

# Campaign Finance Report

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

<b>Filer Identification Number:</b>	2015189	<b>Report Filed By:</b>	CANDIDATE	1.	<b>COMMITTEE</b>	2.	X	<b>LOBBYIST</b>	3.
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Name of Filing Committee, Candidate or Lobbyist:  
 Rebuild Pennsylvania

Street Address:  
 PO Box 656

City: Harrisburg	State: PA	Zip Code: 17108
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<b>TYPE OF REPORT</b>	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	X	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:	<b>DATE OF ELECTION</b>			District Number:	Office Code:	Party Code:	County Code:
	MO.	DAY	YEAR				

<b>Summary of Receipts and Expenditures from:</b>	MO.	DAY	YEAR	To	MO.	DAY	YEAR	<b>FOR OFFICE USE ONLY</b>
A. Amount Brought Forward From Last Report								\$ 14,425.03
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 27,500.00
C. Total Funds Available (Sum of Lines A and B)								\$ 41,925.03
D. Total Expenditures (From Schedule III)								\$ 6,224.95
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 35,700.08
F. Value of In-Kind Contributions Received (From Schedule II)								\$ -
G. Unpaid Debts and Obligations (From Schedule IV)								\$ -

**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 Rebuild Pennsylvania	Reporting Period From _____ To _____
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ -

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

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ -
All Other Contributions (Part D)	\$ 27,500.00
TOTAL for the Reporting Period (3)	\$ 27,500.00

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 27,500.00
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## Part D

**All Other Contributions**

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.)

Name of Filing Committee or Candidate Rebuild Pennsylvania		Reporting Period From _____ To _____			
Full Name of Contributor Lynne Honickman		MO. 4	DAY 12	YEAR 2016	\$ 2,500.00
Mailing Address 210 W Rittenhouse Sq					
City Philadelphia	State PA	Zip Code (Plus 4) 19103-5726			
Employer Name Honickman Foundation		Occupation President			
Employer Mailing Address/Principal Place of Business 210 W Rittenhouse Sq, Philadelphia, PA 19103					
Full Name of Contributor Martin Sellers		MO. 5	DAY 16	YEAR 2016	\$ 25,000.00
Mailing Address 230 S Broad St Ste 1802					
City Philadelphia	State PA	Zip Code (Plus 4) 19102-4102			
Employer Name Sellers Dorsey		Occupation CEO			
Employer Mailing Address/Principal Place of Business 230 S Broad St Ste 1802, Philadelphia, PA 19102					
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.				<b>Part D Total</b> \$ 27,500.00	

## 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 Rebuild Pennsylvania	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)	\$ -
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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)	\$ -
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**3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)**

TOTAL for the Reporting Period (3)	\$ -
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<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (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 Rebuild Pennsylvania			Reporting Period From _____ To _____			
To Whom Paid Kimberly Coleman			MO.	DAY	YEAR	\$ 50.95
			4	14	2016	
Mailing Address 234 N 3rd St Apt 204						
City Philadelphia		State PA	Zip Code (Plus 4) 19106-1151			
Description of Expenditure Reimbursement: Postage						
To Whom Paid Federal Square Post Office			MO.	DAY	YEAR	\$ 130.00
			4	14	2016	
Mailing Address 228 Walnut St						
City Harrisburg		State PA	Zip Code (Plus 4) 17101-1714			
Description of Expenditure PO Box Rental Fee						
To Whom Paid Authorize.net			MO.	DAY	YEAR	\$ 25.00
			5	4	2016	
Mailing Address PO Box 8999						
City San Francisco		State CA	Zip Code (Plus 4) 94128-8999			
Description of Expenditure Credit Card Processing Fees						
To Whom Paid Morganelli PAC PA			MO.	DAY	YEAR	\$ 5,000.00
			5	12	2016	
Mailing Address 835 Barnsdale Rd						
City Bethlehem		State PA	Zip Code (Plus 4) 18017-3881			
Description of Expenditure Contribution						
To Whom Paid GPS Impact			MO.	DAY	YEAR	\$ 19.00
			4	14	2016	
Mailing Address 100 E Grand Ave Ste 380						
City Des Moines		State IA	Zip Code (Plus 4) 50309-1801			
Description of Expenditure Web Hosting						
To Whom Paid Committee to Elect Leanne Krueger-Braneky			MO.	DAY	YEAR	\$ 1,000.00
			4	14	2016	
Mailing Address 412 Olde House Ln						
City Media		State PA	Zip Code (Plus 4) 19063-5322			
Description of Expenditure Contribution						

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

Schedule III Total

\$ 6,224.95

