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Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Aaron K. Johnson		
Street Address		1508 S 13th St		
City	Harrisburg	State	PA	Zip Code
17104				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
11/5/13		2013		<input type="checkbox"/>		<input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	9/1/13	10/21/13	
A. Amount Brought Forward From Last Report	\$	0	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">2013 OCT 25 PM 2:50</p> <p style="text-align: center;">Department of State BUREAU OF C.E.L.</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	450	
C. Total Funds Available (Sum of Lines A and B)	\$	450	
D. Total Expenditures (From Schedule III)	\$	350	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	100	
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 the attached schedules on page 2, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this
24th day of October 2013
Aaron K. Johnson
 Signature

Aaron K. Johnson
 Signature of Person Submitting report
AARON K. JOHNSON
 Printed Name

My Commission expires July 20, 2015
 MO. DAY YR.

717 Area Code 260-9176 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 report and the attached schedules on page 2, and the Candidate's Authorized 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

 Signature of Candidate

 Printed Name

My Commission expires _____ MO. DAY YR.

 Area Code _____

 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Nicole R. Williams, Notary Public
 City of Harrisburg, Dauphin County
 My Commission Expires July 20, 2015
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

RECEIVED

2013 OCT 29 PM 1:30

DAUPHIN COUNTY CLERK OF COURT
 VOTER REGISTRATION
 MY ELECTION

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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Total for the reporting period (1)	\$	0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
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Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	100
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Total for the reporting period (2)	\$	100
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3. Contributions Over \$250.00 (From Part C and Part D)	
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	350
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Total for the reporting period (3)	\$	350
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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Total for the reporting period (4)	\$	0
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Total Monetary Contributions and Receipts during this reporting period <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>	\$	450
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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Aaron K. Johnson
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
James Close				10/21/13		\$	100
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State			Zip Code		Date [MM/DD/YYYY]	\$

PART D
All Other Contributions

Over \$250.00

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

Filer Identification Number:	Aaron K. Johnson
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Full Name of Contributor		Eddie Ruth			Date [MM/DD/YYYY]	\$	350
House #	313	Street Address	Market St		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17101	Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

SCHEDULE III
Statement of Expenditures

Filer Identification Number: Aaron K. Johnson

To Whom Paid		<u>Duane Mallard</u>			Date [MM/DD/YYYY]	\$	<u>350</u>
House #	Street Address			Description of Expenditure			
City	State	Zip Code		<u>T-Shirts</u>			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure			
City	State	Zip Code					