



Reset Form

Print Form


## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report should be clear and legible. It should be typed)

Filer Identification Number	26-4205403	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT NEVIN								
Street Address	2550 N. 3rd Street								
City	HARRISBURG	State	PA	Zip Code	17110				

Type of Report (Place x to the right of report type)

6 <sup>th</sup> Tuesday Pre-Primary	6 <sup>th</sup> Tuesday Pre-Election	2 <sup>nd</sup> Friday Pre-Primary	2 <sup>nd</sup> Friday Pre-Election	30 Day post Primary	30 Day Post Election	Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/5/2013	Year	2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2013	5/6/2013	
A. Amount Brought Forward From Last Report	\$	5,221.06	 <p>2013 MAY 10 AM 10:45</p> <p>RECEIVED</p> <p>DAUPHIN COUNTY BUR. OF VOTER REGISTRATION AND ELECTIONS</p>
B. Total Monetary Contributions and Receipts (From Schedule II)	\$	1,380.00	
C. Total Funds Available (Sum of Lines A and B)	\$	6,601.06	
D. Total Expenditures (From Schedule III)	\$	4,683.61	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,917.45	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	626.79	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## Affidavit Section

Part 1- 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, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this

10<sup>th</sup> day of May 2013

Jennifer Dill, Office Mgr

Signature

My Commission expires 07 07 15

Mo. Day YR.

COMMONWEALTH OF PENNSYLVANIA

Jean H. Cutler

Signature of Person Submitting report

JEAN H. CUTLER

Printed Name

717

Area Code

238-8705

Daytime Telephone Number

Part II If this is a report of a Political 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, 1957 (P.L. 1333, NO.320) as amended.

JENNIFER S. GILL, Notary Public

Harrisburg City, Dauphin County

My Commission Expires July 7, 2015

Sworn to and subscribed before me this

10<sup>th</sup> day of May 2013

Jennifer Dill, Office Mgr

Signature

My Commission expires 07-07-15

Mo. Day YR.

COMMONWEALTH OF PENNSYLVANIA

NEVIN S. HINDLIN

Signature of Candidate

NEVIN S. HINDLIN

Printed Name

717

Area Code

238-8705

Daytime Telephone Number

NOTARIAL SEAL

JENNIFER S. GILL, Notary Public

Harrisburg City, Dauphin County

My Commission Expires July 7, 2015

## Contributions and Receipts

Detailed Summary Page



Filer Identification Number

26-4205403

## 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1) \$ 355.00

## 2. Contributions Over \$250.00 (From A and Part B)

Contributions Received from Political Committees (Part A)

\$ 0

All Other Contributions (Part D)

\$ 775.00

Total for the reporting period (2) \$ 775.00

## 3. Contributions Over \$250.00 (From C and Part D)

Contributions Received from Political Committees (Part C)

\$ 0

All Other Contributions (Part D)

\$ 250.00

Total for the reporting period (3) \$ 250.00

## 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (from Part E)

Total for the reporting period (4) \$ 0

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)

\$ 1,380.00



## Contributions Received From Political Committees

**Use Part A to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.**

Filer Identification Number		26-4205403									
											Amount
Full Name of Contributing Committee		N/A					Date [MM/DD/YYYY]	\$			
Mailing Address							Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
Mailing Address							Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
Mailing Address							Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
Mailing Address							Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
Mailing Address							Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
Mailing Address							Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$			
Mailing Address							Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$				



## PART B

## All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contribution with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contribution from political committee reported in Part A.)



Filer Identification Number:	26-4205403
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Name of contributor				Date [MM/DD/YYYY]		\$	
SEE ATTACHED							
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Name of contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Name of contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Name of contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Name of contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Name of contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

6:37 PM

05/07/13

Accrual Basis

## Committee to Elect Nevin

**PART B - All Other Contributions (\$50.01 - \$250.00)**

January 1 through May 6, 2013



Name	Name Address	Date	Amount
<b>Arlene L. Prentice</b>			
Arlene L. Prentice	2608 Catherine Drive Harrisburg, PA 17109-3451	4/18/2013	100.00
Total Arlene L. Prentice			100.00
<b>Daniel E. Beren</b>			
Daniel E. Beren	59 S. Terrace Dr. Wormleysburg, PA 17043	3/5/2013	75.00
Total Daniel E. Beren			75.00
<b>Joel Burcat</b>			
Joel Burcat	2935 N 2nd Street Harrisburg, PA 17110	4/25/2013	100.00
Total Joel Burcat			100.00
<b>Jonathan Adams</b>			
Jonathan Adams	1503 Penn St. Harrisburg, PA 17102	4/4/2013	100.00
Total Jonathan Adams			100.00
<b>Pr. Willie Dixon</b>			
Pr. Willie Dixon	3220 Linden Pkwy Harrisburg, PA 17110	1/14/2013	50.00
Pr. Willie Dixon	3220 Linden Pkwy Harrisburg, PA 17110	2/22/2013	50.00
Pr. Willie Dixon	3220 Linden Pkwy Harrisburg, PA 17110	3/13/2013	50.00
Pr. Willie Dixon	3220 Linden Pkwy Harrisburg, PA 17110	4/26/2013	50.00
Total Pr. Willie Dixon			200.00
<b>Robert C. Keaton</b>			
Robert C. Keaton	30 Hilltop Dr Etters, PA 17319	5/2/2013	100.00
Total Robert C. Keaton			100.00
<b>Samuel Juffe</b>			
Samuel Juffe	2534 N 3rd St. Harrisburg, PA 17110	3/14/2013	100.00
Total Samuel Juffe			100.00
<b>TOTAL</b>			<b>775.00</b>



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.

Filer Identification Number:

26-4205403

Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$



## PART D

## All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	26-4205403
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Name of contributor		Date [MM/DD/YYYY]		\$
ATTY & MRS. ELLIS & AMY EISEN		3/20/2013		250.00
Mailing Address		Date [MM/DD/YYYY]		\$
323 FARWOOD RD.				
City	State	Zip Code	Date [MM/DD/YYYY]	\$
WYNNEWOOD	PA	19096		
Employer Name		Occupation		
DOACHIN, SLOTTING TODD P.C.		ATTORNEY		
Employer Mailing Address / Principal Place of Business				
50 SOUTH 16 <sup>TH</sup> ST, PHILADELPHIA PA 19102				
Name of contributor		Date [MM/DD/YYYY]		\$
Mailing Address		Date [MM/DD/YYYY]		\$
City	State	Date [MM/DD/YYYY]	\$	
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Name of contributor		Date [MM/DD/YYYY]		\$
Mailing Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Name of contributor		Date [MM/DD/YYYY]		\$
Mailing Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				



## PART E

## Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	76-4205403
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Full Name	N/A				
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					



## 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

Filer Identification Number:

26-4205403

**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period

(1)

\$

0

**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period

(2)

\$

0

**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period

(3)

\$

626.79

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (add and enter amount totals from boxes 1, 2, and 3; also enter on page 1, report cover page, item F)

\$

626.79



## SCHEDULE II

## PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	26-4205403
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Full Name of the Contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of the Contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of the Contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of the Contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of the Contributor				Date [MM/DD/YYYY]		\$	
Mailing Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							



## SCHEDULE II

## Part G

## In-Kind Contributions Received

VALUE OVER \$250



Filer Identification Number:

26-6205403

Full Name of the Contributor		W AXNE LESHER		Date [MM/DD/YYYY]	\$	368.74
Mailing Address		8396 SPRING RD.		Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
NEW BLUMFIELD	PA	17068				
Employer Name		SELF		Occupation	CONTRACTOR	
Employer Mailing Address / Principal Place of Business				Description of Contribution	Signs	
Full Name of the Contributor		Nevin Mindlin		Date [MM/DD/YYYY]	\$	258.05
Mailing Address		2550 N 3 <sup>rd</sup> ST.		Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Harrisburg	PA	17110				
Employer Name		Retired		Occupation	Retired	
Employer Mailing Address / Principal Place of Business				Description of Contribution	portraits, postage, printing,	
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		



## Statement of Expenditures



Filer Identification Number:	26-4205403
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To Whom Paid				Date [MM/DD/YYYY]		\$
JONATHAN SMITH				2/28/2013		139.30
Mailing Address				Description of Expenditure		
2425 Logan St				CONSULTING / WEB DESIGN		
City	State	Zip Code				
HARRISBURG	PA	17110				
To Whom Paid				Date [MM/DD/YYYY]		\$
KELDEEN STAMBAUGH CONSULTING				1/23, 2/20, 3/22/2013		2,250.00
Mailing Address				Description of Expenditure		
15 NORTH PATANG AVE				GENERAL CONSULTING		
City	State	Zip Code				
HARRISBURG	PA	17111				
To Whom Paid				Date [MM/DD/YYYY]		\$
YWCA OF GREATER HARRISBURG				4/3/2013		10.00
Mailing Address				Description of Expenditure		
1101 MARKET ST				S. Allison Hill Festival Fee		
City	State	Zip Code				
HARRISBURG	PA	17103				
To Whom Paid				Date [MM/DD/YYYY]		\$
LN CONSULTING, LLC				3/14/2013		2,274.48
Mailing Address				Description of Expenditure		
121 STATE ST				CONSULTING / EXPENSES		
City	State	Zip Code				
HARRISBURG	PA	17101				
To Whom Paid				Date [MM/DD/YYYY]		\$
PAY PAL.COM				1-5/6/2013		9.83
Mailing Address				Description of Expenditure		
2211 NORTH FIRST STREET				BANK FEES		
City	State	Zip Code				
SAN JOSE	CA	95131				
To Whom Paid				Date [MM/DD/YYYY]		\$
Mailing Address				Description of Expenditure		
City	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY]		\$
Mailing Address				Description of Expenditure		
City	State	Zip Code				
To Whom Paid				Date [MM/DD/YYYY]		\$
Mailing Address				Description of Expenditure		
City	State	Zip Code				

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.

Filer Identification Number:	26-4205403
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Name of Creditor	N/A				Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						