

CAMPAIGN FINANCE REPORT

PAGE 1 OF

(COVER PAGE)

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

Filer Identification Number:		Report Filed By:		CANDIDATE 1.		COMMITTED 2. ☒		OBEYIS 3.	
Name of Filing Committee, Candidate or Lobbyist: <i>Leadership for Harrisburg 2013</i>									
Street Address: <i>Federal Square Station Box 505</i>									
City: <i>Harrisburg</i>				State: <i>PA</i>		Zip Code: <i>17108 -</i>			
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT	YES	NO
	1ST TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT	YES	NO
	ANNUAL REPORT	7. ☒	YEAR	<i>2012</i>		FILING METHOD: CHECK ONE		PAPER	DISKETTE
Name of Office Sought by Candidate: <i>MAYOR</i>				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
							<i>OTH</i>	<i>DEM</i>	<i>22</i>
						(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
				<i>1 1 2012</i>		<i>To 12 31 2012</i>			
A. Amount Brought Forward From Last Report				\$		<i>44.61</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		<i>16,000.00</i>			
C. Total Funds Available (Sum of Lines A and B)				\$		<i>11,044.61</i>			
D. Total Expenditures (From Schedule III)				\$		<i>476.00</i>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$		<i>10,568.61</i>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$		<i>-0-</i>			
G. Unpaid Debts and Obligations (From Schedule IV)				\$		<i>-0-</i>			

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

2013

Signature of Person Submitting Report
Charles A. Ottaviano

Printed Name
Charles A. Ottaviano

Area Code
717

Daytime Telephone Number
213-4300

My commission expires June 7, 2015

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 (1333, No. 320) as amended.

Sworn to and subscribed before me this

24 day of *JANUARY* 20 *13*

Signature
Rinda Thompson

Printed Name
Rinda Thompson

Area Code
717

Daytime Telephone Number
213-4300

My commission expires

5-16-2014

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

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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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)	\$ 11,000.00
TOTAL for the Reporting Period	(3) \$ 11,000.00

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

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.)	\$ 11,100.00
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PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

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 <i>Leadership for Harrisburg 2013</i>	Reporting Period From <i>1/1/12</i> To <i>12/31/12</i>
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				DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR				\$
<i>Ronald J. Kamionka</i>	<i>10</i>	<i>9</i>	<i>12</i>				<i>\$ 10,000.00</i>
Mailing Address <i>2346 Timberline Court</i>	MO	DAY	YEAR				\$
City <i>Harrisburg</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17112 -</i>		MO	DAY	YEAR	\$
Employer Name <i>Self</i>				Occupation <i>Real Estate</i>			
Employer Mailing Address/Principal Place of Business							
<i>Donald L. Brown, Jr</i>							<i>\$ 1,000.00</i>
Mailing Address <i>5270 Strathmore Drive</i>	MO	DAY	YEAR				\$
City <i>Mechanicsburg</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17060 -</i>		MO	DAY	YEAR	\$
Employer Name <i>Self</i>				Occupation <i>Restaurant Owner</i>			
Employer Mailing Address/Principal Place of Business							
							\$
Mailing Address	MO	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
							\$
Mailing Address	MO	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
							\$
Mailing Address	MO	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$11,000.00

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE _____ OF _____

Name of Filing Committee or Candidate <i>Leadership for Harrisburg 2013</i>	Reporting Period From <i>11/1/12</i> To <i>12/31/12</i>
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To Whom Paid <i>Linda D. Thompson</i>			MO. <i>11</i> DAY <i>1</i> YEAR <i>12</i>	Amount \$ <i>76.00</i>
Mailing Address <i>660 Boes Street Ste 607</i>			Description of Expenditure <i>Reimbursement for</i>	
City <i>Harrisburg</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17102 -</i>	<i>Postoffice Box</i>	
To Whom Paid <i>Joseph Ward</i>			MO. <i>11</i> DAY <i>1</i> YEAR <i>12</i>	Amount \$ <i>400.00</i>
Mailing Address <i>1932 North Street</i>			Description of Expenditure <i>Campaign Headquarters</i>	
City <i>Harrisburg</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17103 -</i>	<i>Rent Deposit</i>	
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address:			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address:			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address:			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address:			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address:			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO. DAY YEAR	Amount
Mailing Address:			Description of Expenditure	
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ *476.00*