

## Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification Number  Jo-410540	Report F	led By	Candid	ate	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist Street Address		MITTE		, <u> </u>	NEUL	N	
Street Address	75	50 /	1/350	5T			
City 17 ARRUSON	n /_		State	PA-	Zip Code	17110	
Type of Report (Place x to the right of repo			155 A. S.S.	<u> </u>	# 35 55 55 55 55 55 55 55 55 55 55 55 55		
6 <sup>th</sup> Tuesday 6 <sup>th</sup> Tuesday 2 <sup>nd</sup> Friday		u 201	Day post	30 Day Post	Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-Primary Election	Committee of the commit		nary	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)  (I) 5 34	Year	ીન	)13	Amendment Report		Termination Report	
Summary of Receipts and From Dat Expenditures	e To	Date			For	Office Use Only	
5/7/2		140	2013				
A. Amount Brought Forward From Last Ro		,917	.45			$\bigcirc$	
B. Total Monetary Contributions and Rec (From Schedule II)	15	883	.00	Thomas to the state of the		5.5 2.65	
C. Total Funds Available (Sum of Lines A and B)	\$   7	- 1 <i>an</i>	14			038	
D. Total Expenditures	\$		<u>, , ()                                     </u>			- お数差	
(From Schedule III)	13	,939 i	<u>58</u>			a diz	
E. Ending Cash Balance	\$	700	an .	p complete to the first	,	- あまま	G O
(Subtract Line D from Line C) F. Value of In-Kind Contributions Receive	d \$	<u> 227.</u> &	<u>0                                    </u>		•	24 (ES	ු ව
(From Schedule II)							-
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0					
Part 1- if this is a committee report, treasurer s	lan here If this is	a candida	Affidavit S				
I swear (or affirm) that this report, including th subscribed before me this	e attached sched	ules on par	per, is to th	e best of my knowl	edge and belief t	true, correct and comple	ete. Sworn to and
24th day of Ortober 20 1	3	1		Sun	s ACu	tw	
Longila S Mill		<u> </u>	-	Signatur	e of Person Subr	mitting report	-72
Signature			-		Printed Nar	ne	<del></del>
COMMONWEALTH OF PENNSYLVA				717		28-8703 avtime Telephone Num	200
JENNIFER S. GILL, Notary Public	YR.			Area Code		ayume reseptione ivum	Jei
Part II, I Richard City, Dauphin County Wy Cammission Expires July 10 15	rized Committee, ladge and belief t	candidate his politica	snall sign h committe	ere. e has not violated a	ny provisions of	the Act of Jane 3, 1937	(P.L. 1333, NO.320) as
ámended.				and the second second			· · · · · · · · · · · · · · · · · · ·
Sworn to and subscribed before me this	Maria Maria and American			A CONTRACTOR OF THE PARTY OF TH			
24th day of October 20 12	3	<b>'</b> 1			GOL	and the same of th	
Jensifer S. Bell		,		NEVIR	gnature of Cand	MILIA	_
Signature	3	. 1		~ / ~	Printed Name	722.23	
My Commission expires 07 O7 Mo. Day YR.			ž	Area Code	 Dayti	ime Telephone Number	<u> </u>
COMMONWEALTH OF PENNSYLVA							
MOTADIAL CEAL							

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

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number  Horizontal Programmes August 1985 Aug		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	.) \$	32.00
2. Contributions Over \$250.00 (From A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part D)	\$	\$50.00
Total for the reporting period (2	2) \$	850.00
3. Contributions Over \$250.00 (From C and Part D)		
Contributions Received from Political Committees (Part C)	\$	Ø
All Other Contributions (Part D)	\$	5000 -00
Total for the reporting period (3	3) \$	5000.00
4. Other Receipts-Refunds, Interested Earned, Returned Checks, ETC. (from Part E)		
Total for the reporting period (4	4) \$	0
Total Monetary Contributions and Receipts during this reporting period (add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on page 1, report cover page, item b)	\$	5,883.00

#### PART A

## **Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use Part A to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	6-42054	· 73		
the state of the s				Amount
Full Name of Contributing Committee	/A		Date [MM/DD/YYYY]	\$
Mailing Address	//-\-		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing  Committee	·	in the state of th	Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contributing Committee	Language Steward	the state of the s	Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City of the state	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	. Least, east d	La de minima de la casa de la cas	Date [MM/DD/YYYY]	
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	

#### PART B

#### **All Other Contributions**

\$50.01 TO \$250

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

(Exclude contribution from political committee reported in Part A.)

Name of contributor  TERRY & CAROLIN STATE  Option [MM/DD/YYY] \$   000.00  Mailing Address   031 N FRONT ST. Apt NO   Date [MM/DD/YYY] \$   000.00  Mailing Address   032 N FRONT ST. Apt NO   Date [MM/DD/YYY] \$   000.00  Mailing Address   03900 Loogy Pront   000.00  Mailing Address   03900 Loogy Pront   03100 N	Filer Identification Number: 26-420 5403	
TERM (AROUN SAMER)  Q1 N FROM ST. APT WU  City HARRISBRE  Name of contributor  PR. NILLE DIXON  Mailing Address  3930 LIMBA PROVIDE THUS  State PA Zip Code  1710 Date [MM/DD/YYY] \$  100.00  Mailing Address  3930 LIMBA PROVIDE THUS  State PA Zip Code  17110 Date [MM/DD/YYY] \$  SO.00  Mailing Address  Date [MM/DD/YYY] \$  SO.00  Mailing Address  PANIEL E BEREN  Mailing Address  PANIEL E BEREN  Mailing Address  PANIEL E BEREN  Date [MM/DD/YYY] \$  100.00  Mailing Address  Date [MM/DD/YYY] \$  Date [MM/DD/YYY] \$  LOO (X)  Date [MM/DD/YYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/		
Mailing Address   Gall   Frank St.   Apt   Walling Address   State   Walling Address   Date   MM/DD/YYYY   State		
City Harrishar State PA Zip Code 1710 Date [MM/DD/YYY] \$  Name of contributor PR WILLE VIXON GIT JOS DATE [MM/DD/YYY] \$  Name of contributor PR WILLE VIXON GIT JOS DATE [MM/DD/YYY] \$  100 00 DATE [MM/DD/YYY] \$  110 DATE [MM/DD/YYY] \$  111 DATE [MM/DD/YYY] \$  112 DATE [MM/DD/YYY] \$  113 DATE [MM/DD/YYY] \$  114 DATE E BEREN DATE [MM/DD/YYYY] \$  115 DATE [MM/DD/YYYY] \$  116 DATE [MM/DD/YYYY] \$  117 DATE E BEREN DATE [MM/DD/YYYY] \$  118 DATE [MM/DD/YYYY] \$  119 DATE [MM/DD/YYYY] \$  110 DATE [MM/DD/YYYY] \$  119 DATE [MM/DD/YYYY] \$  110 DATE [MM/DD/YYYY] \$  111 DATE [MM/DD/YYYY] \$  112 DATE [MM/DD/YYYY] \$  113 DATE [MM/DD/YYYY] \$  114 DATE [MM/DD/YYYY] \$  115 DATE [MM/DD/YYYY] \$  115 DATE [MM/		Date [MM/DD/YYYY] \$
Name of contributor  PR WILLE VIXON  Mailing Address  3770 LINGEN PKWY  THIS JOURN  State PA ZIP Code  City HARRISARD  LEUN & FRANCING FEMERINAY  Mailing Address  State PA ZIP Code  THIU Date [MM/DD/YYYY] \$  SO. 00  Date [MM/DD/YYYY] \$  SO. 00  Date [MM/DD/YYYY] \$  SO. 00  Date [MM/DD/YYYY] \$  ACLE OF THIS JOURN  Mailing Address  Date [MM/DD/YYYY] \$  LOO CO  Date [MM/DD/YYYY] \$  LOO		
Date   MM/DD/YYYY    S   Dot   DATE   MM/DD/YYYY    S   DOT   DATE   MM/DD/YYYY    S   DATE	HARRISARO PA 17102	
Mailing Address  3330 Line Print State PA Zip Code THU Set [MM/DD/YYYY] \$ 50.00  Name of contributor  Lew & Francisc Fewerman This 2013 \$50.00  Mailing Address  Date [MM/DD/YYYY] \$ 50.00  Mailing Address  Date [MM/DD/YYYY] \$ 50.00  Date [MM/DD/YYYY] \$ 50.00  Date [MM/DD/YYYY] \$ 50.00  Date [MM/DD/YYYY] \$ 50.00  Mailing Address  Date [MM/DD/YYYY] \$ 50.00  Date [MM/DD/YYYY] \$ 50.00  Date [MM/DD/YYYY] \$ 50.00  Mailing Address  Date [MM/DD/YYYY] \$ 50.00	Name of contributor	Date [MM/DD/YYYY] \$
State   CAMPANAL   C	YR. WILLE VIXON	
Name of contributor  LEW & FRANCHE FEWERMAY  Alia 2013  Ago, co  Mailing Address  Date [MM/DD/YYYY]  State  PA  THO  State  PA  THO  Date [MM/DD/YYYY]  STATE  City  LAME FOR ART  State  City  Camp Hill  Date [MM/DD/YYYY]  State  City  Camp Hill  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  Date [MM/DD/YYYYY]  Date [MM/DD/YYYY]		College Market M
Name of contributor  LEW & FRANCHE FEWERMAY  Alia 2013  Ago, co  Mailing Address  Date [MM/DD/YYYY]  State  PA  THO  State  PA  THO  Date [MM/DD/YYYY]  STATE  City  LAME FOR ART  State  City  Camp Hill  Date [MM/DD/YYYY]  State  City  Camp Hill  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  Date [MM/DD/YYYYY]  Date [MM/DD/YYYY]	3820 LINGEN PRWY	
Name of contributor  LEW & FRANCHE FEWERMAY  Alia 2013  Ago, co  Mailing Address  Date [MM/DD/YYYY]  State  PA  THO  State  PA  THO  Date [MM/DD/YYYY]  STATE  City  LAME FOR ART  State  City  Camp Hill  Date [MM/DD/YYYY]  State  City  Camp Hill  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  Date [MM/DD/YYYYY]  Date [MM/DD/YYYY]	City State OA Zip Code	Date [MM/DD/YYYY] \$
Name of contributor    Date   MM/DD/YYYY    S	HARRISBURG- VA 1711U	1 8133 2013 SO.00
Mailing Address  Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Name of contributor   Date [MM/DD/YYYY] \$  Rame of contributor   Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Name of contributor   Date [MM/DD/YYYY] \$  Name of contributor   Date [MM/DD/YYYY] \$  Reserved   Part   Pa		Date [MM/DD/YYYY]   \$
Mailing Address  Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Name of contributor   Date [MM/DD/YYYY] \$  Rame of contributor   Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Name of contributor   Date [MM/DD/YYYY] \$  Name of contributor   Date [MM/DD/YYYY] \$  Reserved   Part   Pa	LEUN & FRANCINE FEWERMAN	7/12/2013   350,00
Name of contributor  Name of contributor  Daniel E. Beren  Art 423  City  Name of contributor  Name of contributor  Date [MM/DD/YYYY]  State  Zip Code  Total  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]	Malling Address	Date [MM/DD/YYYY] \$
Name of contributor  Name of contributor  Daniel E. Beren  Art 423  City  Name of contributor  Name of contributor  Date [MM/DD/YYYY]  State  Zip Code  Total  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]	9941 Green ST	
Name of contributor  Name of contributor  Daniel E. Beren  Art 423  City  Name of contributor  Name of contributor  Date [MM/DD/YYYY]  State  Zip Code  Total  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]	City State Zip Code	Date [MM/DD/YYYY] 5
Name of contributor    Date [MM/DD/YYYY]   S   100 00		
Mailing Address  DANIEL E. BEREN  PA 1203  Date [MM/DD/YYYY] 5  City  Came Hill  Name of contributor  Date [MM/DD/YYYY] 5		Date [MM/DD/YYYY] \$
Mailing Address  State  City  CAME   HUL  Name of contributor  Mailing Address  City  Mailing Address  City  Mailing Address  City  Mailing Address  Date [MM/DD/YYYY] \$    100.00    124   136   170	DANIEL E. BEREN	7/25/2013 100.00
Name of contributor  Date [MM/DD/YYYY] \$    13   3013   100.00    Mailing Address   Date [MM/DD/YYYY] \$    City   State   Zip Code   To55      Name of contributor   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$	Mailing Address	Date [MM/DD/YYYY] \$
Name of contributor  Date [MM/DD/YYYY] \$    13   3013   100.00    Mailing Address   Date [MM/DD/YYYY] \$    City   State   Zip Code   To55      Name of contributor   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$	824 LABORA RO APT 1122	
Name of contributor  Date [MM/DD/YYYY] \$    13   3013   100.00    Mailing Address   Date [MM/DD/YYYY] \$    City   State   Zip Code   To55      Name of contributor   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$	City State Zip Code	Date [MM/DD/YYYY] \$
Mailing Address    Date [MM/DD/YYYY]   S		
Mailing Address    Date [MINI/DD/YYYY]   State   Zip Code   Date [MM/DD/YYYY]   State   Zip Code   Zip C		Date [MM/DD/YYYY] \$
Mailing Address    Date [MINI/DD/YYYY]   State   Zip Code   Date [MM/DD/YYYY]   State   Zip Code   Zip C	James T. Naus	8/23/2013 100.00
Name of contributor  Denny Bonavita  Mailing Address  Date [MM/DD/YYYY] \$  LO 7 7203  Date [MM/DD/YYYY] \$  City  Date [MM/DD/YYYY] \$	Mailing Address	
Name of contributor  Denny Bonavita  Mailing Address  Date [MM/DD/YYYY] \$  LO 7 7203  Date [MM/DD/YYYY] \$  City  Date [MM/DD/YYYY] \$	Wast was Do	
Name of contributor  Denny Bonavita  Mailing Address  Date [MM/DD/YYYY] \$  LO 7 7203  Date [MM/DD/YYYY] \$  City  Date [MM/DD/YYYY] \$	City State Zip Code	Date [MM/DD/YYYY] \$
Name of contributor  Date [MM/DD/YYYY] \$  LO 7 13e/3  Date [MM/DD/YYYY] \$  LO 00  City   State   Zip Code   Date [MM/DD/YYYY] \$		
DENNY BONAVITA    10/7/203   100.00     Date [MM/DD/YYYY] \$    City   State   Zip Code   Date [MM/DD/YYYY] \$		Date [MM/DD/YYYY]   \$
Mailing Address  Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$		
City State Zip Code Date [MM/DD/YYYY] \$	Mailing Address   U CNNY   VONAVITA	Date MM/DD/YYYYI 3
City State Zip Code Date [MM/DD/YYYY] \$		
		Date IMM/DD/YYYYI S
■ Characteristical   Filter Electric State   Electric Companies   Elect	BROCKVIEWE PA 2000 15625	

#### 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.

Pher identification Number:	0-420540	<b>)</b>		
Full Name of		and the	Date [MM/DD/YYYY]	
Contributing Committee /				
Mailing Address	<i>/</i> · ·		Date [MM/DD/YYYY]	<b>S</b>
City	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of			Date [MM/DD/YYYY]	5
Contributing Committee				
Malling Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				100 100 100 100 100 100 100 100 100 100
Malling Address			Date [MM/DD/YYYY]	\$
				A. 65-37
City	State	Zip Code	Date [MM/DD/YYYY]	\$ [
The state of the s	Control of the contro			
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee				
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee				
Mailing Address			Date [MM/DD/YYYY]	- \$
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
Mailing Address			Date [MM/DD/YYYY]	- 1
Čitý	State	Zip Code	Date [MM/DD/YYYY]	

#### PART D

## **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

- 4205403

Filer Identification Number:

Name of contributor	THE STATE OF THE S	Dat	e [MM/DD/YYYY] \$	
	LOCHARD & MARILYN	ARRAMS =	45/2013	5,000.00
Mailing Address	TOPINARII & I WARILDIN	Dat	e [MM/DD/YYYY] \$	
	+ WHITE OAK CIRCL			
Chy	State Zip Co	de Dat	e [MM/DD/YYYY] \$	
LEMOTUR	PA	17043		***
Employer Name	(1)	Öcc	upation Owe	
Employer Mailing Address /	Consolerated Sca	( <del>)</del>	A =	
Principal Place of Business	1616 N Conve	in AT I bornshi		<u> </u>
Name of contributor		Dat	e [MM/DD/YYYY] \$	
Mailing Address		Dat	e [MM/DD/YYYY] \$	
		A TOTAL CONTRACTOR OF THE PARTY		
City	State Zip Co	de Dat	e [MM/DD/YYYY] \$	
		PRO GENERAL SERVICES CONTROL SERVICES CO		
Employer Name		Oc	cupation	
Employer Mailing Address /	Policies unaugus (1996)	\$13.55 days		
Principal Place of Business		10 mm - 1 10 mm 1 2 mm		351
Name of contributor		Dai I	te [MM/DD/YYYY] \$	
			E MA	
Mailing Address		Da	te [MM/DD/YYYY] \$	
City	State Zip Co	ide	te [MM/DD/YYYY] \$	
Control of				
Employer Name		Oe	cupation	
Employer Mailing Address /	1501.6434.6500 NRCH-151.0000	[m244,579		
Principal Place of Business			See I MARA / STATE / SAVUVU I	34 ·
Name of contributor		Para Para Para Para Para Para Para Para	te [MM/DD/YYYY] \$	
Mailing Address		Da	te [MM/DD/YYYY] \$	<u> </u>
	•			
City	State Zip Co	ode Da	te [MM/DD/YYYY] \$	
Employer Name		Oc	cupation	
Employer Mailing Address /				
Principal Place of Business				

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	26-4205	403		
Full Name	N/N			
Mailing Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		January Company	3223 No. (1985)	
Full Name				
Mailing Address				
Clty		State	Zip Code	Date [MM/DD/YYYY] \$.
Receipt Description				
Full Name				
Mailing Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Hardware Sames		
Full Name				
Mailing Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1000 pt 1000 p		
Full Name				
Mailing Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Adaption of the Park	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1500;   1200;   1200
Full Name				
Mailing Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

#### SCHEDULE II

## **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

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

Filer Identification Number: 4	-4205403			
1. UNITEMIZED IN-KIND CONTR	IBUTIONS DECEMED VA	 Nije aje \$50.00 aje	R LESS PER CONTRIBITOR	
1. UNITEMIZED IN-KIND CONTR	(1)	\$	<i>D</i>	
2. IN-KIND CONTRIBUTIONS REG	CEIVED-VALUE OF \$50.0	1 TO \$250.00 (FR	ROM PART F)	
TOTAL for the reporting period	(2)	\$	- W	A STATE OF THE STA
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$25	0.00 (FROM PART	T G)	
TOTAL for the reporting period	(3)	\$	I Ø	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (add and enter amount totals for page 1, report cover page, item F)			Ø'	

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Pries identification volitoes: 7	40-4205403			
			Promotions Activity resources at the common and	
Full Name of the Contributor			Date [MM/DD/YYYY] \$	
Mailing Address	NA		Date [MM/DD/YYYY] \$	No and the second secon
HARMING THUMEST	·			
City	State	Zip Code	Date [MM/DD/YYYY] \$	MANAGEM MANAGEM AND
Description of Contribution	September 1997	Access of a complete and continue to the first of	- 1334 1/2 XX	
Full Name of			Date [MM/DD/YYYY] \$	WANGER MANAGER GROWN AND AND AND AND AND AND AND AND AND AN
the Contributor				
Mailing Address			Date [MM/DD/YYYY] \$	
	[SEX]EXBER	JIN CAUS	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of			Date [MM/DD/YYYY] \$	Mactanatina material and a
the Contributor				
Mailing Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Bleenevier - FALST 167/3				<u> </u>
Description of Contribution			Total transmission and transmission and transmission to the content of the conten	-
Full Name of the Contributor	_		Date [MM/DD/YYYY] \$	
Mailing Address			Date [MM/DD/YYYY] \$	
I MARINE AUGESS			Agrestinian Political 37	1
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
	AND PROPERTY OF THE PROPERTY O	4970 GARAGA		
Description of Contribution				
Full Name of			Date [MM/DD/YYYY] \$	The second secon
the Contributor			The state and the document of the	
Malling Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
	)			
Description of Contribution		reserves sittle some settle		
		tige and the complete of the contract of the c		Control and and a second secon

### SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number: (	76-4705403		
		<del>// / / / / / / / / / / / / / / / / / /</del>	

Full Name of		Date [MM/DD/	YYYY]
the Contributor	/ \(\chi\)	Date (MINI/DD/	
Mailing Address	4	Date [MM/DD/	YYYY] \$ j
mauring Audi 653		Soate (MINI/DU/	
City.	State   Zip C	ode Date [MM/DD/	YYYY]   \$
City	24p.C	Pace IMINI/DD/	
Employer Name		Occupation	
		Description	
Employer Mailing Address / Principal Place of Business		of	
		Contribution	
Full Name of the Contributor		Date [MM/DD/	<u> </u>
Malling Address		Date [MM/DD/	YYYYY] S
City	State Zip C	ode Date (MM/DD/	YYYY] S
A Liberta Mar		08800-05027-05000 70 150-0600-0500 70 150-0600-0500 70 150-0500-0500-0500 80 150-0500-0500-0500	
Employer Name		Occupation	
Employer Mailing Address / Principal		Description	
Place of Business  Language and a control of the second an		of Contribution	
and the state of t	10-0	Control and the state of the st	<del></del>
Full Name of	<del>-</del>	Date (MM/DD)	YYYY] \$
Full Name of the Contributor		Date (MM/DD)	YYYYI
		Date [MM/DD/	i asia
the Contributor			i asia
the Contributor	State Zip C	Date (MM/DD)	YYYYY] S S
the Contributor Mailing Address	State Zip C	Date [MM/DD/	YYYYY] S S
the Contributor Mailing Address	State Zip C	Date [MM/DD/	YYYYY] S S
the Contributor  Mailing Address  City  Employer Name	State Zip C	ode Date [MM/DD/	YYYYY] S S
the Contributor  Mailing Address  City	State Zip C	ode Date [MM/DD/  Date [MM/DD/  Occupation  Description of	YYYYY] S S
the Contributor  Mailing Address  City  Employer Name  Employer Mailing Address / Principal Place of Business	State Zip C	Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Description of Contribution	YYYYI S
the Contributor  Mailing Address  City  Employer Name  Employer Mailing Address / Principal	State Zip C	ode Date [MM/DD/  Date [MM/DD/  Occupation  Description of	YYYYY
the Contributor  Mailing Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of the Contributor	State Zip C	Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Description of Contribution Date [MM/DD/	YYYYY) \$ .
the Contributor  Mailing Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of	State Zip C	Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Description of Contribution	YYYYY) \$ .
Mailing Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of the Contributor  Mailing Address		Date [MM/DD/ Date [MM/DD/ Description of Contribution Date [MM/DD/	YYYYY]
the Contributor  Mailing Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of the Contributor	State Zip C	Date [MM/DD/ Date [MM/DD/ Description of Contribution Date [MM/DD/	YYYYY) S
Mailing Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of the Contributor  Mailing Address		Date [MM/DD/ Date [MM/DD/ Description of Contribution Date [MM/DD/	YYYYY]
Mailing Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of the Contributor  Mailing Address  City  Employer Name  Employer Mailing Address / Principal	State Zip C	Date [MM/DD/ Date [MM/DD/ Description Of Contribution Date [MM/DD/ Dat	YYYYY]
Mailing Address  City  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of the Contributor  Mailing Address  City  Employer Name	State Zip C	Date [MM/DD/ Date [MM/DD/ Description of Contribution Date [MM/DD/ Dat	YYYYY]

## SCHEDULE III Statement of Expenditures

Filer Identification Number:	The Warry	
	0 0 000	

To Whom Paid	Date [MM/DD/YYYY] \$
PRINTIOPIES ON DEMAND	5/6-10/31/2013 895.17
Mailing Address	Description of Expenditure
City State Zip	
HARPISARL PY Gode 17112	STATIONARY & ADJERTHAL / MATERIA
To Whom Paid	Date [MM/DD/YYYY] \$
KELDEEN STANDAULIY CONSULTING	Description of Expenditure
Mailing Address	Description of Expenditure
City   State   Zip   Zip	/
17111 PA Code 1711	
To Whom Paid	Date [MM/DD/YYYY] \$
Mailing Address SHIPOKE NEIGHDURHOOD ASSOCIATION	子(12 ) みり
Wigning Addition	
City HARRINGURL State PA Code	0) 1
To Whom Pald	MARKETING Date MM/DD/YYYY] 5
Mailing Address AFRICAN AMERICAN CHAMMER OF CONNERCE	Description of Expenditure
234 STRAWBERRY SOUANE, THE NEST	
	<b>Na. a</b> . a . b
To Whom Paid	MARKETING Date [MM/DD/YYYY] \$
ESTAGNOS UNIDOS DE PA	7/26/2013 25.00
Malling Address	Description of Expenditure
PO Box 60709	
City State Zip Code (7106-	UTEG MARKETING
To Whom Paid	Date [MM/DD/YYYY] \$
MAHOGONY LEADER	7/29/2013 100.00
Mailing Address	Description of Expenditure and assessment and assessment
City State Zip	
ItARRISBURG PA CODE 17103	MARILETING
To Whom Paid	Date [MM/DD/YYYY] \$
LAWRENGE OTTER, ESQ.	Secription of Expenditure
Mailing Address PO BUX 2131	Sear Knot A. Pukengima
City State Zip	1 Seal P-000 4 & F 10
DOYLESTOWN PA Gode 14001	DECAL KEPRESENTATION + EXPENSES
	A 1 1 3 C
Mailing Address	Description of Expenditure
10 Box 953	
City HARRHOURG State PA Code 1706-0	0953 PALVANA

# Statement of Expenditures

Filer identification Number:	Machinaduna		
	NU 1/103905	 	

To Whom Pald	Date [MM/DD/YYYY] \$
JEAN CUTLER	8/18/2013 56-70
Mailing Address	Description of Expenditure
8550 N 3M ST	
City HARRYBURG PA Code 77110	REIMBURGENT FOR BREAKFAST FOR CONT
To Whom Pald	Date (MM/DD/YYYY) \$
PAY PAL	5/6-10/21 pors 11.13
Mailing Address	Description of Expenditure
9211 NURTH FIRST ST	The south of the state of the s
City State CA, Code 05131	BANK FERS
To:Whom Paid	Date [MM/DD/YYYY] 5
SOVERELEN DANIC	5/6-10/21/2013 15.00
Malling Address  ONE SOVEREION VAT	Description of Expenditure
City State Zip	BANK FEES
TOWNOW Paid Code MAGIS	Date [MM/DD/YYYY] \$
USPS	19/20/200 30.00
Mailing Address	Description of Expenditure
City State Zip	
City HARRISBURG PA Code: 1710	PU BUX RENTAL
To Whom Paid	Date (MM/DD/YYYY) \$
Mailing Address	Description of Expenditure
City State Zip	
Code	
To Whom Pald	Date [MM/DD/YYYY] 5
Mailing Address	Description of Expenditure
Clty State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
Mailing Address	Description of Expenditure
<b>建</b> 000000000000000000000000000000000000	There is a supplied to the sup
City State Zip Gode	
To Whom Paid	Date [MM/DD/YYYY] \$
e gera terre de la companya del companya de la companya del companya de la compa	
Mailing Address	Description of Expenditure
City State Zip	
Code	

#### **SCHEDULE IV**

## **Statement of Unpaid Debts**

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

Filer Identification Number:

	26-4205403	
Name of Creditor		Outstanding Balance of Debt
Mailing Address		T INCURRED \$
	[MM/L	DD/YYYY]
City	State Zip	
Description of Debt	Cod	e
Name of Creditor		Outstanding Balance of Debt
Mailing Address		TINCURRED S
	Program	
City	State Zip	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
Mailing Address	DATE DEB	TINCURRED \$
	<u> </u>	DD/YYYYJ
City	State Zip	
Description of Debt		de
The second secon		
Name of Capillary		Outstansing Balance of Debt
Name of Creditor	DATE DE	Outstanding Balance of Debt
Name of Creditor  Mailing Address		Outstanding Balance of Debt ST INCURRED \$ DD/YYYY]
	[MM/	ST INCURRED: \$
Mailing Address City	[MM/	ST INCURRED: \$
Mailing Address	[MM/	ST INCURRED \$
Mailing Address City	State   Zip	de Outstanding Balance of Debt
Mailing Address  City  Description of Debt	State Zip Co	Outstanding Balance of Debt  BT INCURRED. \$
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	State Zip Co.  DATE DEI [MM/	de Outstanding Balance of Debt  BT INCURRED S DD/YYYYJ  ST INCURRED S DD/YYYYJ
Mailing Address  City  Description of Debt  Name of Creditor	State Zip Co	de Outstanding Balance of Debt  BT INCURRED S DD/YYYY]  ST INCURRED S DD/YYYYJ
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	State Zip DATE DEI [MM/	de Outstanding Balance of Debt  BT INCURRED S DD/YYYY]  ST INCURRED S DD/YYYYJ
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	State Zip DATE DEI [MM/	de Outstanding Balance of Debt  BT INCURRED S DD/YYYY]  ST INCURRED S DD/YYYYJ
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	State Zip Go	Outstanding Balance of Debt  BT INCURRED DD/YYYY]  Ode  Outstanding Balance of Debt  BT INCURRED S DD/YYYYJ  Ode  Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor	State Zip Go	de Outstanding Balance of Debt  BT INCURRED \$ DD/YYYY]  de Outstanding Balance of Debt  Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor	State Zip Co  DATE DEI [MM/  State Zip  Co  DATE DEI [MM/  State Zip  Go  State Zip	DD/YYYY)  de  Outstanding Balance of Debt  BT INCURRED \$ DD/YYYY]  de  Outstanding Balance of Debt  ST INCURRED \$ DD/YYYY]  A BT INCURRED \$ DD/YYYY]
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	State Zip Co  DATE DEI [MM/  State Zip  Co  DATE DEI [MM/  State Zip  Go  State Zip	DD/YYYY)  de  Outstanding Balance of Debt  BT INCURRED \$ DD/YYYY]  de  Outstanding Balance of Debt  BT INCURRED \$ DD/YYYY]  A BT INCURRED \$ DD/YYYY]