

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:	2003251	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	X	LOBBYIST	3.
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Name of Filing Committee, Candidate or Lobbyist:
Triad Strategies PA PAC

Street Address:
116 Pine Street 116 Pine Street

City: Harrisburg	State: PA	Zip Code: 17101
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TYPE OF REPORT	6th Tuesday Pre-Primary	1.	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. X	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				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report								\$ 1,401.82
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 2,645.00
C. Total Funds Available (Sum of Lines A and B)								\$ 4,046.82
D. Total Expenditures (From Schedule III)								\$ 1,000.00
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 3,046.82
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 Triad Strategies PA PAC	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)	\$ 270.00
TOTAL for the Reporting Period (2)	\$ 270.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ -
All Other Contributions (Part D)	\$ 2,375.00
TOTAL for the Reporting Period (3)	\$ 2,375.00

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.)	\$ 2,645.00
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Part B

All Other Contributions

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate 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 Candidate Triad Strategies PA PAC		Reporting Period From _____ To _____			
Full Name of Contributor Lauren Gutshall		MO. 10	DAY 25	YEAR 2016	\$ 20.00
Mailing Address 116 Pine St. 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Lauren Gutshall		MO. 11	DAY 4	YEAR 2016	\$ 20.00
Mailing Address 116 Pine St. 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Lauren Gutshall		MO. 11	DAY 28	YEAR 2016	\$ 20.00
Mailing Address 116 Pine Street 5th Fl					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Michael Manzo		MO. 10	DAY 25	YEAR 2016	\$ 25.00
Mailing Address 116 Pine Street 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Michael Manzo		MO. 11	DAY 4	YEAR 2016	\$ 25.00
Mailing Address 116 Pine Street 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Michael Manzo		MO. 11	DAY 28	YEAR 2016	\$ 25.00
Mailing Address 116 Pine Street 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Brendan Schubert		MO. 10	DAY 25	YEAR 2016	\$ 25.00
Mailing Address 116 Pine Street 5th Fl					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			

Part B

All Other Contributions

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate 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 Candidate Triad Strategies PA PAC		Reporting Period From _____ To _____			
Full Name of Contributor Brendan Schubert		MO. 11	DAY 4	YEAR 2016	\$ 25.00
Mailing Address 116 Pine Street 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Brendan Schubert		MO. 11	DAY 28	YEAR 2016	\$ 25.00
Mailing Address 116 Pine Street 5th Fl					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Kirstin Snow		MO. 10	DAY 25	YEAR 2016	\$ 20.00
Mailing Address 116 Pine Street 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Kirstin Snow		MO. 11	DAY 4	YEAR 2016	\$ 20.00
Mailing Address 116 Pine Street 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Full Name of Contributor Kirstin Snow		MO. 11	DAY 28	YEAR 2016	\$ 20.00
Mailing Address 116 Pine Street 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.					Part B Total \$ 270.00

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 Triad Strategies PA PAC		Reporting Period From _____ To _____			
Full Name of Contributor Yvonne Roberts		MO. 10	DAY 25	YEAR 2016	\$ 125.00
Mailing Address 116 Pine St 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Employer Name Triad Strategies LLC		Occupation Senior Associate			
Employer Mailing Address/Principal Place of Business 116 Pine St. 5th Fl, Harrisburg, PA 17101					
Full Name of Contributor Yvonne Roberts		MO. 11	DAY 4	YEAR 2016	\$ 125.00
Mailing Address 116 Pine St 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Employer Name Triad Strategies LLC		Occupation Senior Associate			
Employer Mailing Address/Principal Place of Business 116 Pine St. 5th Fl, Harrisburg, PA 17101					
Full Name of Contributor Yvonne Roberts		MO. 11	DAY 28	YEAR 2016	\$ 125.00
Mailing Address 116 Pine St 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Employer Name Triad Strategies LLC		Occupation Senior Associate			
Employer Mailing Address/Principal Place of Business 116 Pine St. 5th Fl, Harrisburg, PA 17101					
Full Name of Contributor Roy Wells		MO. 10	DAY 31	YEAR 2016	\$ 1,000.00
Mailing Address 116 Pine Street 5th Floor					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Employer Name Triad Strategies LLC		Occupation Partner			
Employer Mailing Address/Principal Place of Business 116 Pine Street 5th Floor, Harrisburg, PA 17101					

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 Triad Strategies PA PAC		Reporting Period From _____ To _____			
Full Name of Contributor Michael Acker		MO. 11	DAY 1	YEAR 2016	\$ 1,000.00
Mailing Address 1146 Pine St 5th FL					
City Harrisburg	State PA	Zip Code (Plus 4) 17101			
Employer Name Triad Strategies LLC		Occupation Partner			
Employer Mailing Address/Principal Place of Business 116 Pine Street 5th Fl, Harrisburg, PA 17101					
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.				Part D Total \$ 2,375.00	

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 Triad Strategies PA PAC	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 Triad Strategies PA PAC			Reporting Period From _____ To _____			
To Whom Paid The H Team			MO. 10	DAY 31	YEAR 2016	\$ 1,000.00
Mailing Address NA						
City Harrisburg		State PA	Zip Code (Plus 4) 17101			
Description of Expenditure contribution						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					Schedule III Total \$ 1,000.00	

