Reset Form

Print Form

(Note: This report should be clear and legible. It should be typed)														
Filer Identification		1 10 04 I	Reno	rt Filed I	Bv	Candida	te T	1	Committee		67	Lobbyis		
Number	2/0-1	4705413	(Mai		-	ounora					IXI			
Name of Filing Comr	nittee Car	adidate or	1 mai			100								
Lobbyist	millee, ca		Co	1-11-	TT	E TI	FIR	T	NEVI	V				
Street Address			00	NWI				-01_		V				
Street Address	Street Address 2550 N. 3rd Street													
City HARRISBURG State PA Zip Code 17110														
	HI-	FREISBW	4				FA		-01	1 1 11	0			19-20
Type of Report (Place	Type of Report (Place x to the right of report type)													
6 th Tuesday 6 th	Tuesday	2 nd Friday	2 nd Fi	viday	30.0	ay post	30 Day Po	nst	Annual	Special 2	nd Friday	Special	30 Dav	
		Pre-Primary	Pre-	luay	Prim		Election		/ IIII III	Pre-Elect		Post-Ele		
Pre-Primary Pre		Fle-Flinary		ion	FILLO	ary	Liection							
Election Election														
														_
Date Of Election			Year				Amendm	ent		Termina	tion			
(MM/DD/YYYY)		1/5/203			120	13	Report			Report				
		1 -1 -1 -	-	7 0.4					En	Office Use	Only	-	and service of	
Summary of Receipt	s and	From Date		To Dat	te				FOI	Office 03e	Omy			
Expenditures		1/1/201	5	5/	6/2	2013								
		1/1/201		21	612	013								_
A. Amount Brought	Forward F	rom Last Report	\$	5	22	1,06			197					
B. Total Monetary C	ontributio	ne and Receipts	\$			1700		1 R						
-	ontributio	ins and keceipts	>	1	381) 00								
(From Schedule II)	hla		\$		500							20		
C. Total Funds Availa (Sum of Lines A and			7		(n	1.06	150			1	P	3		
and the second se	-	1	\$	$-\psi$	ja	1.00	E	-	17	1	55	IF.	-1-1	
D. Total Expenditure	25		1,3	4	1.8:	3,61	1 1				当至	AY	Ĩ	
(From Schedule III)			\$		00-	J. Wi		41	11.15/	9	5.0	2013 MAY 10	\bigcirc	
E. Ending Cash Balar (Subtract Line D from			, I		Q17	.45		N	FW		38	0	RFCEIVED	
F. Value of In-Kind C		ne Received	\$	<u>├</u>		10		-		g	四马	T.P	\leq	
(From Schedule II)	ontributic	AIS NECEIVED		6	210	, 79	1			Q		AM 10:		
G. Unpaid Debts and	Obligatio	and	\$		100					05	공유	0	Surand .	
(From Schedule IV)	Unigatit	/15	ې ا		Ø						20			
(From Schedule IV)			-	μ	~	Affidavit Se	ection					5 5		
Part 1- If this is a comm	nittee renor	t treasurer sign he	re. Ift	his is a ca				here.						
I swear (or affirm) that	this report.	including the atta	ched so	hedules	on pape	r, is to the	best of my k	nowle	dge and belief	true, correct	and compl	ete. Sworn	to and	
subscribed before met		0			• •		. 3	19			1			
INE II	-	10		· ·			A	11 an	AC	1. th	in			
10 th _day of M	ay	20 13				***	1	nature	of Person Sub	mitting repo	rt			
lonil.	Nila	Office May	r		•		1 13	TE	of Person Sub $A \sim H$. 20	TLER	2		
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U .	120000000			200			717			720	010	\sim		
My Commission expire		07 15				L	11 Area Cada	-		2.38 -				
COMMON	NEALTH C	Day YR. DF PENNSYLVA	NIA				Area Code			ayume reier	mone ream	iber		
Part II If this is a report	NOIARIA	Has Authorized	Commi	tee, cano	didate s	hall sign h	ere.							
I swear (or affit ANNI	ERIS GIL	Lonlotano Rublice	and be	lief this p	olitical	committee	has not viol	ated a	ny provisions o	f the Act of J	une 3, 1987	7 (P.L. 1333,	NO.320)) as
amonded: Harrisb	urg City; D	Dauphin County	~							1	1			
		pires July 7, 2015	5				/	/		//				
Sworn to and subscrib	ed before m	ne this						-	//	. /				
10H . N	10.	2012	2				11	-	DI.	1	<u> </u>			
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) Sign	ature	00	5					8	Printed Nam	ę	_			
y		1200	1	• •		1	717		2	38	-87	25		
My Commission expire		01-15	T			J	61/	-		time Telepho	no Number			
I Mo	Mo. Day YR. Area Code Daytime Telephone Number													

COMMONWEALTH OF PENNSYLVANIA

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NOTARIAL SEAL JENNIFER S. GILL, Notary Public Harrisburg City, Dauphin County My Commission Expires July 7, 2015

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-SCHEDULE-I

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)	\$	Ø					
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)	\$	Ø					
All Other Contributions (Part D)	\$	250.00					
Total for the reporting period (3)	\$	250.00					
4. Other Receipts-Refunds, Interested Earned, Returned Checks, ETC. (from Part E)							
Total for the reporting period (4)	\$	ĊK					
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					



PART A

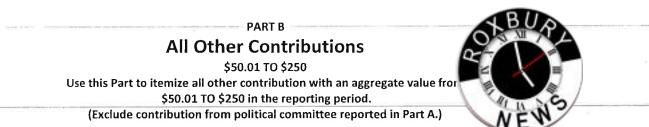
Contributions Received From Political Committees

\$50.01 TO \$250.00

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	76-470541	03		
	12 martine and a second second			Amount
Full Name of Contributing Committee	NA	3	Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
full Name of Contributing			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			Date [MM/DD/YYYY]	\$
Vailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Mailing Address	э.	7	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$



Filer Identification Number: Ho-	420540	3		
Name of contributor	ATTACHE	0	Date [MM/DD/YYYY]	\$
Mailing Address	/ TITALAE	J	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]	5
City	State	Zip Code	Date [MM/DD/YYYY]	5
Name of contributor			Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	s
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		Construction of the	Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	5
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	
Arlene L Prentice				
Arlene L Prentice	2608 Catherine Drive Harrisburg, PA 17109-3451	4/18/2013	100.00	
Total Arlene L Prentice	and the second		100.00	
Daniel E. Beren Daniel E. Beren	59 S. Terrace Dr. Wormleysburg, PA 17043	3/5/2013	75.00	
Total Daniel E. Beren		¥	75.00	
Joel Burcat Joel Burcat	2935 N 2nd Street Harrisburg, PA 17110	4/25/2013	100.00	
Total Joel Burcat			100.00	
Jonathan Adams Jonathan Adams	1503 Penn St. Harrisburg, PA 17102	4/4/2013	100.00	
Total Jonathan Adams			100.00	
Pr. Willie Dixon Pr. Willie Dixon Pr. Willie Dixon Pr. Willie Dixon Pr. Willie Dixon	3220 Linden Pkwy Harrisburg, PA 17110 3220 Linden Pkwy Harrisburg, PA 17110 3220 Linden Pkwy Harrisburg, PA 17110 3220 Linden Pkwy Harrisburg, PA 17110	1/14/2013 2/22/2013 3/13/2013 4/26/2013	50.00 50.00 50.00 50.00	
Total Pr. Willie Dixon			200.00	
Robert C. Keaton Robert C. Keaton	30 Hilltop Dr Etters, PA 17319	5/2/2013	100.00	
Total Robert C. Keaton			100.00	
Samuel Juffe Samuel Juffe	2534 N 3rd St. Harrisburg, PA 17110	3/14/2013	100.00	
Total Samuel Juffe			100.00	
TOTAL			775.00	



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:	17		
Filer Identification Number: 20-4205	403		
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$
Mailing Address		Date [MM/DD/YYYY]	\$
City	e Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$
Mailing Address		Date [MM/DD/YYYY]	\$
City Sta	e Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$
Mailing Address		Date [MM/DD/YYYY]	\$
City	ze Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$
Mailing Address	<u></u>	Date [MM/DD/YYYY]	\$
City Sta	te Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$
Mailing Address		Date [MM/DD/YYYY]	\$
City Sta	te Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$
Mailing Address		Date [MM/DD/YYYY]	\$
City Sta		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)

	-4205403			
Name of contributor			Date [MM/DD/YYYY] \$	1
	X			0
Ar	17 1 MRS.	ELLIS & AMY EI	SEN 3/2013	250.00
Mailing Address			Date [MM/DD/YYYY] \$	l
323	FARWOOD	30		
City	State	Zip Code	Date [MM/DD/YYYY] \$	1
WYNNEWOOD		1 1909		
Employer Name			Occupation	
	DOLCHIN, 5	LOTKING TOPP P.C.	ATTORNE	.Y
Employer Mailing Address / Principal Place of Business	1	0	HDELPHA AT 19102	
Name of contributor	1 30 9000	+ 16" St; litur	Date [MM/DD/YYYY] \$	1
Name of contributor	\$ ⁵	,	Date hand optimit	
		BUA		
Mailing Address		A M ALA	Date [MM/DD/YYYY] \$	
	0-			
City	Stat	=	Date [MM/DD/YYYY] \$	1
city				
Employer Name		MIN NS	Occupation]1
Employer value		NEW	of capacity and the	
Employer Mailing Address /				
Principal Place of Business				
Name of contributor			Date [MM/DD/YYYY] \$	
Mailing Address			Date [MM/DD/YYYY] \$	1
		1		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address /			And the second second second	
Principal Place of Business				
Name of contributor			Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
Mailing Address				
City	State	Zip Code	Date [MM/DD/YYYY] \$	1
	-11-17-1 -11-17-1			
CONTRACTOR OF A DESCRIPTION OF A DESCRIP	CALLECTER,	and a start of the		4
Employer Name	53		Occupation	

PART E Other Receipts

REFUNDS, INTREST 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:	- 4705403		n a social de la decenta de la companya de la comp	
Full Name	/A			
Mailing Address	<i>// \</i>			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description				
Full Name	BID	in the second second second	an y datat d'an Mila - Shair Santana y Sal	
Mailing Address				
City	te	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description	MILLIS	Contraction (Contraction)	4000	
Full Name	NEW			
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		GINRIES A	J	
Full Name				
Mailing Address				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description		14.11.17.14.15.15.15.15.1		

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VA	ALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
FOTAL for the reporting period (1)	\$ 0	
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.0	01 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period (2)	\$ 0	
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period (3)	\$ 626.79	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPO		
PERIOD (add and enter amount totals from boxes 1, 2, and 3; a on page 1, report cover page, item F)	aiso enter (026.79	



SCHEDULE II PART F **In-Kind Contributions Received** 60

 0.00 ± 0.00

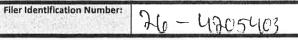
V	'AL	UE	OF	Ş5	0.0	11	Ο	Ş25	6

Filer Identification Number: /	26-4705403			
Full Name of the Contributor	V/A		Date [MM/DD/YYYY]	\$
Mailing Address	V//\		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	1.000			
Full Name of the Contributor	Ó	BURA	Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	VENS	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]	\$
Malling 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		NAME OF COMPANY	1	1

SCHEDULE II Part G In-Kind Contributions Received VALUE OVER \$250								
iler Identification Number:	0-4205403		NEWS					
Full Name of he Contributor	> 1	ESHER	Date [MM/DD/YYYY] \$ 3(1)2013 368.74 Date [MM/DD/YYYY] \$					
City	State	NG RD ZIP Code	Date [MM/DD/YYYY] \$					
A کے Blue Mig Employer Name Employer Mailing Address / Prince Place of Business	SEL		by Occupation CentreActor					
and the second states of the s	Jevin M	indlin	Date [MM/DD/YYYY] \$ 258.05					
City	550 N 3	A Zip Code 17	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$					
Employer Name	Ig Ret	ired	Occupation Refired					
Employer Mailing Address / Prin Place of Business	cipal		of Contribution portraits, postage,					
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 Employer Mailing Address / Prin	cipal	F	Occupation Description					
Place of Business Full Name of	5		of Contribution Date [MM/DD/YYYY] \$					
the Contributor Mailing Address			Date [MM/DD/YYYY] \$					
City	State	Zip Code	Date [MM/DD/YYYY] \$					
Employer Name			Occupation					
Employer Mailing Address / Prin Place of Business	cipal		Description of Contribution					

Statement of Expenditures

NEW



To Wh	om Paid					Date [MM/DD/YYYY]	\$
		SOMATHAN	/ SMITH	· · · ·		2/28/2013	139.30
Mailin	g Address	ddress				Description of Expendi	
City		2425 1	State 0	Zip	1		
	1+7+1	RISBURG	P/-	Code	17110	CONSULTING-/h	ied Design
To Wh	iom Paid		^			Date [MM/DD/YYYY]	5 0 2 0 0
	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	KELDEEN	STAMISAUC	LAN CONSL	ILTING-	Description of Expendit	013 7,250.00
Mailing Address					Description of Expendit	turé	
City			State	Zip	8	CENERAL LONSU	UTIM-
i se il	1+ARRIV	BORG-	PA	Code	[711]		
To Wh	iom Paid	NI	t.	1		Date [MM/DD/YYYY]	\$ 1.0 000
		TWLA	OF GREAT	ER ITHAR	15BURG	4/3/2013	10.00
Mailin	g Address	NOI M	LARKET G	T		Description of Expendit	ture
City			State	Zip	10.	S. Allizon Him	FOSTIVAL FEE
Win		us Burd	P,	A Code	17103	1000 x 100 X	
To Wh	iom Pald	1 4. 1		14 af 14		Date [MM/DD/YYYY]	\$ 0.07
		UN C	ONSULTIA	Vo, LLC	-	3/14/2013	274.48
Mailin	g Address	121 5	TATE ST	/		Description of Expendit	ture
City	<u> </u>		State	Zip	1.1.1.1	1	
		RIGBURG	PA	Code	17101	Consumin /	=+7EN41=5
To Whom Paid					Date [MM/DD/YYYY]	\$ (3.02)	
NA-111-		VAY I	AL CC	212		Description of Expendit	9.83
wallin	g Address	2211 N	RTH FIRST	- STREET		Description of Expendi	ure
City	han		State	Zip	(-) =)	Dan En	
- 14/1	SAN	JOSE	4	Code	95131	BANK FEE	
lo wh	iom Paid					Date [MM/DD/YYYY]	\$
Mailin	g Address					Description of Expendi	ture
City			State	Zip Code			
To Wh	om Paid			Couc		Date [MM/DD/YYYY]	\$
Mailin	g Address					Description of Expendi	ture
Cian I			Chanke	71-			
City			State	Zip Code			
To Wh	om Paid				ale produce a second and	Date [MM/DD/YYYY]	\$
	a she area						
Mailin	g Address					Description of Expendi	ture
City		L	State	Zip	1		
LILY I							

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:	26-4705403		
Name of Greditor	Nr /a		Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED [MM/DD/YYYY]	<u> </u>
City	State	Zip Code	
Description of Debt	ON BURA		
Name of Creditor	2-		Outstanding Balance of Debt
Mailing Address	THE REAL	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	VEN 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	104-1275	1	- 21/22 20/20
City Description of Debt	State	Zip Code	
Description of Debt		-	