
To Whom Paid Friends of Mike Reese			MO	DAY	YEAR	\$	1,000.00
Mailing Address 163A East Wing			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2059	Description of Expenditure contribution				
To Whom Paid Friends of Stan Saylor			MO	DAY	YEAR	\$	1,000.00
Mailing Address 121 Main Capitol Building			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2094	Description of Expenditure contribution				

To Whom Paid Friends of Mario M. Scavello			MO	DAY	YEAR	\$	1,000.00
Mailing Address 143 East Wing			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2176	Description of Expenditure contribution				
To Whom Paid Friends of Samuel H. Smith			MO	DAY	YEAR	\$	1,000.00
Mailing Address 139 Main Capitol Building			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2066	Description of Expenditure contribution				
To Whom Paid Friends of Katharine M. Watson			MO	DAY	YEAR	\$	1,000.00
Mailing Address 41A East Wing			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2144	Description of Expenditure contribution				
To Whom Paid Friends of Mike Turzai			MO	DAY	YEAR	\$	3,000.00
Mailing Address 110 Main Capitol			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2028	Description of Expenditure contribution				
To Whom Paid Friends of William F. Adolph Jr.			MO	DAY	YEAR	\$	1,000.00
Mailing Address 245 Main Capitol Building			10	17	2014		
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2165	Description of Expenditure contribution				
To Whom Paid Friends of Matthew E. Baker			MO	DAY	YEAR	\$	1,000.00
Mailing Address 121 Canton Street, Suite 6			10	17	2014		
City Troy	State PA	Zip Code (Plus 4) 16947	Description of Expenditure contribution				

To Whom Paid Friends of Jim Christiana			MO	DAY	YEAR	
Mailing Address 53B East Wing			10	17	2014	
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2015	Description of Expenditure contribution			
To Whom Paid Friends of Brian L. Ellis			MO	DAY	YEAR	
Mailing Address 157 East Wing			10	17	2014	
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2011	Description of Expenditure contribution			
To Whom Paid Friends of Mauree Gingrich			MO	DAY	YEAR	
Mailing Address 106 Ryan Office Building			10	17	2014	
City Harrisburg	State PA	Zip Code (Plus 4) 17120-2101	Description of Expenditure contribution			
To Whom Paid Committee to Elect David M. Maloney			MO	DAY	YEAR	
Mailing Address 646 Lenape Road			10	6	2014	
City Bechtelsville	State PA	Zip Code (Plus 4) 19505	Description of Expenditure contribution			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 21,150.00

