CAMPAIGN FINANCE REPORT

PAGE 1 OF _

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

| Filer Identification Number: Name of Filing Committee, Candidate or Lobbyist | | COMMERCE 2 LOSENS: 3. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Leadership for Harnishills a Street Address Falorel Square Station Box 3 | 0/3 | |
| Faderal Square Station Box 3 | State: | Zip Code: |
| Harrisburg | PA | 17108 - |
| TYPE OF REPORT STATE OF THE PRIMARY THE PRIMARY STATE OF THE PRIMARY THE PRIMARY STATE OF THE | 2. S0 DAY 3. POST PRIMARY 5. S1P DAY 6. POST RESECTION 7. | AMENDMENT TERMINATION |
| (place X to the right of report type) PRESENCTION PRESENCTION | SENSIFIE ENTONE AND | PAPER DISKETTE |
| Name of Office Sought by Candidate: | DATE OF ELECTION 05 21 20/3 | District Office Party County Code Code Code Code Code Code Code Code |
| Summary of Receipts and Expenditures from: | To 06/02013 | TOP OFFICE USE ONLY |
| A. Amount Brought Forward From Last Report | \$ 30,178,73 | PAUPHIN DAUPHIN VOTEN VOTEN ANC |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ 11,075,00 | RECEIVED JUN 18 PM I JUN 18 PM |
| C. Total Funds Available (Sum of Lines A and B) | 41,253.73 | |
| D. Total Expenditures (From Schedule III) | \$39,818,82 | /ED |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ 1,434,91 | S S S S |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | S B I |
| G. Unpaid Debts and Obligations (From Schedule IV) | 15 0 | |
| AFFIDA | VIT SECTION | |
| I swear (or affirm) that this report, including the attached schedules, on correct and complete. | | A A |
| Sworn to end subscribed before me this | · N/ N/ | NEW |
| day of JUNE 1 20 13 | Signature of | Person Submitting Report |
| Caller COMMONWEALTH SEASON VANIA | Charles A.C | 7-taurano |
| My commission expires Colleen M. Kline, Notary Public Mo. City of Hausburg, Dauphin County My Commission Expires 168, 4, 2014 | 7/7 | Daytime Talephone Number |
| PARTIE III MEANIS II an anomal essa Candidates Authorized Con | umutae zeancidate shall sion her | |
| I swear (or affirm) that to the best of my knowledge and belief this pol (P.L. 1333, No. 320) as amended. | itical committee has not violated an | y provisions of the Act of June 3, 1937 |
| Sworn to and subscribed before me this Sworn to and subscribed before me this 20.13/ | 1 Anda | Umplar . |
| COMMONSTALLA OF PENNSYEVANIA My commission expirés Notaria Seal Notaria Netary Public | 1 mda | ture of candidate Thom pson Finted Name 237 9535 |
| My commission expires Notary Public College M. Kline, Notary Publ | Area Code | Dextime Telephone Number |
| My Commission Expires 3dly 19 | | |

Dauphin County Election Bureau 2 S. 2nd St.

PO Box 1295

Harrisburg PA 17108

CAMPAIGN FINANCE REPORT

PAGE 1 OF ___

| | | I more representative and a | Dide of black ink.) | Westernament of the second |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Filer Identification Number: | Report Filed By: | GANDIDATE | COMMUNICATION | LOBBAST |
| Name of Filing Committee, Cardidate or Lobbyist | . 30/3 | 9 | | |
| Street Address Square Station Bo | 5 201 | | | |
| Fadral Square Station Be | 2 505 | 14.2 | To be a series | |
| Harrisburg | | State: | 17/08 - | |
| TYPE OF SPHELLESDAY 1. 2ND FRID | AV 2. | 30 DAY 3. | AMENDMEN | |
| REPORT | SALE OF THE PARTY | POST PRIMARY 6. | REBORIZE THE RESERVE OF T | |
| place X to PRESERVED TO PRESERVED | The second secon | POST ELECTION X | GREPORTY | NO |
| the right of ANNUAL 7. YEAR PROPERTY 7. | 意意 | | PAPER | DISKETTE |
| Name of Office Sought by Candidate: | 172 | DATE OF ELECTION | | arty County |
| * 8 | | Mispa Sirks 2021 | Number Code C | ode Code |
| | | 05 21 2013 | (SEE INSTRUCT | IONS FOR CODES |
| Moz DAY | | SMO DAY STOWN | | SE ONLY |
| Summary of Receipts | 0/3 To | 06-10-2013 | | |
| A Amount Brought Forward From Last Report | 5 7 | 73 | DAUPHIN COL VOTER REL AND EL | 5 |
| B. Total Monetary Contributions and Receipts (From Sch | 2 | 0,178,10 | 子の子の子 | RECEIVED |
| C. Total Funds Available (Sum of Lines A and B) | 8 . (| 1075,00 | | 9 |
| D. Total Expenditures (From Schedule III) | 4 | (,253.73 | 口記》 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ 30 | 1,818,82 | 25 E | B |
| | | 434.91 | | 9 |
| F. Value of In-Kind Contributions Received (From Sche | | 0 | ABIDA " | S S |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | | A TANK |
| RAPTE SECURIS IS SCOMMINGUIZATION (CASULA) SIGN | AFFIDAVIT SEC | | | |
| I swear (or affirm) that this report, including the attached sched | | | the NEWS riedge | and belief true, |
| correct and complete. | | | NEW | |
| Sworn to said subscribed before me this 18 th day of | 13] | Nunh ditte | Marie | |
| 11 11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | VANIA | Signature | of Person Submitting Report | |
| COMMONWEAVINE | /> - | Charles A.C | Printed Name | 1 |
| My commission expires Colleen M. Kline, Notary Pol | blic | 7/7 | 921889 | 5 |
| Mo. City of Hattastury, My Commission Expires July 4, | 2014 | Area Code | Daytime Telephon | e Number |
| PARTIEL MEINS SERVICE OF SEARCH ASSOCIATION | The state of the s | ue nelette sentesten sie | | |
| I swear (or affirm) that to the best of my knowledge and bellef (P.L. 1333, No. 320) as amended. | f this political co | mmittee has not violated a | my provisions of the Act of | June 3, 1937 |
| Sworn to and subscribed before me this | | 6,- | 1.1 000 | |
| 18th day of JUNE / 1 20 | 13/1 | Xnda/ | y mysin | |
| Tallon M. K. Visa) | T | 2 und stim | ature of Candidate | 0 |
| COMMONWEALTH OF PENNSYEVANTA | 1-0- | 1.1 | Thom pson | |
| My commission expirés Notarial Seal College M. Kline, Notary Public College M. Kline, Notary Public College M. Kline, Notary Public College M. Kline, Notary Public | 1- | Area Code | Daytime Telephone | Number |
| My Commission Expires July 4, 2017 My Commission Expires July 4, 2017 | | | 20, time recognize | 1.01(),(0) |

Dauphin County Election Bureau
2 S. 2nd St.

PO Box 1295 Harrisburg PA 17108

PAGE 2 OF 16

\$ 11,075,00

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

| Detailed Summary Page | | | |
|-----------------------------------------------------------------|---------------|---------|------------|
| Name of NEW littee or Candidate | Reporting Per | | To |
| TREUNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LES | seperegovi | E IBUJE | ORC |
| TOTAL for the Reporting Period | od (1) | \$ | 0 |
| ZERGONNERBUTTONS; \$50:0157:00; \$250:00; [EROMERATO A AND PART | B) | | |
| Contributions Received from Political Committees (Part A) | | \$ | 0 |
| All Other Contributions (Part B) | | \$ | 575.00 |
| TOTAL for the Reporting Period | od (2) | \$ | 575.00 |
| | * | | |
| SE GONFERIBURIS OVER \$250.00 (EROMEZAR) E CAND PARTED E | | 1000 | |
| Contributions Received from Political Committees (Part C) | | \$ /0 | 0,000,00 |
| All Other Contributions (Part D) | | \$ | 500.00 |
| TOTAL for the Reporting Period | od (3) | \$ 10 | ,500.00 |
| | | | |
| 4 OTHER RECEIPTS TREEUNDS, INTEREST EARNED RETURNED (| HECKS, ET | :: (FRO | MERARTE |
| TOTAL for the Reporting Period | od (4) | \$ | 0 |
| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING | | | |
| THIS REPORTING PERIOD (Add and enter amount totals from | | \$ / | 1 100 - 67 |

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B.)

PAGE 3 OF 14

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

| Name of Filing Committee or Candidate Leadership for Harrishus 29/3 From_ | Perio OS | 67/13 | To 00/10/13 | - I |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|-----------------|-----|
| | | ************************************** | veciveerinipeen | |
| TOTAL for the Reporting Period | | \$ | 0 | |
| IS IN KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 (60.5250.00) | ROM | PART | | |
| TOTAL for the Reporting Period | (2) | \$ | 0 | |
| SE JIN PRINDERGINERIBUTION RECEIVED - VALUE OVER \$250:00 (EROM PA) | 31. (G) | | 1778 | |
| TOTAL for the Reporting Period | (3) | \$ | 0 | |
| | | | | |
| 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.) | | S | 0 | |





STATEMENT OF EXPENDITURES

| Y FULL CONTINUES OF PRODUCES | Reporting Period |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Filing Committee or Candidate | From 65/07/13 To 06/16/13 |
| Leadership For Harrighurg 2013 | 15 15 15 15 15 15 15 15 15 15 15 15 15 1 |
| | *** |
| To Whom Paid | MO DAY MEAN Amount |
| Cajvin Hynson Mailing Address | 05 15 13 \$ 22 100 Description of Expenditure |
| Mailing Address | Ramhosement campain |
| 1323 State Street State Zip Code (Plus 4) | My My o septent campagin |
| Harrisbur (PA 19103- | Gxpenje-Fuel |
| To Whom Paid | Amount |
| USPS Meiling Address | 05 16 13 \$1,449.37 |
| Mailing Address | Description of Expenditure |
| 1425 CNOKE Hill ROCK City State Zip Code (Plus 4) | Compary meiling Expense |
| Harrishure PA 1707 - | and the state of t |
| W- When Daild | MO DAY XEARS Amount |
| Steve Crewford Meiling Address: | 05 17 13 \$1,000.00 |
| 1323 State Street | Conpaign Coordinator |
| City State Zip Code trius 44 | Companyer services. |
| Harrisburg PA 19103- | |
| To Whom Paid | MO ADAY XEAR Amount |
| Calvin HTNSOIL | 05 17 13 \$1,200,00 |
| Mailing Address | Description of Expenditure |
| Mailing Address 1323 State Street City State Zip Code (Plus 4) | Canpaign Coordinator |
| Horrisburg 8H 17103 - | |
| To Whom Paid | MD DAY KEAR Amount |
| Martle McDuff Meiling Addless | 05 17 13 \$150.00 |
| Mariling Address | Description of Expenditure |
| 1323 State Street City State Zip Code (Plus 4) | Campaism HQ. Ride |
| Harrisburg 91 17103 - | |
| To Whom Paid | MOS PAY YEAR Amount |
| Com cas y | 05 17 13 \$2,003.00. |
| P.O. Box 3005 City State Zip Code (Plus 4). | Compaisu HQ Expense |
| City State Zip Code (Plus 4). | Camput su jud arford |
| Southeastern M 19398- | |
| To Whom Paid, | Mo DAY YEAR Amount |
| WHTM TV 27 | 05 17 13 \$ 750.00 |
| 3235 Hoffmen Street | Description of Expenditure |
| City State Zip Code (Plus 4) | Compazu Herestising |
| Harf. 3 hrs PA 17110 - | |
| To Whom Paid | 05 17 13 \$ 620.00 |
| Mailing Address | Description of Expenditure |
| 3300 North Sixth Street | Campaign Advertising |
| Hernishurs PH 17110 - | |
| | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover P | age, Item D. \$7,194.37 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | From 05/07/13 To 06/0/13 |
| Landrahig for Harristrere, 2013 | |
| | A CONTRACTOR OF THE PROPERTY O |
| To Whom Paid | Amount Amount |
| To Whom Paid Auton Productions Maling Address | 0.5 17 13 \$850.00 Description of Expanditure |
| Mailing Address | C - 20 = 00 Windo a lohoby sale |
| 503 Bridge Street State Zip Code (Plus 4) | COMPRESON Video / Photography |
| New Comberland PA 17570 - | |
| 1000 (30) 12 14 15 | Mo Apay Year Amount |
| Lanke POESS | 05 17 13 \$ /2500.00 |
| Kurzentnebe PRESS | Description of Expenditure |
| 1424 Harr St. | Campaign mailer |
| 100 100 2 | |
| Harrishure PA 17103 - | Expense |
| To Whom Paid | 05 17 13 \$20.00 |
| Linds thompson | Description of Expenditure |
| Mailing Address | Painbursemont Campais 11 |
| 1323 State Street State Zip Code (Plus 4) | |
| Horrisburg PA 17103- | Clear Advertisament |
| To Whom Paid | MO DAY YEAR Amount |
| Starlantis Mailing Address Pattis | 05 17 13 \$50,00 Description of Expenditure |
| Mailing Address V | |
| 2802 OAKWOOD Drive State Zip Code (Plus 4) | Graphics Expense |
| I ON Lines | Flection cord |
| 1601130113 | MD DAY MEAN Amount |
| To Whom Paid | 15 12 13 \$ 50,70 |
| Ovice Stop Mailing Address | 05 12 13 \$ 50.70 Description of Expenditure |
| 2017 North St | Compalgi Exposse-fue |
| City / | |
| HERRIS BURG - PA 17103 - | |
| To Whom Paid | MONE SONDAY SYEAR Amount |
| Hiltoria Malling Address | 05 19 13 \$27.26 |
| Mailing Address | Description of expenditure |
| Mailing Address North 2 & St. State Zip Code (Plus 4) | Compagn meeting |
| Horrishuns PA 17101 - | |
| To Whom Paid | Amount Amount |
| Kurzenknaho Press | 05 18 13 \$1,784.94 |
| Malling Address | Description of Expenditure |
| 1424 Harr St. | Camposcu Experse |
| City State Zip Code (Plus 4) | , |
| Horasbers PA 17103- | meilers |
| To Whom Paid | 05 18 13 \$ 71.35 |
| Mailing Address | Description of Expenditure |
| P.O. Bon 13009 | Head Quarters Expense |
| City State Zip Code (Plus 4) | - The state of the |
| Reading 84 19612 - | |
| | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover I | Page, Item D. \$4,354.25 |
| Little Grand 1 year of Exportantial to Vir 1 age 17 11 oport | 491207.20 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |
|-------------------------------------------------------------|-------------------------------------------------|
| Leadership For Harrishur 2013 | From 05/07/13 To 06/10/13 |
| Leanor State II | |
| To Whom Paid | Mo DAY WEAR Amount |
| Verizon | 05 18 13 \$192,35 Description of Expenditure |
| Mailing Address | Description of Expanditure |
| PO BOX 28000 State Zip Code (Plus 4) | Head quarters |
| City | Expense |
| Lettici Sie Hea | MO DAY SEAR Amount |
| To Whom Paid | 05 18 13 \$254.40 |
| Copy shop and Quick frinting | Description of Expenditure |
| 12 Gouth the od Street | Compersumaterials |
| 12 South thind Street State Zip Code (Plus 4) | |
| Harrisburg PA 17101 - | |
| To Whom Paid | Amount Amount |
| Ken Lee Melling Address. | 05 18 13 \$ 167.46 Description of Expenditure |
| Melling Address | Rampusement Software |
| 7 Country side Coust State Zip Code (Plus 4) | Kaining weepering or y will |
| | Expense |
| Campon | MO DAY XEAR Amount |
| Kurzonknahe Pross Melling Address | 65 18 17 \$3,850.00 |
| Melling Address | Description of Expenditure |
| 1414 Harrist. | Campeign Exposse |
| City Zip Code (Plus 4) | |
| Harrisburg PA 17103- | Yard Signs |
| | MO DAY MEAR Amount |
| L. MYERS ASSOC. Mailing Address | 0518 13 \$578.00 Description of Expenditure |
| Metling Address | |
| F25 5. 26# St. State Zip Code (Plus 4) | Campaign Expense |
| | Banners |
| To Whom Paid | Amount Amount |
| DISAIM TAG | 051513 \$850.00 |
| DENM, IAC Mailing Address | Description of Expenditure |
| 908 N. 34 St | Camparsu Expouse |
| OILY | |
| Harrisburg PA 17102 - | FLYERS |
| To Whom Paid | Mon Day Pan Amount (13/, 00) |
| ALL VATOR SIGNS-PROMO PRINTING | 05 18 13 \$1,436,00 Description of Expenditure |
| Mailing Address 2301 Berry Hill St. | Cempersy shirts, Hats |
| City State Zip Code (Plus 4) | Le mpais il delice de l'est |
| Hope - buse PN 17104 - | |
| To Whom Paid | MO DAY WERE Amount |
| Varizon Wileless | 05 18 13 \$197.22 |
| Mailing Address | Description of Expenditure |
| P.O. Box 4003 | Compaisu plane |
| City State Zip Code (Plus 4) | |
| Acuerth 614 30101- | 13 MOUSE |
| | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover I | Page, Item D. \$7,525,43 |
| | |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |
|---------------------------------------------------------------|-----------------------------------------------|
| | From 05/69/13 To 66/10/13 |
| I reduchio for Harrishier 2013 | |
| | |
| To Whom Paid | Mo DAY YEAR Amount |
| To Whom Paid The Mational Civi L War Museum Mailing Address | 05 18 13 \$1,100.00 |
| Mailing Address | Description of Expanditure |
| 1 Lincoln Circle State Zip Code (Plus 4) | Fecility Rentel-Election |
| City State Zip Code (Plus 4) | |
| Harrisburt PA 19103 - | ENOUGE |
| To Whom Paid | Mo DAY VEAR Amount |
| timmes toland | 05 21 13 \$1351.50 Description of Expenditure |
| Timmy Johns Meiling Address / 1/2 | Description of Expenditure |
| Meiling Address 1 219 N. 2015 f. State Zip Code (Plus 4) | Cemperon exponse |
| City State Zip Code (Plus 4) | |
| 104 12.4 | Hedrey Worker Linehas |
| | Amount Amount |
| To Whom Paid | 05 21 13 \$ 250.00 |
| Corno, Il Con led | Description of Expenditure |
| 1204 N. 14th 5t. | campaiso Frent |
| 1204 N. 14th 5f. City State Zip Code (Plus 4) | |
| | music |
| 110 | MO DAY YEAR Amount |
| To Whom Paid ause's Hone Conters, Inc Mailing Address | 05 18 13 \$ 99.34 |
| Lowe's Home Conters, the | Description of Expenditure |
| Mailing Address | |
| City Union Papagit Rep C State Zip Code (Plus 4) | Campaison HQ. |
| | Supplies |
| Harrishurc 1911/19- | |
| To Whom Paid | MOS DAY WEAR Amount |
| Charles A. OTTAVIANO | 05 21 13 \$ 10,000.00 |
| Mailing Address | |
| 101 Den Sci Dile State Zip Code (Plus 4) | Blockray Deig Exposses |
| | |
| Dauphin BA 17018 - | |
| To Whom Bold | MO DAY YEAR Amount |
| Marizon Wineless | 05 21 13 \$106.98 |
| Mailing Address | Description of Expenditure |
| 4650 Tones town Raad State Zip Code (Plus 4) | Canyaizy phone i xponse |
| | |
| Harrisburg PA 17109 - | |
| To Whom Paid | Amount Amount |
| Verizos Wareless | 05 21 13 \$106,99 |
| Mailing Address | Description of Expenditure |
| 4650 Jones Jown Reac | COMPRIEN Phone Expense |
| City State Zip Code (Plus 4) | , , |
| Harrishurc 1911/109 - | |
| To Whom Paid | MO DAY EXER Amount |
| the National Civil war Museum | 05 22 13 \$611.50 |
| Mailing Address | Description of Expenditure |
| 1 Lincoln Circle | Facility Rental- Flection |
| City State Zip Code (Plus 4) | 4 |
| Harrishur (111 17/03 - | Evening |
| | PAGE TOTAL |
| The Court Table of Freedom to Board Broad Court | |
| Enter Grand Total of Expenditures on Page 1, Report Cover P | Page, Item D. \$/3,626.31 |
| | |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Leadership for Harrishurg 2013 | From 05/07/13 To 06/10/13 |
| LOCALISTIF A CONTROL OF | |
| To Whom Paid | 05 22 13 \$ 100.00 |
| John Williams | 7) 5 22 /3 \$ /00 00 |
| | Election DAY Expense |
| Mailing Address 1323 State S1. State Zip Code (Plus 4) | |
| Herrisburg PA 17103 - | |
| Randall Love | 05 22 13 \$ 100-00 |
| | Description of Expenditure |
| 1312 State St= | Election DAY BXPORSE |
| | |
| Harrishure PA 17103 - | Amount |
| To Whom Paid | |
| Samuel Duncal Meiling Address. | Description of Expenditure |
| 1323 State St. State Zip Code (Plus 4) | Election DAY Expense |
| Harrisbus PH 1703 - | |
| To Whom Paid | MON BOAY SYEAR Amount |
| James Harris | 05 22 13 \$ 100.00 Description of Expenditure |
| | Election Opy Expense |
| Mailing Address 1323 State St. City State Zip Code (Plus 4) | Lieujui ppi cyaise |
| Harrishum PA M13 - | |
| | |
| To Whom Paid | MD DAY WEAR Amount |
| Branca ALTON | 05 22 13 \$ 119.22 |
| Branca ALTON | 05 22 13 \$119.22 |
| Branca Alton Mailing Address: Clo Kusdam Embassy 2111 N. 4# St. City State Zip Code (Plus 4) | Description of Expenditure Neumburseauf Flection DAY |
| Brance ALTON Mailing Address Clo Kusdam Embassy 2111 N. 4# St. City State Zip Code (Plus 4) | Description of Expenditure Reinburseauf Flection pay Expense |
| Branca ALTON Mailing Address Clo Kusdom Embassy 2111 N. 4# St. City Harrishurs To Whom Pald | Description of Expenditure Neumburseauf Flection DAY Expense Expense Amount |
| Reach ALTON Mailing Address Clo Kusdom Embassy 2111 N. 4th St. City Harriburg To Whom Paid Linda Thompson | Description of Expenditure Reinburseauf Flection pag Expense |
| Reach ALTON Mailing Address Clo Kusdom Embassy 2111 N. 4th St. City Harriburg To Whom Paid Linda Thompson | Description of Expenditure Neumburseauf Flection pag Expense MO DAY YEAR Amount 05 22 13 \$424.98 |
| Branca Alton Mailing Address Clo Kusdam Embassy 2111 N. 4th St. City Harrishurs To Whom Pald Linda than psolu Mailing Address 1323 State St. City State Zip Code (Plus 4) | Description of Expenditure Neumburseaux Flection DAY EXPORSE MOS DAY WEEK Amount 05 22 13 \$424.98 Description of Expenditure Ne umburse regist Coorpais L |
| Branca Alton Mailing Address Clo Kusdam Embassy 2111 N. 4th St. City Harrishurs To Whom Paid Linda Thanipsolu Mailing Address Mailing Address Linda Thanipsolu Mailing Address Mailing Addre | Description of Expenditure Reinburseauf Flection DAY EXPENSE MO DAY YEAR Amount 05 22 13 \$424.98 Description of Expenditure Reinburseauf Compaign Lateriol DAY IS X PERSOS |
| Reace Alton Mailing Address Clo Kusdam Embassy 2111 N. 4th St. City Harrishurs To Whom Paid Linda than psolu Mailing Address Linda than psolu Mailing Address City Fig. 1710 - State Zip Code (Plus 4) Philips - To Whom Paid | Description of Expenditure Neumburseaux Flection DAY EXPORSE MOS DAY YEAR Amount 05 22 13 \$424.98 Description of Expenditure Ne umburse regard Coorpais L |
| Reace Alton Mailing Address Clo Kusdam Embassy 2111 N. 4th St. City Harrishurs To Whom Paid Linda Thompsolc Mailing Address City Fig. 233 State St. City Fig. 2006 (Plus 4) Ph. 17110 - State Zip Code (Plus 4) Ph. 17103 - To Whom Paid JOY Christian Mailing Address Mailing Address | Description of Expenditure Neumburseaux Flection DAY EXPORSE MODELLA LA SUBJECTION DAY DESCRIPTION OF Expenditure Neumburse scent Comparis L Description of Expenditure Neumburse scent Comparis L Description of Expenditure Amount DAY SPAN Amount OS 22 13 \$60.00 Description of Expenditure |
| Brance Alton Mailing Address City Harriburi To Whom Paid City Malling Address 1323 Starte St. To Whom Paid To Y Christian Mailing Address 1323 Starte St. | Description of Expenditure Neumburseaux Flection DAY EXROISE MODELLA LB \$424.98 Description of Expenditure Ne imburseaux Compaisus Description of Expenditure Ne imburseaux Compaisus Description of Expenditure Ne imburseaux Compaisus Amount DAY FRAB Amount 05 22 13 \$60.00 |
| Reader Alton Mailing Address Clo Kusdom Embassy 2111 N. 449 St. City Harriburg To Whom Paid City Mailing Address To Whom Paid To Whom | Description of Expenditure Neumburseaux Flection DAY EXPORSE MODELLA LA SHALL Amount O5 22 LA SHALL SHALL Description of Expenditure Ne umburse scent Comparish La Standary Expenditure Amount D6 22 LA SHALL D8 MODELLA LA SHALL MODELLA LA SHALL D8 MODELLA LA SHALL D8 MODELLA LA SHALL MODELLA L |
| Reader Alton Mailing Address Clo Kusdom Embassy 2111 N. 449 St. City Harriburg To Whom Paid City To Whom Paid To Whom Pa | Description of Expenditure Neumbursement Flecture para Expense MO DAY PEAR Amount 05 22 13 \$424.98 Description of Expenditure Neumbursement Compaign Jacobson DAY FRANCE Amount 05 22 1-3 \$60.00 Description of Expenditure Lifetian Day Expenses Amount |
| Mailing Address Clo Kusdam Embassy 2111 N. 449 St. City Hatriburg To Whom Paid City Mailing Address 1323 State St. City Harrisburs To Whom Paid City Harrisburs To Whom Paid City | Description of Expenditure No. 113 \$119.22 EXECUSE MODERATE SEAS Amount 05 22 13 \$424.98 Description of Expenditure No. 11010 P. D. X. PERSOS MODERATE DAY D. X. PERSOS MODERAT |
| Reader Alton Mailing Address Clo Kusdam Embassy 2111 N. 449 St. City Hatchburg To Whom Paid City Mailing Address City Mailing Address To Whom Paid | Description of Expenditure No. 113 S. 119.22 Description of Expenditure EXACUSE MODELLE STATE AMOUNT 05 22 13 \$424.98 Description of Expenditure No. 1100 DAY DESCRIPTION DESCRIPTION OF EXPENDITURE 15 10 100 DAY DESCRIPTION DESCRIPTION OF EXPENDED MODELLE STATE OF THE EXPENSE DESCRIPTION OF EXPENDITURE 15 10 10 00 00 00 00 00 00 00 00 00 00 00 |
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| Brance Alton Mailing Address Clo Kusdom Embassy 2111 N. 4455. City Harriburg To Whom Paid City Mailing Address J323 State St. City Harrisburg To Whom Paid GLadys Sique Mailing Address J323 State St. City State Zip Code (Plus 4) PII 17103 - To Whom Paid GLadys Sique Mailing Address J323 State St. City State Zip Code (Plus 4) City State Zip Code (Plus 4) City State Zip Code (Plus 4) | Description of Expenditure No. 113 S. 119.22 Description of Expenditure No. 113 S. 424.98 Description of Expenditure No. 113 S. 424.98 Description of Expenditure No. 113 S. 424.98 Amount 05 22 13 S. 60.00 Description of Expenditure L. Lation Day Expenditure Description of Expenditure L. Lation Day Expenditure L. Lation Day Expenditure L. Lation Day Expenditure L. Lation Day Expenditure Description of Expenditure L. Lation Day Expenditure L. Lation Day Expenditure Description of Expenditure L. Lation Day Expenditure |
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STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |
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| 1-1-1-1 K-11-6-76-100, 2013 | From 0.5 /07/13 To 06/10/13 |
| Loadership For Harrisburg 2013 | |
| | Mo DAY YEART Amount |
| To Whom Paid Johns Johns | 05 07 1 \$56.45 |
| Mailing Address | Description of Expenditure |
| 219 11 212 56 | Election DAG Voludeer |
| Mailing Address 219 N. 215156 City State Zip Code (Plus 4) | 1 |
| Harnsburg PA 17101- | offense-food |
| | Mo. DAY YEAR Amount |
| Laure's Home Conters Inc | 05 21 13 \$14.76 |
| Mailing Address Address | Description of Expenditure |
| 400 Union Deposit Road State Zip Code (Plus 4) | HQ Supplies-Scroen |
| 1.0.0 1 | |
| 11411 1300 | MD. DAY AYEAR Amount |
| To Whom Paid | 05 20 13 \$145.66 |
| Staples Meiling Address | Description of Expenditure |
| 1202 Union Header Floor | HQ Supplies - 17k |
| City State Zip Code (Plus 4) | |
| Harrishors RA 17111- | |
| To Whom Paid | MO DAY YEAR Amount |
| DENM, INC Malling Address | 05 23 13 \$2,786.00 |
| Malling Address | Description of Expenditure |
| 908 N. 35 St. State 7in Code (Plus 4) | WEB Menteriorie |
| City | |
| Herris burs PH /7/02- | |
| | Amount |
| To Whom Paid | MO DAY REAR Amount |
| To Whom Paid M+t Bank. | Description of Expenditure |
| To Whom Paid M+t Bank. | Description of Expenditure |
| To Whom Paid M + t Boenc. Mailing Address. 2600 Longlostown Road City State Zip Code (Plus 4) | |
| To Whom Paid Mailing Address 2600 Lunglostown Road City State Zip Code (Plus 4) | Description of Expenditure |
| To Whom Paid M + t Boenc. Mailing Address. 2600 Longlostown Road City State Zip Code (Plus 4) | Description of Expenditure Bunk Face Amount |
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| To Whom Paid M + t Bank. Mailing Address 2600 Lunglastown Rage City Harrishurs To Whom Paid Calvin HYNSON Mailing Address 1323 State St. | B5 24 13 \$ 35.00 Description of Expenditure B40k F0 e MO DAY YEAR Amount 05 24 13 \$ 115.00 |
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| To Whom Paid M + t Bank. Mailing Address. 2600 Langlostown Road City Harrishura: To Whom Paid Calvin Hynson Mailing Address City State Zip Code (Plus 4) PH 17110 - State Zip Code (Plus 4) PH 17103 - To Whom Paid | Description of Expenditure PALAIC FOR SMOS DAY SEAR Amount 05 24 13 \$ 115.00 Description of Expenditure Acombunge ment Supplies MOS DAY SEAR Amount Amount Acombunge ment Ha Supplies Amount |
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| To Whom Paid M + t Benc. Mailing Address 2600 Langlastown Rage City Harrichura To Whom Paid Calvin HYNSON Mailing Address Mailing Address City To Whom Paid Charles Offer and Orive City Dauphin To Whom Paid Charles Offer and Orive City State Zip Code (Plus 4) PH 17018 - To Whom Paid Charles Offer and Orive City Mailing Address Ill Donison Drive City Herrichura City State Zip Code (Plus 4) PH 17018 - | Description of Expenditure PAINCE FOR Description of Expenditure ACOMBUNICATION DESCRIPTION OF EXPENDITURE ACOMBUNICATION DESCRIPTION OF EXPENDITURE ACOMBUNICATION DESCRIPTION OF EXPENDITURE OFFICE SUPPLIES CANDAN AREA AMOUNT OS 25 13 \$2,000,00 Description of Expenditure OS 25 13 \$2,000,00 Description of Expenditure Clean and Restore Hour Quarters PAGE TOTAL |
| To Whom Paid Mailing Address 2600 Langlastown Rage City Harrohure To Whom Paid Cafurn HYNSON Mailing Address State Zip Code (Plus 4) PH 17103 - To Whom Paid Charles Office Code Nialling Address LOLD Danrow Drive City To Whom Paid Charles Office Code Mailing Address LOLD Danrow Drive City To Whom Paid Charles Office Code Mailing Address LOLD Danrow Drive City State Zip Code (Plus 4) PH 17018 - To Whom Paid Charles Office Code Mailing Address LOLD Danrow Drive City State Zip Code (Plus 4) City City State Zip Code (Plus 4) | Description of Expenditure Bunk Foe SMAK Foe SMAK Foe SMAK Foe SMAK Foe SMAK Foe SMAK Foe Description of Expenditure Action by account Ha Supplies Mos Day 13 \$ 60.40 Description of Expenditure OF ice Supplies Campais N Mos Day 13 \$ 2,000,00 Description of Expenditure OF J8 13 \$ 2,000,00 Description of Expenditure Clean and Restore Hour Quarters PAGE TOTAL |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period |
|-------------------------------------------------------|--------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Value of thing continues of carriers | | 10/7 | From 05/07/13 To 06/10/13 |
| Lodershy for Hornish | 15.0 | 10/5 | |
| | | | Amount |
| To Whom Paid | | | THE RESERVE THE PARTY OF THE PA |
| To Whom Paid Gient Mailing Address Malling Address | | | 05 21 13 \$ 180 -18 |
| Mailing Address | | | Election OAY Exporse |
| Mailing Address City 36 Kline Plaze | State | Zip Code (Plus 4) | 2/20/10/ 011/ 2/100 |
| City | PA | 17104 - | Food |
| Horrishung | 17 | 7.101 | Mo. DAY YEAR Amount |
| To Whom Paid | | | 05 20 13 \$57.40 |
| | | | Description of Expenditure |
| 2017 North St. | | | Campieigh Extense |
| 2017 North St. | PA | Zip Code (Plus 4) | |
| Harrizhurg | TH | 1713 - | Fuel |
| To Whom Paid | | | Amount Amount |
| Mailing Address | | | 05 30 13 \$2/8,12 Description of Expenditure |
| Mailing Address | | | |
| P.O. Box 3006 | State | Zip Code (Plus 4) | Campaigy Expense |
| City / | 84 | 19398 - | Head avariers |
| Southeractern | 10 07 | 17375 | MO DAY EXEAR Amount |
| Lenda Hour pson | | | 04 30 13 \$300,00 |
| Mailing Address | | | Description of Expenditure |
| 1272 State St. | | | no impresement comparen |
| 1323 State St. | State | Zip Code (Plus 4) | |
| Horozpres | PA | 17103 - | Expense - Photographer |
| The William Police | | | MOS DAY WEAR Amount |
| PPL Flectric Utiliti | 05 | | 06 05 13 \$45.35 |
| as-ilia- Addrage | | | Description of Expenditure |
| 2 North 9th St. | State | Zip Code (Plus 4) | Campaisu HQ |
| City | PA | 18101 - | Expense |
| Allastown | AN | 10101 | Amount States |
| To Whom Paid | | | S |
| Mailing Address | | | Description of Expenditure |
| Matching Address | | | |
| City | State | Zip Code (Plus 4) | |
| | | - | |
| To Whom Paid | | | MO YEAR Amount |
| | | | \$ |
| Mailing Address | | | Description of Expenditure |
| | Frata | Zip Code (Plus 4) | |
| City | State | - Lib code it is w | |
| | | | MO DAY CYLER Amount |
| To Whom Paid | | | \$ |
| Malling Address | | | Description of Expenditure |
| maining reasons | | | |
| City | State | Zip Code (Plus 4) | |
| | | - | |
| | | | PAGE TOTAL |
| Enter Grand Total of Expenditures on P | age 1 | Report Cover | Page, Item D. \$801.05 |
| Citter diana rotal of Expenditures on r | -3- 11 | | 801.03 |

STATEMENT OF UNPAID DEBTS

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

| Leadership For Horvishio | 1 2013 | From 05/67 | 1/13 TO OC/10/13 |
|---------------------------|-------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 200191111100 11010 131/00 |) (2010 | | |
| ame of Creditor | | | Outstanding Balance of De |
| Mailing Address | DATE DEBT INCURRED | MO DAY YEAR | |
| ity | INCORRED | State Zip Code (Plus 4 | The section of the se |
| escription of Debt | and the second second second second | 1 1 | |
| ame of Creditor | | | Outstanding Balance of D |
| failing Address | DATE | Mo. DAY SYEAR | \$ |
| lity ' | DEBT | State Zip Code (Plus 4 | The first of the control of the cont |
| Try . | | - | And the second s |
| escription of Debt | | | |
| lame of Creditor | | | Outstanding Balance of D |
| Mailing Address | DATE | MG DAY YEAR | |
| Sity | INCURRED | State Zip Code (Plus 4 | |
| Description of Debt | | | |
| lams of Craditor | | | Outstanding Balance of D |
| | | | \$ |
| Malfing Address | DATE DEBT INCURRED | MD. DAY XEA | |
| ity | | State Zip Code (Plus * | The second of th |
| rescription of Debt | | | (a - 400 flast) (to 1500 km clast (to 100 km clast) (15 km clast (15 km clast) (15 km clast) (15 km clast) |
| lame of Creditor | | | Outstanding Balance of D |
| Mailing Address | DATE | MO DAY, YEA | \$. \$ |
| ity | DEBT | State Zip Code (Plus | 4) |
| escription of Debt | - American | | The street of the street |
| | | | |
| ame of Creditor | | | Outstanding Balance of D |
| falling Address | DATE DEBT | MO. DAY DYEA | |
| ity | INCURRED | State Zip Code (Plus | 4) |
| escription of Debt | | | |
| | | | PAGE TOTAL |
| | | | I AGE TOTAL |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Lectorshow for Harrishon 2013 | From @5/07 | 11370 06/10/13 |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| | DATE | AMOUNT |
| Full Name of Contributing Committee | MOTO PODAYON XXEARS | \$. |
| Mailing Address | MO DAY YEAR | . \$ |
| City State Zip Code (Plus' 4) | MO PEDAY YEAR | \$ |
| Full Name of Contributing Committee | DAY YEAR | \$ |
| Mailing Address | MO DAY SYEAR | \$ |
| City State Zip Code (Plus 4) | MO DAY YEAR | \$ |
| Full Name of Contributing Committee | MO. DAY YEAR | \$ |
| Mailing Address | MOW WEAR | \$ |
| City State Zip Code (Plus 4) | MO SEDAY YEAR | \$ |
| Full Name of Contributing Committee | COMO CONTRACTOR OF THE STATE OF | s |
| Mailing Address | MO WDAY YEAR | \$ |
| City State Zip Code (Plus 4) | MO. DAY YEAR | \$ |
| Full Name of Contributing Committee | MOSS WDAY XEAR | \$ |
| Mailing Address | MO ZOAY YEAR | \$ |
| City. State Zip Code (Plus 4) | MOVE DAY SYEARS | \$ |
| Full Name of Contributing Committee | ZMOZO ZZAC | \$ |
| Mailing Address | MOP DAY! YEAR | \$ |
| City State Zip Code (Plus 4) | MO. STORY YEAR | \$ |
| Full Name of Contributing Committee | MOLESPAN | \$ |
| Mailing Address | MO DAY YEAR | \$ |
| City State Zip Code (Plus 4) | MO DAY MEAR | \$ |
| Full Name of Contributing Committee | MOXIII SSDAYES EXFARES | \$ |
| Mailing Address | MOW WAY WEAR | \$ |
| City State Zip Code (Plus 4) | MO. SEDAY YEAR | \$ |
| Enter Grand Total of Part A on Schedule I, Detailed Summary | y Page, Section 2. | \$ O |

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| Name of Filing Committee or Candidate | | Reporting F | | / / |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Loadership for Hairish vic 2013 | | From 25 | 5/07/13 | 3 TO 06/10/13 |
| | | DATE | 4 | AMOUNT |
| Full Name of Comributor | | T-MO-CODAY | MYEAR P | 100,00 |
| Roter Spoak 5 | | 05 15 MO DAY | SYEARS | 100100 |
| 1857 Pebble Ct. | | | | \$ |
| City | Zip Code (Plus 4) | MO. DAY | | |
| The state of the s | 7110 - | MO: DAY | NAME OF TAXABLE PARTY. | \$ |
| Full Name of Contributor | | 85 16 | 13 | 250.00 |
| Joshua D. Lock Mailing Address | | MONT TOAY | MYEAR | |
| U250 Crums Mill Rd. POBO | × 1991 | | | \$ |
| | 7/12 - | MONT TOAY | | \$ |
| | 77.0 | EMD BAYES | COMPARTE | 15 11 April 2 10 April 2 |
| Mailing Address | | 05 24 | | \$ 75.00 |
| Mailing Address | | MOX | YEAR | \$ |
| 3220 Lindon PKWY State | Zip Code (Plus 4) | MO DAY | YEAR | |
| Harrishure PA 1 | 7110 - | | | \$ |
| | | MO DAY | | \$ 150,00 |
| Telloug L. Palkovic | | 05 15 MO DAY | 13 | 150.00 |
| 5 Chelisma Drive | | THO SHALL SHALL SHALL | and the second second | \$ |
| City | Zip Code (Plus 4) | MO: DAYS | | · · · · · · · · · · · · · · · · · · · |
| Comp Hill PAI | 7011 - | | | \$ |
| Full Name of Contributor | | MON PDAY | EMEARS. | \$ |
| Mailing Address | | EXEMIDED AND AND AND AND AND AND AND AND AND AN | WYEAR S | |
| | | | | \$ |
| City | Zip Code (Plus 4) | E-Md-P DAY | | \$ |
| | | MIGRANIDAYAND | | 9 |
| Full Name of Contributor | | The state of the s | | \$ |
| Meiling Address | | MO. ZOAY | SEYEARSE | \$ |
| City. State | Zip Code (Plus 4) | MO | | |
| 3144 | - | S. DIESS S. S. DAVIS | | \$ |
| Full Name of Contributor | | MG 5-DXY | SEXEXES | * |
| NACTURE Address | | | | \$ |
| Mailing Address | | MOT DAY | MEAR | \$ |
| City State 1 | Zip Code (Plus 4) | MO E MOAY | | |
| S. Common and the | | | | \$ |
| Full Name of Contributor | | MOLESTAY | YEAR | \$ |
| Mailing Address | | Z MOTO SOAY | | |
| | | | A STATE OF THE STA | \$ |
| City State | Zip Code (Plus 4) | MOTE DAY | | * |
| | - | | | \$ |
| | | | | PAGE TOTAL |
| Enter Grand Total of Part B on Schedule I, I | Detailed Summary | Page, Section | n 2. | \$ 575.00 |
| DSEB-502 (7-99) | | | | |

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.

| Loudership for Herrishure 2013 | From 05/07/1 | 13 TO 06/10/13 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Lucian Silit for free 131111 301 | DATE | AMOUNT |
| Full Name of Contributing Committee | EVENCES ESTEDIO VICTORIO EN ENTENTENTE | |
| Mailing Address for Hughes | 05 13 13 MO DAY | \$ 5,000.00 |
| 7478 Rhoede St | | \$ |
| Philadelphia PA 19151 - | MO | \$ |
| | MID 12 12 | \$ 7 100 00 |
| Full Name of Contributing Committee Botes Covernment fail PA Mailing Address | 05 13 13 | \$ 5,000:00 |
| 813 Chambers 51, | VALUE CONTRACTOR OF THE PROPERTY OF THE PROPER | \$ |
| City State Zip Code (Plus 4) | MO TO EDAY TYPARY | \$ |
| Microsoft and the second | Mio DAY | |
| Full Name of Contributing Committee | PERMITS PROPERTY OF THE PARTY. | \$ |
| Mailing Address | THE MOST STORY THEATT | \$ |
| City State Zip Code (Plus 4) | A MOLE TEDAY TO YEAR | |
| City State Zip Code (Fills. 4) | THE PARTY OF THE P | \$ |
| Full Name of Contributing Committee | MIG. SPARS | \$ |
| Mailing Address | MO DAY YEARS | |
| | | \$ |
| City State Zip Code (Plus 4) | MO DAY YEAR | \$ |
| Full Name of Contributing Committee | Mo | \$ |
| Mailing Address | MODE COAY SEARCH | \$ |
| City State Zip Code (Plus 4) | MO DAY XEAR | \$ |
| Full Name of Contributing Committee | MO MONTH PAGEN | 6 |
| | | \$ |
| Melling: Address: | MO Z DA SYEAR | \$ |
| City State Zip Code (Plus 4). | MO PANA SYEAR | \$ |
| Full Name of Contributing Committee | =MOS STOAY SYEARS | \$ |
| Mailing Address | MOLET DAY SYEAR | , who |
| | | \$ |
| City State Zip Code (Plus 4) | MO ZDAY SYEAR | s |
| Full Name of Contributing Committee | MO SECOND SECOND | \$ |
| Mailing Address | MO DAY TYEAR | |
| City State Zip Code (Plus 4) | MO SOAV EVEAR | |
| | | \$ |
| | | PAGE TOTAL |
| Enter Grand Total of Part C on Schedule I, Detailed Summary | Page, Section 3. | \$10,000.00 |
| DSEB-502 (7-99) | | |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | • | Reporting Period From 05/07 | 13 TO 06/0/13 | |
|-----------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | | DATE | AMOUNT | |
| Full Name of Contributor | | MOS MOAY SYEARS | \$ 500.00 | |
| S. t. Cooper !!! | | 05 23 /3 | \$ 500.00 | |
| Mailing Address 112 Morket St, Su City 112 Morket St, Su | - La good | See M G possible G A served Const B A A A A A | \$ | |
| City City | State Zip Code (Plus 4) | MO. DAY YEAR | | |
| Horrisburs | PA 17101 - | | \$ | |
| Employer Name D: Worth Paxsov Employer Mailing Address/Principal Place of Busines | L | Occupation | | |
| Employer Mailing Address/Principal Place of Busines | 10 Harrishus, Pa | 17101 | | |
| Full Name of Contributor | | MOZEDAY | \$ | |
| Mailing Address | | MOS SAN SYEAR | \$ | |
| | I me and a little of the | MO. DAY YEAR | | |
| City | State Zip Code (Pius 4) | THE RESIDENCE OF THE PARTY OF T | \$ | |
| Employer Name | | Occupation | AND THE STREET STREET, STREET STREET, | |
| Employer Mailing Address/Principal Place of Busines | SS | | and the second processors | |
| Full Name of Contributor | | MO DAY SYEARS | | |
| Foli Name of Contributor | | | \$ | |
| Mailing Address | | MOZ DAY KYEAR | \$ | |
| City | State Zip Code (Ptus 4) | MO DAY YEAR | \$. | |
| Employer Name | | Occupation | | |
| Employer Mailing Address/Principal Place of Busine | ss | | and the second s | |
| Full Name of Contributor | | MODE DAY PYEARS | \$ | |
| | | MO. DAY YEAR | | |
| Mailing Address | | | \$ | |
| City | State Zip Code (Plus 4) | MO DAY YEAR | \$ | |
| Employer Name | | Occupation | | |
| Employer Mailing Address/Principal Place of Busine | ss | | | |
| | | | | |
| Full Name of Contributor | | MOS DAY SEAR | \$ | |
| Malling Address | | MO DAY YEAR | \$ | |
| City | State Zip Code (Plus 4) | MO DAY YEAR | \$ | |
| Employer Name | | Occupation | J | |
| Employer Mailing Address/Principal Place of Business | | | | |
| | | | | |
| Enter Grand Total of Part D on Sol | hadisla I Datailed Com- | ny Pona Cantian 2 | PAGE TOTAL | |
| Enter Grand Total Of Part D on Sch | redule i, Detailed Summa | ry rage, section 3. | \$ 500.00 | |

DSEB-502 (7-99)

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.

| Name of Filing Committee or Cand | idate | 1/3 | From | 5 67/13 | To06/10/13 |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Leadistip for Ho | 19050015 20 | | | | 4 |
| Full Name | | | | | |
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| | | | face as one of the co | | |
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| Mailing, Address | | · · · · · · · · · · · · · · · · · · · | Decreased Expression | | umount |
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| City | State | Zip Code (Plus 4) | MO DAY | A STATE OF THE PARTY OF THE PAR | Amount |
| - 1. D 2.4 | | - | | | \$ |
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| Full Name- | | | | | |
| Mailing Address | | | | | |
| City | State | Zip Code (Plus 4) | CMO COMO | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | Amount \$ |
| Receipt Description | | | | | |
| Full Name | territoria de la compansión de la compan | | | | Manage Services |
| Melling Address | | | | | |
| | | | District contracted and contract | | Amount |
| Clty | State | Zip Code (Plus 4) | MO DA | | \$ |
| Receipt Description | Time the second | - No. | | | |
| | | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule 1, I | Detailed Summa | y Page, Sect | ion 4. | \$ 0 |

DSEB-502 (7-99)