

3349

pd late fee 2017

Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

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(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: CURTIS POLITICAL COMMITTEE		Report Filed By: CANDIDATE		1. CANDIDATE		2. COMMITTEE		3. LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: CURTIS POLITICAL COMMITTEE										
Street Address: P.O. Box 5746										
City: HARRISBURG					State: PA		Zip Code: 17110			
TYPE OF REPORT (place X to the right of report type)	1. 6TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	4. AMENDMENT REPORT		YES		NO		
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	7. TERMINATION REPORT		YES		NO		
	7. ANNUAL REPORT		YEAR		FILING METHOD (CHECK ONE)		PAPER		DISKETTE	
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number		Office Code	
					MO DAY YEAR 5 21 2013					
									(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:					MO DAY YEAR 4 19 2013		To		MO DAY YEAR 5 6 2013	
A. Amount Brought Forward From Last Report					\$					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$					
C. Total Funds Available (Sum of Lines A and B)					\$		5000.00			
D. Total Expenditures (From Schedule III)					\$					
E. Ending Cash Balance (Subtract Line D from Line C)					\$		5000.00			
F. Value of In-Kind Contributions Received (From Schedule II)					\$					
G. Unpaid Debts and Obligations (From Schedule IV)					\$		5000.00			



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

10 day of **May** 20 **13**

Coryann A. Catalano Signature

My commission expires **03 / 12 / 2017**

Brittany A. Grigg Signature of Person Submitting Report

Brittany A. Grigg Printed Name

(717) Area Code

579-4320 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

10 day of **May** 20 **13**

Coryann A. Catalano Signature

My commission expires **03 / 12 / 2017**

NATHANIEL R. CURTIS Signature of Candidate

NATHANIEL R. CURTIS Printed Name

717 Area Code

421 6701 Daytime Telephone Number

Dauphin County Election Bureau
2 S. 2nd St.
PO Box 1295
Harrisburg PA 17108

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Coryann Catalano, Notary Public
Lower Allen Twp., Cumberland County
My Commission Expires March 12, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate CURTIS POLITICAL ACTION COMMITTEE	Reporting Period From 4/19/13 To 5/6/13
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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)		\$
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 5,000.00
TOTAL for the Reporting Period	(3)	\$ 5,000.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ 5,000.00

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.)	\$ 5,000.00
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PART E
OTHER RECEIPTS

PAGE _____ OF _____

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.

Name of Filing Committee or Candidate	Reporting Period
CURTIS POLITICAL ACTION COMMITTEE	From 4/19/13 To 5/6/13

Full Name						
NATHANIEL R CURTIS						
Mailing Address						
1623 NORTH FRONT STREET						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
HARRISBURG	PA	17102-	4	22	2013	\$ 5,000.00
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

PAGE TOTAL

\$

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.



SCHEDULE IV

PAGE _____ OF _____

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate CURTIS POLITICAL ACTION COMMITTEE	Reporting Period From 4/19/13 To 5/6/13
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Name of Creditor NATHANIEL R. CURTIS					Outstanding Balance of Debt \$ 5,000.00	
Mailing Address 1623 NORTH 4TH STREET		DATE DEBT INCURRED	MO	DAY	YEAR	
City HARRISBURG						
		State PA	Zip Code (Plus 4) 17102 -			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO	DAY	YEAR	
City						
		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO	DAY	YEAR	
City						
		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO	DAY	YEAR	
City						
		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO	DAY	YEAR	
City						
		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO	DAY	YEAR	
City						
		State	Zip Code (Plus 4)			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$