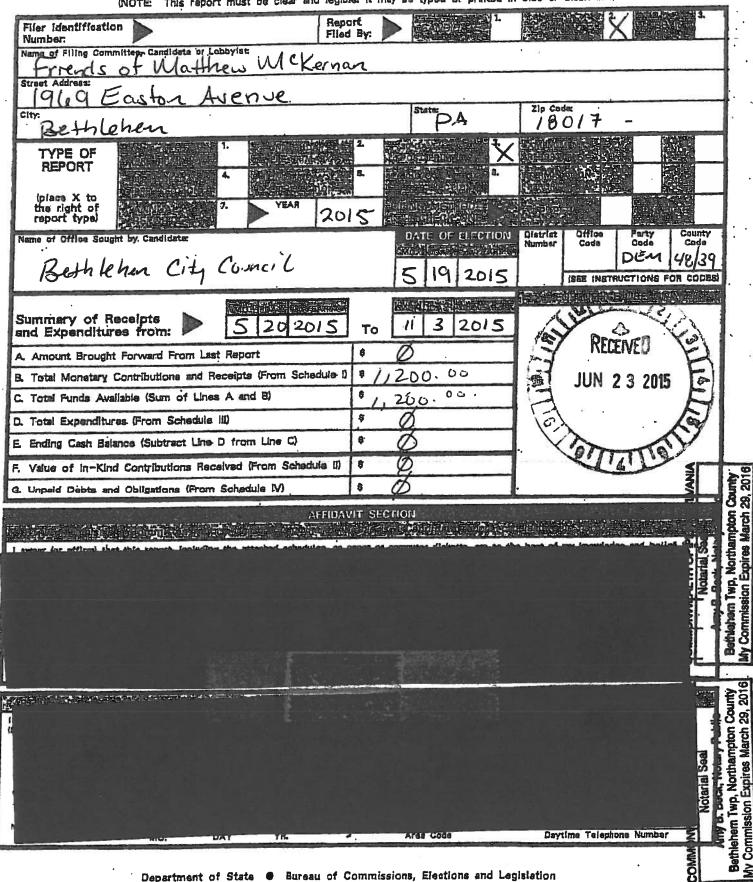
Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

PAGE 1 OF

COVER PAGE

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



Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building @ Harrisburg, PA 17120-0029 @ (717) 787-5280

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF 2

300.03

Detailed Summary Page

Reporting Period Name of Filing Committee or Candidate From 5/20/15 To 11/3/15 Friends of Matthew McKernan

TOTAL for the Reporting Period (1) \$

AN GORDERIE OF TONS AS TO DESIGN STATE TO THE THE TABLE AND AN AND AN ARCHINE	
Contributions Received from Political Committees (Part A)	\$ 400.00
All Other Contributions (Part B)	\$ 500.00
	\$1,200.00

AND	
Contributions Received from Political Committees (Part C)	\$ Ø
All Other Contributions (Part D)	\$ Ø
TOTAL for the Reporting Period (3)	\$ Ø

TOTAL for the Reporting Period (4) \$ 1,200. 00

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	\$ 1,200.00
Cover Page, Item B.)	

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 Filling Committee or Candidate Reporting Period Friends of Wighthew McKernan From S/20/20/5 To 11/3/2015 DATE AMOUINT Fall Name of Contributing Committee S Full Name of Contributing Committee S Pall Name of Contributing Committee S Full Name of Contributing Committee S PO Box 202 State City State Pall Name of Contributing Committee S Full Name of Contributing Committee State Po Box 202 State City State Pall Name of Contributing Committee S Full Name of Contributing Committee State Po Box 202 State City State Pall Name of Contributing Committee S Full Name of Contributing Committee S Pall Name of Contributing Committee S State Zip Code (Plus 4) Pall Name of Contributing Committee S Full Name of Contributing Committee S Full Name of Contributing Committee S Full Name of Contributing Committee S
DATE AMOUNT Full Name of Contributing Committee 5 6 15 \$ 150.0.0 Mailing Address 5 6 15 \$ 150.0.0 STT Devensynke Drive 5 6 15 \$ 150.0.0 City State Zip Code (Plus 4) ************************************
Fredik of Bob Donchuz 5 G 15 \$ 150.00 Mailing Address 377 Devenshive Drive City State Bethlehen PA PA 10017 - Full Name of Contributing Committee State City State PO Box 202 State City State City State Po Contributing Committee S Full Name of Contributing Committee State State Zip Code (Plus 4) Po Code (Plus 4) State Full Name of Contributing Committee S City State Zip Code (Plus 4) Full Name of Contributing Committee S City State Zip Code (Plus 4) Full Name of Contributing Committee S
Mailing Address State Zip Code (Plus 4) State S City State Zip Code (Plus 4) S S Full Name of Contributing Committee Recchisti S S S PO Box 202 State Zip Code (Plus 4) S S City State Zip Code (Plus 4) S S PO Box 202 State Zip Code (Plus 4) S S City State Zip Code (Plus 4) S S Full Name of Contributing Committee S S S Mailing Address State Zip Code (Plus 4) S Full Name of Contributing Committee S S S Full Name of Contributing Committee S S S
STIDESONSHIRE DITSE City State Zip Code (Plus 4) Milling Address \$ Full Name of Contributing Committee State Zip Code (Plus 4) \$ \$ Mailing Address State Zip Code (Plus 4) \$ \$ \$ PO Box 202 State Zip Code (Plus 4) \$ \$ \$ Full Name of Contributing Committee PA 18016 - \$ \$ \$ \$ PO Box 202 State Zip Code (Plus 4) \$ \$ \$ \$ Pull Name of Contributing Committee \$ \$ \$ \$ \$ \$ Full Name of Contributing Committee \$ \$ \$ \$ \$ \$ Full Name of Contributing Committee \$ \$ \$ \$ \$ \$ City \$ \$ \$ \$ \$ \$ \$ \$ Full Name of Contributing Committee \$ \$ \$ \$ \$ \$ \$ Full Name of Contributing Committee \$ \$ \$ \$ \$ \$
Bethlehen P4 18017 - \$ Full Name of Contributing Committee Recchisti S B IS \$ 250.00 Mailing Address S B IS \$ 250.00 PO Box 202 State Zip Code (Plus 4) City State Zip Code (Plus 4) Full Name of Contributing Committee \$ Mailing Address State Zip Code (Plus 4) \$ Full Name of Contributing Committee \$ Mailing Address \$ Full Name of Contributing Committee \$ State Zip Code (Plus 4) - \$ State Zip Code (Plus 4) - \$ Full Name of Contributing Committee \$ Full Name of Contributing Committee \$ Full Name of Contributing Committee \$
PO Box 202 State Zip Code (Plus 4) Bethlehem PA 18016 - Model and Adverse Full Name of Contributing Committee S Melling Address S City State Zip Code (Plus 4) Full Name of Contributing Committee S
PO Box 202 State Zip Code (Plus 4) Bethlehem PA 18016 - Model and Adverse Full Name of Contributing Committee S Melling Address S City State Zip Code (Plus 4) Full Name of Contributing Committee S
City State Zip Code (Plus 4) Pull Name of Contributing Committee S Melling Address Mode City State Zip Code (Plus 4) Full Name of Contributing Committee S
Melling Address S City State Zip Code (Plus 4) - - S Full Name of Contributing Committee Contributing Committee
City State Zip Code (Plus 4)
Full Name of Contributing Committee
Full Name of Contributing Committee
Mailing Address
City State Zip Code (Plus 4)
Full Name of Contributing Committee
Malling Address
City State Zip Code (Plus 4)
Full Name of Contributing Committee
Mailing Address
City State Zip Code (Plue 4)
Full Name of Contributing Committee
State Zip Code (Plus 4)
- \$
\$
Aailing Address S
State Zip Code (Plus 4)
Inter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE	OF	l

PART B **ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an eggregate 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 Car Friends of Wa	then McKe	rnan		Reporting From <u></u>		15 To 11/3/1
				DATE		AMOUNT
Full Name of Contributor GLENY Reibma Mailing Address	л		Memoral 5	S	NAMEARIAN 15	\$ 2.50.00
Mailing Address 1231 Lieb Rock	. 1 .		MOL	S DAYS		1
City	State	Zip Code (Plus 4)		1500.05 (185		\$
Easton	PA //		ETM CIER	Protection	HYEARS!	\$
Full Name of Contributor Diane Warfin Mailling Address			5		EYEAHEN	\$ 250.00
Malllag Address 332 (e Green Ac City	The Drive			HODAY	MEAR P	
Bethlehen	State PA //	Zip Code (Plus 4)	V WHORE	GAY	MEAR	
Full Name of Contributor			1.072 har welling	TESTANDER	and descent the local	\$
Mailing Address				[\$
				STAR	YEAB	\$
lity	State	Zip Code (Plus 4)	TMOT		BEAR-	\$
ull Name of Contributor			BAROAR	2/63.9 m	MEAB-	\$
Aailing Address		an an ann an an Anna Anna Anna Anna Anna Anna A	-EMG	*DAY	YEAR	
lty		Zip Code (Plus 4)				\$
			EIMOSER -	COASCING		\$
ull Name of Contributor			MO		REPARTS	\$
alling Address	······································		-mol		EAB -	\$
ty .	State	Zip Code (Plus 4)	MOLES	NOAS PAR		Ŧ
U Maria of Contribution of the State of the		-			•	\$
II Name of Contributor			MORNEL		1	\$
illing Address		59 - 59 - Marina	MO: MO	DAM	EARCH	\$
	State 2	ip Code (Plus 4)	Petromite	DAY		\$
			1	1	1	₽
I Name of Contributor	10		SEMO: NO	DAM	EARA	
1 Name of Contributor			Libroska ra		1 9	\$
iling Addrass				6273-1-X	4 4 4	
	Stata Z	p Code (Plus 4) —		6273-1-X	4 4 4	6
iling Addrass	Stata Z	(P Code (Plus 4) —		DARMAN DARMAN	9 EARCH \$ EARCH \$	6
illing Addrass Y	Stata Z	P Code (Plus 4) —		DAPA IN DAPA IN	S EARCH S EARCH S	6 6
iling Addrass y Name of Contributor		_	S MORE	DARA AN DARA AN DARA AN DAMA AN DAMA AN	9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6
Illing Addrass Y Name of Contributor Ting Address		p Code (Plus 4) p Code (Plus 4) 	Dimoral di Monese in Standard in	DARA AN DARA AN DARA AN DAMA AN DAMA AN	9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	6 6
Illing Addrass Y Name of Contributor Ting Address	State 21	p Code (Plus 4)		DATE T	ARC S ARC S ARC S ARC S	6 6

AGE	

OF

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	1	Reporting Pariod	_
	/	From	
		DATE	AMOUNT
Fuil Name of Contributing Committee	1	WENDER CHEAT	\$
Mailing Address		COMO DO VEL SALAS	\$
Weiling Address			Ψ
City	Zip Code (Plus 4)	LAMON PORTS STREET	\$
		STORES MADAYAL MARA	\$
Full Name of Contributing Committee		S-MOTO - COAV-	
Malling Address		AND THE PLATE AND A TRANSPORT	\$
City Stat	E Zip Code (Plus 4)	CONTRACTOR STATE	\$
		STATE COLLEGE SEMARIN	
Full Name of Contributing Committee			\$
Malling Address	1	CHMODE COAYYEAR	\$
	a j Zip Code (Plus 4)	TEMORY CODAYES DIVENDE	
City Stat			\$
Full Name of Contributing Committee		MONTH DANS BARANS	\$
		THOT PODEN DYLARS	
Mailing Address			\$
City	a Zip Code (Plus 4)	SING SEDATE SYEARS	\$
			\$
Full Name of Contributing Committee			-9
Mailing Address		STATES HOT HE HAVE AREA	\$
j Stat	te Zip Code (Plus 4)		\$
City	_		
Full Name of Contributing Committee		MO START DARAMA	\$
Mailing Address		NOT THE OWNER.	\$
	ta Zip Code (Plus 4)		
City	-		\$
Full Name of Contributing Committee		ELMON PORTE SEATON	\$
		MORE STATE STATE	
Malling Address			4
City	ta Zip Code (Plus 4)	ELEMONT MOANY CALLEN	\$
		BENGER INDATE STEARS	
Full Name of Contributing Committee			-4
Mailing Address		MO	\$
Star	te Zip Code (Plus 4)	MOST DAVA	\$
City	-		
			PAGE TOTAL
Enter Grand Total of Part C on Schedule	I, Detailed Summary	Page, Section 3.	\$

D5E8-502 (7-99)

PART D						
All	OTHER	CONTRIBUTIONS				

OF

PAGE

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.)

Prich IV AMOUNT Pail Name of Contributer Price Topologic Strates \$ Amount Price Topologic Strates \$ State Z/p Code (Plue 4) Price Topologic Strates \$ State Z/p Code (Plue 4) Price Topologic Strates \$ Amount Price Topologic Strates \$ Amount Amount Price Topologic Strates <th>Name of Filing Committee or Candidate</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Reportin</th> <th>ng Period</th> <th></th>	Name of Filing Committee or Candidate						Reportin	ng Period	
Nume of Contributor State 21p Code Plus 0 State State Dify State 21p Code Plus 4 State State State Singleyer Mema Docupation State State State State State Singleyer Mema Docupation State State State State State Singleyer Mema State State State State State State							From		To
Kull Ing Address State Zip Code File Code Fil				T			DAT	E	AMOUNT
All Rent Contributer All Ing Address All Ing Address All Rent Contributer All Rent Contributer Bing Address B		-		1		See Mar			¢
Mailing Address	Full Name of Contributar			1					
City	Mailing Address			T		Enter (je)		CHE IN AVE AND	\$
City		Charles	- 7	- dad	Plus A)		-		
Employer Name Employer Mailing Address/Principal Place of Business Full Name of Contributor Even Steel St	City .	otate	-	T	-				\$
Employer Mailing Address/Principal Place of Business Puil Name of Contributor Sector Puil Name of Sector Puil Place of Businese Sector Puil Name S	Employer Name			+		Öccup	ation		
Full Neme of Contributor State State State Mailing Address State State State State City Base City Code (Plue 4) Number of Contributor State Employer Mailing Address/Principal Place of Business State State State State Zip Code (Plue 4) Number of Contributor State Mailing Address State Zip Code (Plue 4) State State Zip Code (Plue 4) State State State Zip Code (Plue 4) State<				1		1			•
Full Name of Contributor Imployer Name Employer Name Code (Plus 4) Employer Mailing Address/Principal Place of Business Station of Contributor State Signification	Employer Mailing Address/Principal Place of Business			1	÷				and the second
Full Name of Contributor Imployer Name Employer Name Code (Plus 4) Employer Mailing Address/Principal Place of Business Station of Contributor State Signification		-				2200.00	-	ALL ANY DIE	¢
Mailing Address City Exployer Mame Employer Mailing Address/Principal Place of Business S S S S S S S S S S S S S	Full Name of Contributor		3		•				Ψ
City Land - Decupation \$ Employer Mame Employer Mame Employer Mame Employer Name Employer Mailing Address/Principal Place of Business Address City State Zip Code (Plus 4) Compose Name City State Zip Code (Plus 4) Compose City State Zip City State Zip City State Zip City City City State Zip City City City City City City City City	Meiling Address					SETMO			\$
City Land - Decupation \$ Employer Mame Employer Mame Employer Mame Employer Name Employer Mailing Address/Principal Place of Business Address City State Zip Code (Plus 4) Compose Name City State Zip Code (Plus 4) Compose City State Zip City State Zip City State Zip City City City State Zip City City City City City City City City				In Cad	Pina di	A A A A	SEISEDAS	TERMENTEAL P	
Employer Name Em	City .	State	ľ	ib one					\$
Employer Melling Address/Principal Place of Business Address Add	Emiloyof Name		-+			Occup	ation	10-10-12 1-1-12	
Suil Name of Contributor State						1			and the second secon
Suit Name of Contributor S Meiling Address State City State Singloyer Mailing Address/Principal Place of Business Singloyer Mailing Address Singloyer Mailing Address/Principal Place of Business Singloyer Mailing Address Singloyer Mailing Address Singloyer Mailing Address Singloyer Mailing Address Singloyer Mailing Address/Principal Place of Business Singloyer Mailing Address/Principal Place of Business	Employer Mailing Address/Principal Place of Business							2	1
Suit Name of Contributor S Meiling Address State City State Singloyer Mailing Address/Principal Place of Business Singloyer Mailing Address Singloyer Mailing Address/Principal Place of Business Singloyer Mailing Address Singloyer Mailing Address Singloyer Mailing Address Singloyer Mailing Address Singloyer Mailing Address/Principal Place of Business Singloyer Mailing Address/Principal Place of Business			+	-		Land Ball	-	应用目前在10 10	1
Melling Address Zip Code (Plus 4) State State City State Zip Code (Plus 4) State State Employer Name Occupation State State State State Zip Code (Plus 4) State State <t< td=""><td>Full Nema of Contributor</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td>\$</td></t<>	Full Nema of Contributor						1		\$
Env State Zip Code (Plus 4) Second State S	N-IDay Addapag		+-			in Mill	2 BADRO	NA SOMEAND	\$
Engloyer Name Engloyer Matting Address/Principal Piece of Business Hall Name of Centributor Halling Address S S S S S S S S S S S S S S S S S S	Mailing Address		1		1015-00				
Employer Mailing Address/Principal Piece of Business Sull Name of Contributor Mailing Address Mailing Address S S S S S S S S S S S S S S S S S S	City	State	72	ip Cod	(Plus 4)	EM.	AS ECA	A THEAT	\$
Employer Mailing Address/Principal Piece of Business S S S S S S S S S S S S S S S S S S			1-			Occup	stion		
Sull Name of Contributor Sull Contributor Weiling Address Sull Contributor Simployer Name Coupstion Simployer Meiling Address/Principal Pisce of Business State Zip Code (Plus 4) Simployer Meiling Address Substate Simployer Meiling Address Substate Simployer Name Coupstion Simployer Meiling Address Substate Simployer Meiling Address Substate Simployer Name Coupstion Simployer Name Coupstion Simployer Meiling Address Substate Simployer Name Substate Simployer Name Substate Simployer Name Coupstion Simployer Name Substate Simployer Name Substate Simployer Name Substate Simployer Name Coupstion Simployer Name Cocupstion	Employer Name		1						
Suil Name of Contributor Suid Address Weiling Address Suid Address Simployer Name Coupstion Simployer Mailing Address/Principal Place of Business	Employer Mailing Address/Frincips/ Place of Business		+						
State Zip Code (Plus 4) Size Size Size Zip Code (Plus 4) Size Size Simployer Nome Occupation Size Simployer Meiling Address/Principal Place of Business Size Size Size Zip Code (Plus 4) Size Size Simployer Meiling Address Size Size Size Size Zip Code (Plus 4) Size Size Size Size Size Size	uniper a mention		1			-			
Mailing Address City State Sta	Full Name of Contributor		Г			212MO	15 SEDAN	Armatin YEAR	\$
Vielling Address Zip Code (Plus 4) Junction Simployer Name Occupation Simployer Mailing Address/Principal Place of Business Sull Name of Contributor Mailing Address Siste Zip Code (Plus 4) Siste Siste </td <td></td> <td></td> <td>ļ</td> <td></td> <td></td> <td>UTE MO</td> <td>AT ESDAS</td> <td>-</td> <td></td>			ļ			UTE MO	AT ESDAS	-	
Singloyer Name Decupation Simployer Meiling Address/Principal Piece of Business Suil Name of Contributor Mailing Address Mailing Address Sites Zip Code (Plus 4) Cocupation Simployer Name Imployer Name Sites Zip Code (Plus 4) Occupation Simployer Name Imployer Name	Mailing Address						-		\$
Employer Name Employer Mailing Address/Principal Place of Business Evaluation Evaluatio	Gity	State	Z	ip Cod	(Plus 4)	MO	GADA	A YEAR	\$
Employer Name Full Name of Contributor Visiting Address S City State State					-) "
Full Name of Contributor S Mailing Address Stats Zip Code (Plus 4) City Stats Zip Code (Plus 4) Employer Name Occupation Imployer Mailing Address/Principal Place of Business	Employer Name	T				Ocoup	stion	•	■44 1925
Full Name of Contributor S Mailing Address Stats Zip Code (Plus 4) City Stats Zip Code (Plus 4) Employer Name Occupation Imployer Mailing Address/Principal Place of Business		_						and the state of the local division of the l	
State Zip Code (Plus 4) State Sta	Employer Mailing Address/Principal Piece of Business								
State Zip Code (Plus 4) State Sta						MO	DIDHOM		4
Mailing Address	Full Name of Contributor								\$
Employer Name Employer Name Employer Mailing Address/Principal Place of Business	Mailing Address					CE-MG	- LOAT	CE A VEARS	\$
Employer Name Employer Name Employer Mailing Address/Principal Place of Business				In Pad	Plue A	C. Stallow	TON		
Imployer Name	City	State	4	10 000					\$
imployer Mailing Address/Principal Place of Business	Employer Nama					Occup	ation		
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.	Employer Mailing Address/Principal Place of Business								8
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.								-1	PAGE TOTAL
	Enter Grand Total of Part D on Sched	dule I,	Det	ailed	Summar	y Page	e, Sect	ion 3.	

DSEB-502 (7-99)

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		1.	F	leporting Period	
		1	1	From	То
Full Neme		1			
Mailing Address		<u> </u>	_		
			1 million and	DAT	s Amount
City	State	Zip Code (Pius 4)	MOL N	A DATE LATOAL	\$
Receipt Description	- <u></u>				
Full Name	-				
Mailing Address					· · · · · · · · · · · · · · · · · · ·
			lana ana ang ang ang ang ang ang ang ang	STORY STREAM	
City	State	Zib Code (Plus 4) 	MOLAN'S	THURTH METCARL	\$
Receipt Description		1			
Full Name		İ			
Meiling Addrees	/			and the second	
merriti van ses				Taring and a start and and and	
City	Stata.	Zip Code (Plus 4)	MOLDO		\$
Receipt Description					
Full Name					
Mailing Addrees					
	Sfate	Zip Cods (Flus 4)		STATE PYEARS	Amount
City			C. DI MINIS		\$
Receipt Description	T				
Full Name	1				
		N			
Mailing Address		* -	•		
City	State	Zip Code (Plus 4)	-+MO.F-	POAR STAR	Amount \$
Receipt Description		and the second	L		
Full Name	×.				
Mailing Address .					
City	State	Zip Coda (Plus 4)	MO	TOAR SYEAR	Amount \$
Receipt Description			L		
	a sure and				PAGE TOTAL
Enter Grand Total of Part E on Sched	iule I, De	stailed Summary	Page,	Section 4.	\$

DSE8-502 (7-99)

IN-KIND CONTRIB	SCHEDULE II	BLE THING	PAGE	
	REPORT ALL IN-KIND CONTRA DURING THE REPORTING PE	BUTIONS OF V		
	Detailed Summary Page	3		
Name of Filing Committee or Candidate	• /	Reporting Pe From	riod To	
	////////			
TE UNIVERSITY EDAINAXINPACONDUR	MININA EGEVERANYARDE	BELIGION	विद्युः स्टब्स् br>स्टब्स् स्टब्स्	
· ·	TOTAL for the Reporting P	eriod (1)	\$	
A TRANSMEND STREET	VERSIVAUDE OF SECONDERC	Pendela		
-	TOTAL for the Reporting P	eriod (2)	\$	
	TOTAL for the Reporting Pe	riod (3)	\$	
TOTAL VALUE OF IN-KIND CONTR REPORTING PERIOD (Add and enter and 3; also enter on Page 1, Report	amount totals from Boxes 1, 2	2,	\$	
				1.00
х 		e		8 .
		ξ)		•
2	ž			
9				
₩ ₩	а.			
	ž. A			
	ŧ.			
un est Si				

5

OF

SCHEDULE II PART F

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		Reporting Peri	od
	· . · /		To
		DATE	AMOUNT
Full Name of Contributor	. /	STROPP PUBLIC: SY	\$
Mailing Address		THE PARTY OF THE PARTY	\$
City	State Zip Code (Fils 4)	THORE DAY THE	\$
Description of Contribution:			
Full Name of Contributor	· /	ZERIGIES SIDARES DAYE	\$
Mailing Address	1.		\$
City	State Zip Code (Plus 4)		\$
Description of Contribution:	/		
ull Name of Contributor	1	SHADDA GODAYCE LWE	<u>NB3/</u> \$
Malling Address			<u>(HC)</u> \$
lity	State Zip Code (Plus 4)	AMDIS LADING A F. CO	<u>aa</u>
escription of Contribution:		Instant wilder der Darmiteiten	
ull Name of Contributor		MOLT BOANS	A384 \$
ailing Address		CALIFIC MORAN CAL	B \$
ltγ	State Zip Code (Plus 4)	MANOT PRODUCT A	\$
escription of Contribution:	1		
Il Name of Contributor	1	MOCHEDAS	\$
ailing Address		CIMO SEDATIONEA	\$
ty .	State Zip Code (Plus 4)	#1M0.1- "#0.4%# #460	\$
scription of Contribution:		4	
li Name of Contributor		MOL DAVE TEA	£ \$
iling Address	1	ET MOTH TOAM THYEAR	\$
.	Stats Zip Code (Plus 4)	MO-S DAY INEA	\$
acription of Contribution:	· · · · · · · · · · · · · · · · · · ·		
	6	and a contraction	PAGE TOTAL
ter Grand Total of Part F on Sch mmary Page, Section 2.	edule II, In-Kind Contributi	ons Detailed	\$

PA(GE	OF	•

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250,00

Name of Fillng Committee or Candidate	Reporting Period
	From To
	DATE AMOUNT
Full Name of Contributor	HEMORAL ELDANCED THEAT
Malling Address	ERECTION S
City State Zip Code (P)us 4)	
	5
Employer of Contributor	Occupation
Employar Melling Address/Principal Place of Business	Description of Contribution
Full Name of Contributor	S-MOLE PEDAMARKANEARAE
Mailing Address	SMOL CARE STREET
City State Hip Code (Plus 4)	EDMORON AND AND AND AND AND AND AND AND AND AN
Employer of Contributor	Occupation
Employer Mailing Address/Principal Pisca of Business	Description of Contribution
Full Name of Contributor	MONTH DAY TOMILARE \$
Mailing Address	MOTO COANCE \$
City State Zip Code (Plus 4)	TIMO TATULE S
imployer of Contributor	Occupation
Employer Mailing Address/Principal Pisce of Business	Description of Contribution
ull Name of Contributor	STMOLT DATE S
Aailing Address	STMOTO CIDAY
ity State Zip Code (Plus 4)	S
mployer of Contributor	Occupation
mployer Meiling Address/Principal Piece of Business	Description of Contribution
Ill Name of Contributor	S
ailing Address	S
ty State Zip Code (Plus 4)	S
nployer of Contributor	Ceaupation
ployer Mailing Address/Principal Place of Business	Description of Contribution
	PAGE TOTAL
nter Grand Total of Part G on Schedule II, In-Kind Contribu ummary Page, Section 3.	

	STATEMENT C			-AGE
	Use this Section to Itemize which are outstanding at t	all unneld a	tobte and obligations	3
Name of Filing Committee		<u> </u>	Reporting Period	
Name of Fining Continueso	·		From	To
				Outstanding Balance of Debt
Name of Creditor				\$
Mailing Address		DATE DEBT (NCURRED	SPACE STRANG YEAR	
City		1.	State Zip Code (Plus 4)	
Description of Debt	· ·	1		
Name of Creditor	<u> </u>			Outstanding Balance of Dabt
Mailing Address		DATE		
City		INCURRED	State Zip Code (Plus 4)	
Description of Debt				
				Outstanding Balance of, Debt
Name of Creditor	· /	1	PENEL REPART	\$
Malling Address		DATE DEBT INCURRED		
City	.	•	State Zip Code (Plus 4)	
Description of Debt				
Name of Craditor				Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED		
City			State Zip Code (Plus 4)	
Description of Debt				
Name of Graditor				Outstanding Balance of Debt
Mailing Address		DATE	SMO SECOND YEAR	
City		INCURRED	State Zip Cods (Plus 4)	
Description of Dabt		•	<u></u>	
				Outstanding Balance of Debt
Name of Creditor		DATE		S CARACTERISTICS
Mailing Address	/	DATE DEBT INCURRED		
City			Stata Zip Code (Plus 4)	
Description of Debt	1			
			Down line C	PAGE TOTAL
Enter Grand Total of	Unpaid Debts on Page 1, Re	eport Cover	rage, itam u.	₽

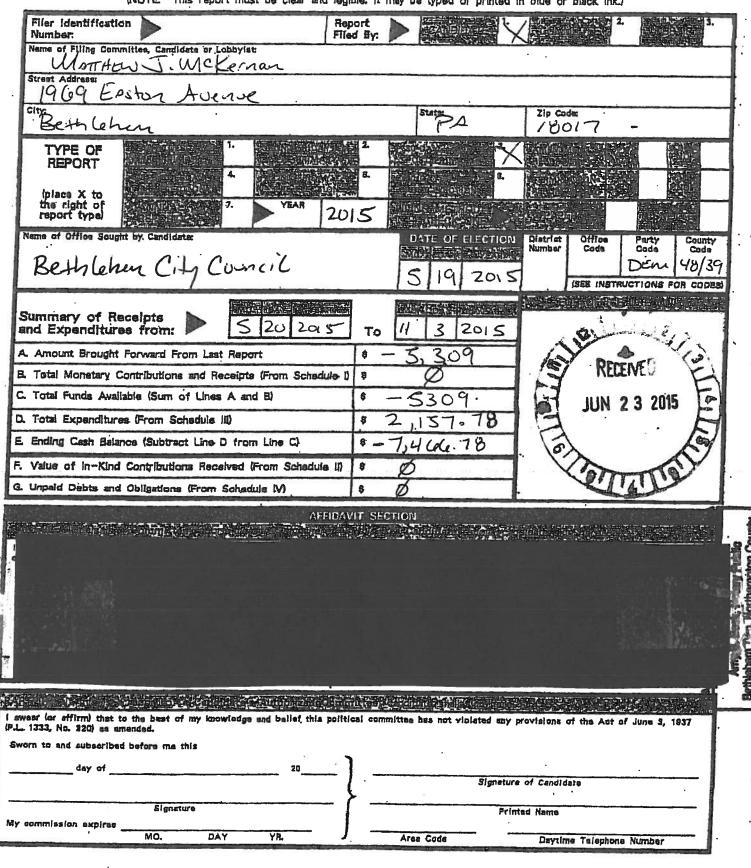
¥

Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

PAGE 1 OF

COVER PAGE

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



Department of State

Bureau of Commissions, Elections and Legislation 210 North Office Building @ Harrisburg, PA 17120-0029 @ (717) 787-5280

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Monthern J. McKernan	From 5/20/15 To 11/3/2005

TOTAL for the Reporting Period (1)

.

PARAGENTIAL CONTRACTOR STATES AND A STATES AND		
Contributions Received from Political Committees (Part A)	\$ Ø	
All Other Contributions (Part B)	\$ ø	
TOTAL for the Reporting Period (2)	\$ ø	

AT THE MERICAN STATEMENT OF THE STATE OF T	
Contributions Received from Political Committees (Part C)	\$ ø ·
All Other Contributions (Part D)	\$ Ø
. TOTAL for the Reporting Period (3)	\$ Ø

A STATE OF STATE OF STATE		<u>1963</u> 955		使和自己法法
	TOTAL for the Reporting Period		\$ 0	

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.)	\$ Ø

PAGE	OF

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 Wort How McKernon	Reporting Period From <u>\$2015</u> To <u>11/3</u> ,2015
	/ DATE AMOUNT
Full Name at Contributing Committee	. / HAMDINIATAOANKATAINEARDA \$
Melling Address	S
City State Zip Code (Plus 4)	S
Full Name of Contributing Committee	S
Mailing Address	S MO S ANDA S AVEN S
City State Zip Code (Plus 4)	S
Full Name of Contributing Committee	\$
Malling Address	S S S S S S S S S S S S S S S S S S S
City State Zip Code (Plus 4)	STOUT BEDAXE SYEAR S
Fall Name of Contributing Committee	STMOLT IFTEAM MEANIN
Melling Address	APMOLA SOLATION \$
City State Zip Gode (Plus 4)	IMMONTERE S
Full Name of Contributing Committee	MODINA DATA STEAS
Mailing Address	CIMDRE COART TO CAST
City State Zip Code (Plus 4)	S
Full Name of Contributing Committee	TMOTI- DAVID LENCE \$
Mailing Address	STMOTON DAY - MERE \$
City State Zip Code (Plus 4)	STANDARD STORMAN SYEARS
Full Name of Contributing Committee	END AND LONGARD \$
Mailing Address	S
Sity State Zip Code (Plus 4)	FMORE COLORES
Full Name of Contributing Committee	T-MOTO
Aailing Address	* moet tory = 2000 \$
State Zip Code (Plus 4)	S
inter Grand Total of Part A on Schedule I, Detailed Summa	PAGE TOTAL

	1	
PAGE	I OF	1

SCHEDULE III STATEMENT OF EXPENDITURES

Mothow J. McKornen	-				a	rom 5	1/20	15	то <u>11/3/</u>	15
		-		The Ball		nyi katalara	1			
To Whom Paid			•	1		สอโอไลล์ไ	A Con	Amou	nt	-
LEBICH VILLEY Print Con	the		-		SII	3 1	15	1\$ 2	157.7	18
Letion Villey Print Cont Mailing Address 306 Broadheas Avenue					D		nditura		and the second	
City	5	Stata	Zip Code (Plus	a 4)	Print	m			· · · · · · · · · · · · · · · · · · ·	
Bethkehen	1	ZA .	18015 -11	653		1			•	
To Whom Pald		ALL CARGE COLOR		Statement of the local division of the local	0		i si na si	Amou	nt	
								\$		
Mailing Address				Desc	cription · c	of Expen	diture			
Sity	51	tate	Zip Code (Plus	4						-
· · · · · · · · · · · · · · · · · · ·			-							
o Whom Paid		in the sound			建度	MUK A	PEAGUE	Amoun	t ·	-
Tailing Address	<u></u>							\$		
· · · · · · · · · · · · · · · · · · ·				Desci	ription of	f Expend	litura			
ity.	Sta	ite :	Zip Code (Flus	4)				• 9711		
The state of the second s			<u> </u>							
Whom Paid	and the second second			SE 101 D			建 本起于	Amount		
illing Address					lption of			\$	an a	
-	•				brou, ot	exhaugi	ture			
τ γ	Stet	te Z	Ip Code (Plus 4	1			-			
					· · · · · · · · · · · · · · · · · · ·		:			
Whom Paid				-	201			Amount		100 pt 100
lling Address				Dasori	ption of	Expandit	HIT OL	\$		
			*							
κ	State	a Zi	p Code (Plus 4)	1						
Whom Paid	-	de-		_		_				
Micht Falls				STM05	易行的人		and the second se			
ing Address .				Descrip	tion of E	menditu	re L	\$		
								•		
	State	Zip	Code (Plus 4)			20.08				
hom Paid		1		1						
				MOR	漫画語					
ng Address		-	•	Dascript	ion of Ex	cpenditur				
				.[Versteinen 15 dieter		
	State	Zip	Code (Plus 4)					and the second		
hom Peid	1	1		1	-					
2						P STER	Manufaction (nount		
ng Addrass				Descriptio	on of Ex	penditur		nuia set		
		_							•	•5
	Stata	Zip (Code (Plus 4)							
	1 1		- 1							
		Constant of the local division of the local	and the set of a set of a set of		Contraction of the	10 200 - 1	11000	GE TOT.	and the second s	-