

# 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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Swatara</i>									
Street Address: <i>PO Box 4165</i>									
City: <i>Harrisburg</i>					State: <i>PA</i>		Zip Code: <i>17111</i>		
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
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR <i>2015</i>		FILING METHOD ( ) CHECK ONE <input checked="" type="checkbox"/>		PAPER	<input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code
					MO.	DAY	YEAR		
									County Code <i>22</i>
(SEE INSTRUCTIONS FOR CODES)									
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR
			<i>5</i>	<i>6</i>	<i>15</i>		<i>6</i>	<i>8</i>	<i>15</i>
A. Amount Brought Forward From Last Report				\$		<i>0.00</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		<i>6,034.08</i>			
C. Total Funds Available (Sum of Lines A and B)				\$		<i>6,034.08</i>			
D. Total Expenditures (From Schedule III)				\$		<i>6,014.08</i>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$		<i>20.00</i>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$		<i>0.00</i>			
G. Unpaid Debts and Obligations (From Schedule IV)				\$		<i>0.00</i>			

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PA DEPARTMENT OF STATE  
OFFICE OF CAMPAIGN FINANCE  
AND ELECTIONS

### 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, in paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Notary Public Seal: DWIGHT A. SOLLENBERGER, Notary Public, City of Harrisburg, Dauphin County, My Commission Expires *March 16, 2018*

Signature: *[Signature]* day of *JUNE*

Signature of Person Submitting Report: *Joseph K Lahr*

Printed Name: *JOSEPH K LAHR*

Area Code: *717* Daytime Telephone Number: *460-4537*

My commission expires *3-10-2018*

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 of Candidate: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Area Code: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

My commission expires \_\_\_\_\_

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Switzer</i>	Reporting Period From <i>5/6/15</i> To <i>6/8/15</i>
--------------------------------------------------------------------	---------------------------------------------------------

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <i>0.00</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <i>0.00</i>
All Other Contributions (Part B)		\$ <i>0.00</i>
TOTAL for the Reporting Period	(2)	\$ <i>0.00</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <i>6,034.08</i>
All Other Contributions (Part D)		\$ <i>0.00</i>
TOTAL for the Reporting Period	(3)	\$ <i>6,034.08</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
TOTAL for the Reporting Period	(4)	\$ <i>0.00</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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>	\$ <i>6,034.08</i>
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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.

Name of Filing Committee or Candidate <i>Friends of Sweeney</i>	Reporting Period From <i>5/6/15</i> To <i>6/8/15</i>
--------------------------------------------------------------------	---------------------------------------------------------

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Better Gov. for PA</i>	<i>5</i>	<i>7</i>	<i>15</i>	\$ <i>6,034.08</i>
Mailing Address <i>813 Chambers St.</i>	MO.	DAY	YEAR	\$
City <i>Presser</i> State <i>PA</i> Zip Code (Plus 4) <i>17111</i> -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City      State      Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City      State      Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City      State      Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City      State      Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City      State      Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City      State      Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City      State      Zip Code (Plus 4) -	MO.	DAY	YEAR	\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ <i>6,034.08</i>
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## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Sisters</i>	Reporting Period From <i>5/6/15</i> To <i>6/8/15</i>
--------------------------------------------------------------------	---------------------------------------------------------

To Whom Paid	MO.	DAY	YEAR	Amount
<i>The WS Group, LLC</i>	5	11	15	\$ 6,014.08
Mailing Address <i>PO Box 391</i>	Description of Expenditure			
City <i>Harrodsburg</i>	State <i>OH</i>	Zip Code (Plus 4) <i>43025 -</i>		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL \$ <i>6,014.08</i>
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