

Commonwealth of Pennsylvania - Campaign Finance Report

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

200311

Filer Identification Number	20130104	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Revitalizing our Community (PROGRESS)								
Street Address	P.O. Box 1146								
City	Harrisburg	State	PA	Zip Code	17108				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/5/13	Year	2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
		5/14/2012	10/21/2013	
A. Amount Brought Forward From Last Report	\$	2092.60	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">2013 OCT 25 PM 2:58</p> <p style="text-align: center;">Department of State Bureau of C.F.L.</p>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5100.00		
C. Total Funds Available (Sum of Lines A and B)	\$	7192.60		
D. Total Expenditures (From Schedule III)	\$	6025.99		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1166.61		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24 day of October 20 13
 Signature: Gina L. Roberts

My Commission expires 10 11 16
 MO. DAY YR.

NOTARIAL SEAL
 GINA L. ROBERTSON, Notary Public
 City of Harrisburg, Dauphin County
 My Commission Expires October 11, 2016

Signature of Person Submitting report: Keith A. Payne
 Printed Name: Keith A. Payne

Area Code: 717 Daytime Telephone Number: 585-9387

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1383) (NO. 32), as amended.

Sworn to and subscribed before me this

____ day of _____ 20____
 Signature: _____

My Commission expires _____
 MO. DAY YR.

Signature of Candidate: _____
 Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

RECEIVED

2013 OCT 9 PM 4:25

Department of State
Bureau of C.F.L.

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number:	ROC		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	350
Total for the reporting period		(2)	\$ 350
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	4706
Total for the reporting period		(3)	\$ 4706
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	\$5100

PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number:	BOC
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Thomas & Brenda Alton						
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
2012	Green St		PA	17102	10/4/13	150
City					Date [MM/DD/YYYY]	\$
Harrisburg						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Wanda R. Williams DBA Friends of Wanda Williams for City Council					9/27/13	200
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
525	Wiconisco		PA	17110		
City					Date [MM/DD/YYYY]	\$
Harrisburg						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
City					Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
City					Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
City					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)

Filler Identification Number:	ROC
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Frederick A. Clark				9/24/13		3000
House #	Street Address			Date [MM/DD/YYYY]		\$
1602	Baldwin Lane			10/8/13		1700
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Harrisburg	PA	17110-3302				
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	1400
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To Whom Paid	M & T Bank	Date [MM/DD/YYYY]	\$	411.79
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Checks	
To Whom Paid	Friends of McEntire	Date [MM/DD/YYYY]	\$	50
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Contribution	
To Whom Paid	Gloria Martin Roberts	Date [MM/DD/YYYY]	\$	119.20
House #	Street Address	Description of Expenditure		
City	State	Zip Code	website Reimbursement	
To Whom Paid	NCCU	Date [MM/DD/YYYY]	\$	25
House #	Street Address	Description of Expenditure		
City	State	Zip Code	College fundraiser	
To Whom Paid	STTC	Date [MM/DD/YYYY]	\$	40
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Football Banquet	
To Whom Paid	Comm. to Elect Kelly Summerford	Date [MM/DD/YYYY]	\$	150
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Contribution	
To Whom Paid	Ann Gingrich for Judge	Date [MM/DD/YYYY]	\$	250
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid	University Center of Harrisburg	Date [MM/DD/YYYY]	\$	100
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Scholarship fund	

SCHEDULE III
Statement of Expenditures

Filler Identification Number: ROC

To Whom Paid		Hello Hbg - Pat Stringer		Date [MM/DD/YYYY]	\$	50
House #	Street Address			Description of Expenditure		
				Contributor		
City	State	Zip	Code			
To Whom Paid		University Center at Hbg		Date [MM/DD/YYYY]	\$	100
House #	Street Address			Description of Expenditure		
				Scholarship Fund		
City	State	Zip	Code			
To Whom Paid		Dauphin County Dem. Comm		Date [MM/DD/YYYY]	\$	150
House #	Street Address			Description of Expenditure		
				Annual Dinner		
City	State	Zip	Code			
To Whom Paid		Comm. to Elect Kelly Summerford		Date [MM/DD/YYYY]	\$	250
House #	Street Address			Description of Expenditure		
City	State	Zip	Code			
To Whom Paid		Denim Inc		Date [MM/DD/YYYY]	\$	1700
House #	Street Address			Description of Expenditure		
				Campaign Card		
City	State	Zip	Code			
To Whom Paid		Kurzenabe Press		Date [MM/DD/YYYY]	\$	2800
House #	Street Address			Description of Expenditure		
				Campaign Signs		
City	State	Zip	Code			
To Whom Paid		Gina Johnson-Roberson		Date [MM/DD/YYYY]	\$	200
House #	Street Address			Description of Expenditure		
				Reimbursement		
City	State	Zip	Code			
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditure		
City	State	Zip	Code			