

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:	9200379	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	X	LOBBYIST	3.
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Name of Filing Committee, Candidate or Lobbyist:
PA Future

Street Address:
C/O Treas: Jennifer L Paternos C/O Treas: Jennifer L Paternos

City: Philadelphia	State: PA	Zip Code: 19102
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TYPE OF REPORT	6th Tuesday Pre-Primary	1.	X	2nd Friday Pre-Primary	2.		30 Day Post Primary	3.		Amendment Report?	YES		NO	X
	6th Tuesday Pre-Election	4.		2nd Friday Pre-Election	5.		30 Day Post Election	6.		Termination Report?	YES		NO	X
	Annual Report	7.		YEAR	2016									

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number:	Office Code:	Party Code:	County Code:
	MO. DAY YEAR			DEM	51

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report								\$ 16,842.76	
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 100,000.00	
C. Total Funds Available (Sum of Lines A and B)								\$ 116,842.76	
D. Total Expenditures (From Schedule III)								\$ 11,500.00	
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 105,342.76	
F. Value of In-Kind Contributions Received (From Schedule II)								\$ -	
G. Unpaid Debts and Obligations (From Schedule IV)								\$ 65,490.61	

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

Sworn to and subscribed before me this

_____ day of _____ 20 _____	}	_____
Signature		Signature of Person Submitting Report
My commission expires _____		Printed Name
MO. DAY YEAR		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		Signature of Candidate
My commission expires _____		Printed Name
MO. DAY YEAR		Area Code _____ Daytime Telephone Number _____

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate PA Future	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ -

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ -
All Other Contributions (Part B)	\$ -
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 100,000.00
All Other Contributions (Part D)	\$ -
TOTAL for the Reporting Period (3)	\$ 100,000.00

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.)	\$ 100,000.00
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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 PA Future		Reporting Period From _____ To _____			
Full Name of Contributing Committee Tom Wolf for Governor		MO. 1	DAY 15	YEAR 2016	\$ 100,000.00
Mailing Address PO Box 615					
City Harrisburg	State PA	Zip Code (Plus 4) 17108			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.				Part C Total \$ 100,000.00	

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 PA Future	Reporting Period From _____ To _____
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ -

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ -

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ -

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.	\$ 0
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SCHEDULE III

Statement Of Expenditures

Name of Filing Committee or Candidate PA Future			Reporting Period From _____ To _____			
To Whom Paid Friends of Thomas Caltagirone			MO. 2	DAY 11	YEAR 2016	\$ 1,500.00
Mailing Address 2521 Hill Road						
City Reading		State PA	Zip Code (Plus 4) 19606			
Description of Expenditure Contribution						
To Whom Paid Shapiro for Pennsylvania			MO. 3	DAY 4	YEAR 2016	\$ 10,000.00
Mailing Address PO Box 1238						
City Norristown		State PA	Zip Code (Plus 4) 19404			
Description of Expenditure Contribution						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						Schedule III Total \$ 11,500.00

SCHEDULE IV

Statement Of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate PA Future					Reporting Period From _____ To _____		
Name of Creditor Thomas J. Knox						Outstanding Balance of Debt \$ 15,490.61	
Mailing Address 450 W. Chesnut Hill Avenue				Date Debt Incurred	MO.	DAY	YEAR
City Philadelphia					10	25	1990
State PA		Zip Code (Plus 4) 19118					
Description of Debt Loan							
Name of Creditor Michael Karp						Outstanding Balance of Debt \$ 20,000.00	
Mailing Address 3416 Sansom Street				Date Debt Incurred	MO.	DAY	YEAR
City Philadelphia					10	26	1990
State PA		Zip Code (Plus 4) 19118					
Description of Debt Loan							
Name of Creditor Mark A. Turnbull						Outstanding Balance of Debt \$ 10,000.00	
Mailing Address 156 Pelham Road				Date Debt Incurred	MO.	DAY	YEAR
City Philadelphia					1	30	1991
State PA		Zip Code (Plus 4) 19119					
Description of Debt Loan							
Name of Creditor University City Housing						Outstanding Balance of Debt \$ 20,000.00	
Mailing Address 1062 Lancaster Avenue				Date Debt Incurred	MO.	DAY	YEAR
City Rosemont					5	10	1991
State PA		Zip Code (Plus 4) 19010					
Description of Debt Loan							
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						Schedule IV Total \$ 65,490.61	