

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|---|--|--|
| 1. (a) Name of Individual, Organization or Corporation WAGNER, SCOTT R. | | 3. FEC Identification Number C C90013608 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. BOX 1627 | | |
| (c) City, State and ZIP Code YORK PA 17405 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | Name of Employer Penn Waste | Occupation President, Owner |

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

/ /

THROUGH

/ /

6. TOTAL CONTRIBUTIONS

7. TOTAL INDEPENDENT EXPENDITURES

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

| | | |
|---|------------------------|-------------|
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM | SIGNATURE | DATE |
| Scott R. Wagner | <i>Scott R. Wagner</i> | 10/29/2012 |

[Electronically Filed]

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
WAGNER, SCOTT R.

| | | | | | |
|--|-------|--------------------------------|------------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) Scott R. Wagner | | | Date of Receipt 10 / 29 / 2012 | | |
| Mailing Address P.O. Box 1627 | | | Transaction ID : F56.000001 | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| York | PA | 17405 | 2473.47 | | |
| FEC ID number of contributing federal political committee. | | C C90013608 | | | |
| Name of Employer Penn Waste | | Occupation President, Owner | | | |

| | | | | | |
|--|-------|------------|------------------------------------|--|--|
| B. Full Name (Last, First, Middle Initial) | | | Date of Receipt | | |
| Mailing Address | | | M M M / D D D / Y Y Y Y Y Y | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | | C | M M M / D D D / Y Y Y Y Y Y | | |
| Name of Employer | | Occupation | | | |

| | | | | | |
|--|-------|------------|------------------------------------|--|--|
| C. Full Name (Last, First, Middle Initial) | | | Date of Receipt | | |
| Mailing Address | | | M M M / D D D / Y Y Y Y Y Y | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | | C | M M M / D D D / Y Y Y Y Y Y | | |
| Name of Employer | | Occupation | | | |

| | | | | | |
|--|-------|------------|------------------------------------|--|--|
| D. Full Name (Last, First, Middle Initial) | | | Date of Receipt | | |
| Mailing Address | | | M M M / D D D / Y Y Y Y Y Y | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | | C | M M M / D D D / Y Y Y Y Y Y | | |
| Name of Employer | | Occupation | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2473.47 |
| TOTAL This Period (last page carry total to Line 6) ▶ | 2473.47 |

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
WAGNER, SCOTT R.

| | | |
|--|-------|---|
| Full Name (Last, First, Middle Initial) of Payee Postmaster | | Date |
| Mailing Address 200 S. George St. Ste. 3 | | MM / DD / YYYY 10 / 29 / 2012 |
| City | State | Zip Code |
| York | PA | 17403 |
| Purpose of Expenditure Postage | | Amount |
| Category/ Type | 004 | 2473.47 |
| Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama | | Transaction ID : F57.000001 |
| Office Sought: | | <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President |
| Check One: | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: |
| 85069.69 | | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|-------|--|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | MM / DD / YYYY |
| City | State | Zip Code |
| Purpose of Expenditure | | Amount |
| Category/ Type | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Office Sought: |
| | | <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Check One: | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|-------|--|
| Full Name (Last, First, Middle Initial) of Payee | | Date |
| Mailing Address | | MM / DD / YYYY |
| City | State | Zip Code |
| Purpose of Expenditure | | Amount |
| Category/ Type | | |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Office Sought: |
| | | <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President |
| Check One: | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: |
| | | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|---|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 2473.47 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | 2473.47 |
| (carry total from last page forward to Line 7) | | |