



3143

Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

Pg 1 of 10

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


Filer Identification Number	27-4727681	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Ellis R. Rick Roy								
Street Address	P.O. Box 13222								
City	Harrisburg	State	PA	Zip Code	17110				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2013	Year	2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		01-22-2013
A. Amount Brought Forward From Last Report	\$	16.72
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1450.00
C. Total Funds Available (Sum of Lines A and B)	\$	1466.72
D. Total Expenditures (From Schedule III)	\$	1256.21
E. Ending Cash Balance (Subtract Line D from Line C)	\$	210.51
F. Value of In-Kind Contributions Received (From Schedule II)	\$	200.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00

For Office Use Only



2013 MAY 10 AM 9:20
RECEIVED

DAUPHIN COUNTY BUREAU OF VOTER REGISTRATION 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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

9 day of May 2013

Signature: *Elizabeth A. Gownley*

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
ELIZABETH A. GOWNLEY, Notary Public
Susquehanna Twp., Dauphin County
My Commission Expires May 12, 2015

Signature of Person Submitting report: *Nephorah Robinson*

Printed Name: Nephorah Robinson

My Commission expires: 5-12-13 MO. DAY YR.

Area Code: 717 Daytime Telephone Number: 657-2708

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

9 day of May 2013

Signature: *Elizabeth A. Gownley*

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
ELIZABETH A. GOWNLEY, Notary Public
Susquehanna Twp., Dauphin County
My Commission Expires May 12, 2015

Signature of Candidate: *Ellis R. Roy, Jr.*

Printed Name: Ellis R. Roy, Jr.

My Commission expires: 5-12-13 MO. DAY YR.

Area Code: 717 Daytime Telephone Number: 557-1631

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		27-4727681
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)		\$ 50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ 700.00
Total for the reporting period (2)		\$ 700.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 700.00
Total for the reporting period (3)		\$ 700.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)		\$
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 Page 1, Report Cover Page, Item B)		\$ 1450.00



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: 27-472 7681

Full Name of Contributor		Deborah Robinson			Date [MM/DD/YYYY]	\$	100.00
House #	3211	Street Address	WAKEFIELD Rd #B		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17109	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Darlene Hughes-Miller			Date [MM/DD/YYYY]	\$	100.00
House #	540	Street Address	MACLAY Street		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17110	Date [MM/DD/YYYY]	\$
Full Name of Contributor		ELLIS R. ROY JR.			Date [MM/DD/YYYY]	\$	200.00
House #	621	Street Address	CURTIN Street		Date [MM/DD/YYYY]	\$	100.00
City	Harrisburg	State	PA	Zip Code	17110	Date [MM/DD/YYYY]	\$
Full Name of Contributor		ALAN ROSENBERG			Date [MM/DD/YYYY]	\$	100.00
House #	1305	Street Address	LUPTON Drive		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17110	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 r
(Exclude contributions from political committees reported in Part C)



Filer Identification Number: 27-4727681

Full Name of Contributor					Date [MM/DD/YYYY]		\$
ELLIS R. ROY JR.					02/28/2013		300.00
House #	Street Address				Date [MM/DD/YYYY]		\$
621	Curtin Street				04/01/2013		400.00
City	State	Zip Code			Date [MM/DD/YYYY]		\$
Harrisburg	PA	17110					
Employer Name					Occupation		
					RETIRED		
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							



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**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	27-4727681
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To Whom Paid		Deborah Robinson				Date [MM/DD/YYYY]	\$	30 ⁰⁰
House #	3211	Street Address	Wakefield Rd #B		Description of Expenditure GAS + STAMPS			
City	Harrisburg	State	PA	Zip Code	17109			
To Whom Paid		Jonathan Jones				Date [MM/DD/YYYY]	\$	300-
House #	2203	Street Address	Basin Street		Description of Expenditure WEBSITE DESIGN			
City	South Bend	State	IN	Zip Code	46614			
To Whom Paid		U.S. Postal Service (USPS)				Date [MM/DD/YYYY]	\$	12.35
House #		Street Address	MAIN office-Crooked Hill Rd		Description of Expenditure Returned Phones Purchased			
City	Harrisburg	State	PA	Zip Code	Foil Campaign Volunteers			
To Whom Paid		Deborah Robinson				Date [MM/DD/YYYY]	\$	30 ⁰⁰
House #	3211	Street Address	WAKEFIELD Rd #B		Description of Expenditure GAS + STAMPS			
City	Harrisburg	State	PA	Zip Code	17109			
To Whom Paid		Weis Markets				Date [MM/DD/YYYY]	\$	9.20
House #	3885	Street Address	Union Deposit Rd		Description of Expenditure STAMPS			
City	Harrisburg	State	PA	Zip Code	17109			
To Whom Paid		GIANT GAS Station				Date [MM/DD/YYYY]	\$	20.33
House #	4211	Street Address	Union Deposit Rd		Description of Expenditure GAS			
City	Harrisburg	State	PA	Zip Code				
To Whom Paid		Deborah Robinson				Date [MM/DD/YYYY]	\$	20-
House #	3211	Street Address	WAKEFIELD Rd #B		Description of Expenditure STAMPS			
City	Harrisburg	State	PA	Zip Code	17109			
To Whom Paid		STAPLES				Date [MM/DD/YYYY]	\$	2.12
House #	4203	Street Address	Union Deposit Rd		Description of Expenditure Cutting JOB - THANK YOU			
City	Harrisburg	State	PA	Zip Code	17111 CARDS			



SCHEDULE III
Statement of Expenditures

Filer Identification Number: 27-472 7681

To Whom Paid		Staples				Date [MM/DD/YYYY]	\$	7.42
House #	4203	Street Address	Union Deposit Rd		Description of Expenditure			Copy + Print Paper
City	Harrisburg	State	PA	Zip Code	17111			
To Whom Paid		Staples				Date [MM/DD/YYYY]	\$	10.59
House #	4203	Street Address	Union Deposit Rd		Description of Expenditure			Cutting Board
City	Harrisburg	State	PA	Zip Code	17111			
To Whom Paid		U.S. Postal Service (USPS)				Date [MM/DD/YYYY]	\$	66 ⁰⁰
House #		Street Address	Main-Crooked Hill Rd		Description of Expenditure			Postage for Large Thank You Cards
City	Harrisburg	State	PA	Zip Code	17			
To Whom Paid		Staples				Date [MM/DD/YYYY]	\$	8.06
House #	4203	Street Address	Union Deposit Rd		Description of Expenditure			Photocopies of Walking Lists
City	Harrisburg	State	PA	Zip Code	17111			
To Whom Paid		Office MAX				Date [MM/DD/YYYY]	\$	60.71
House #	5098	Street Address	Jonestown Rd		Description of Expenditure			Card Stock, Ink for Printer
City	Harrisburg	State	PA	Zip Code	17112			
To Whom Paid		Office MAX				Date [MM/DD/YYYY]	\$	24.37
House #	5098	Street Address	Jonestown Rd		Description of Expenditure			Labels + Lamination
City	Harrisburg	State	PA	Zip Code	17112			
To Whom Paid		Staples				Date [MM/DD/YYYY]	\$	6.14
House #	4203	Street Address	Union Deposit Rd		Description of Expenditure			Printer Paper
City	Harrisburg	State	PA	Zip Code	17111			
To Whom Paid		U.S. Postal Service (USPS)				Date [MM/DD/YYYY]	\$	33 ⁰⁰
House #		Street Address	Main-Crooked Hill Rd		Description of Expenditure			Postage for Thank You Cards
City	Harrisburg	State	PA	Zip Code				

SCHEDULE III
Statement of Expenditures



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Filer Identification Number: 27-4727681

To Whom Paid		<u>Office MAX</u>				Date [MM/DD/YYYY]	\$	<u>44.50</u>
House #	<u>5098</u>	Street Address	<u>Jonestown Rd</u>			Description of Expenditure		
City	<u>Harrisburg</u>	State	<u>PA</u>	Zip Code	<u>17112</u>	<u>INK FOR PRINTER</u>		
To Whom Paid		<u>U.S. Postal Services (USPS)</u>				Date [MM/DD/YYYY]	\$	<u>78.72</u>
House #		Street Address	<u>Uptown Station - N. 7th St.</u>			Description of Expenditure		
City	<u>Harrisburg</u>	State	<u>PA</u>	Zip Code	<u>17110</u>	<u>LIT DROP MAILERS 15th WARD</u>		
To Whom Paid		<u>U.S. Postal Services</u>				Date [MM/DD/YYYY]	\$	<u>37.92</u>
House #		Street Address	<u>Uptown Station - N. 7th St.</u>			Description of Expenditure		
City	<u>Harrisburg</u>	State	<u>PA</u>	Zip Code	<u>17110</u>	<u>LIT DROP MAILERS 5th WARD</u>		
To Whom Paid		<u>U.S. Postal Services (USPS)</u>				Date [MM/DD/YYYY]	\$	<u>60.00</u>
House #		Street Address	<u>Uptown Station - N. 7th St.</u>			Description of Expenditure		
City	<u>Harrisburg</u>	State	<u>PA</u>	Zip Code	<u>17110</u>	<u>LIT DROP MAILERS 14th WARD</u>		
To Whom Paid		<u>U.S. Postal Services (USPS)</u>				Date [MM/DD/YYYY]	\$	<u>123.52</u>
House #		Street Address	<u>SWATARA Branch - Derry St.</u>			Description of Expenditure		
City	<u>Harrisburg</u>	State	<u>PA</u>	Zip Code	<u>17111</u>	<u>LIT DROP MAILERS 9th + 13th WARD</u>		
To Whom Paid		<u>U.S. Postal Services (USPS)</u>				Date [MM/DD/YYYY]	\$	<u>199.26</u>
House #		Street Address	<u>SWATARA Branch - Derry St.</u>			Description of Expenditure		
City	<u>Harrisburg</u>	State	<u>PA</u>	Zip Code	<u>17111</u>	<u>LIT DROP MAILERS 9th WARD</u>		
To Whom Paid		<u>Metro Bank</u>				Date [MM/DD/YYYY]	\$	<u>18.00</u>
House #	<u>3801</u>	Street Address	<u>Paxton Street</u>			Description of Expenditure		
City	<u>Harrisburg</u>	State	<u>PA</u>	Zip Code	<u>17111</u>	<u>Cycle Service Charge</u>		
To Whom Paid		<u>Metro Bank</u>				Date [MM/DD/YYYY]	\$	<u>18.00</u>
House #	<u>3801</u>	Street Address	<u>Paxton Street</u>			Description of Expenditure		
City	<u>Harrisburg</u>	State	<u>PA</u>	Zip Code	<u>17111</u>	<u>Cycle Service Charge</u>		

SCHEDULE III
Statement of Expenditures



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Filer Identification Number:	27-472 7681
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To Whom Paid		Metro Bank			Date [MM/DD/YYYY]	\$	18 ⁰⁰
House #	3801	Street Address	Paxton Street		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17111	Cycle Service Charge	

To Whom Paid		Metro Bank			Date [MM/DD/YYYY]	\$	18 ⁰⁰
House #	3801	Street Address	Paxton Street		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17111	Cycle Service Charge	

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			

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

Filer Identification Number:	27-4727681
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	75.00
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	125.00
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period		\$	
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS RECEIVED DURING THE REPORTING PERIOD (Add and enter amount to be reported on Page 1, Report Cover Page, Item 1, 2, and 3)	REPORTING PERIOD (Add and enter amount to be reported on Page 1, Report Cover Page, Item 1, 2, and 3)	\$	200.00
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	27-4727681
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Full Name of Contributor		DARLENE HUGHES-MILLER		Date [MM/DD/YYYY]	\$	125.00	
House #	540	Street Address	MACLAY STREET	Date [MM/DD/YYYY]	\$		
City	HARRISBURG	State	PA	Zip Code	17110	Date [MM/DD/YYYY]	\$
Description of Contribution							
Deposit For Hall Rental For 05-21-2013							
Full Name of Contributor				Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$		
City		State		Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

