

## 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.)

Filer Identification Number: <span style="float:right;">▶</span>			Report Filed By: <span style="float:right;">▶</span>			CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		2. LOBBYIST <input type="checkbox"/>		3.													
Name of Filing Committee, Candidate or Lobbyist: <i>Mark Prinzinger</i>																									
Street Address: <i>5655 East Texas Rd</i>																									
City: <i>East Texas</i>						State: <i>PA</i>		Zip Code: <i>18046 - 0157</i>																	
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY		1.		2ND FRIDAY PRE-PRIMARY		<input checked="" type="checkbox"/>		30 DAY POST PRIMARY		3.		AMENDMENT REPORT?		YES		NO								
	8TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST ELECTION		6.		TERMINATION REPORT?		YES		NO								
	ANNUAL REPORT		7.		YEAR		▶		FILING METHOD (1 CHECK ONE) ▶		PAPER		<input checked="" type="checkbox"/>		DISKETTE										
Name of Office Sought by Candidate: <i>County Commissioner / School Director</i>														DATE OF ELECTION		District Number		Office Code		Party Code		County Code			
														MO. DAY YEAR <i>5 19 2009</i>											
																						(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from: <span style="float:right;">▶</span>														MO. DAY YEAR <i>1 1 2009</i>		To		MO. DAY YEAR <i>5 8 2009</i>		FOR OFFICE USE ONLY					
A. Amount Brought Forward From Last Report														\$				<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2009 MAY -8 P 3:30 HARRISBURG COUNTY </div>							
B. Total Monetary Contributions and Receipts (From Schedule I)														\$											
C. Total Funds Available (Sum of Lines A and B)														\$											
D. Total Expenditures (From Schedule III)														\$		<i>1800.00</i>									
E. Ending Cash Balance (Subtract Line D from Line C)														\$											
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

NOTARIAL SEAL  
STACY J. STERNER, Notary Public

My c

## PART II

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

Printed Name

My commission expires

MO. DAY YR.

Area Code

Daytime Telephone Number

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

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Mark Prinzinger</i>	Reporting Period From <i>1-1-09</i> To <i>5-8-09</i>
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To Whom Paid <i>Friends of Mark Prinzinger</i>			MO. <i>2</i> DAY <i>27</i> YEAR <i>2009</i>	Amount <b>\$ 1800.00</b>
Mailing Address <i>5655 East Texas Rd</i>			Description of Expenditure <i>Loan from candidate</i>	
City <i>East Texas</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18046-0157</i>		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
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To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL

**\$ 1800.00**