# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number			Report F ( Mark X		Candida	te	Committee	X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		ndidate or	Hawk-Crissman for Good Government							
Street Address			1188 Twin	Lakes Driv	ve		· — —			
City	Harrisburg				State	pa	Zip Code	17111		
Type of Report (Place :	x under r	eport type)								
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Pos Pre-Primary Pre-Primary Primary					- 2 <sup>nd</sup> Friday re- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
	X									
Date Of Election (MM/DD/YYYY)		5/19/2015	Year		2015	Amendment Report		Termination Report		
Summary of Receipts	and	From Date	T	o Date			For	Office Use Only		
Expenditures		1/1/2015		5/4/2	2015					
A. Amount Brought Fo	orward F	rom Last Report	\$	3,75	53.93				CONTENT OF THE STATE OF THE STA	
B. Total Monetary Col (From Schedule I)		ns and Receipts	\$	3,65	60,69				اسي	
C. Total Funds Availat (Sum of Lines A and B		\$	7,40	04.62						
D. Total Expenditures (From Schedule III)	\$	1,43	30.58			6 m 200 S-3	1 (~~)			
E. Ending Cash Balanc (Subtract Line D from	\$	\$ 5,974.04								
F. Value of In-Kind Co (From Schedule II)			\$ 0				i i			
G. Unpaid Debts and ( (From Schedule IV)	Obligatio	ns	\$		0	Į			1)	
					Affidavit Se					
Part 1- If this is a Commit I swear (or affirm) that the								rue, correct and comple	ite.	
Sworn to and subscribed			-	· r-				New York Control of the Control of t		
day of		20/5		· 1		Signature of Person Submitting report				
Richel a. W.	artico				NIA	CASIGNATURE		outting report		
Signat	1 //		RIAL SEAL	L		uss.	Printed Nam	1e *	pro elleran	
My Commission expires_	MOL P	City of Harrisbu My Cognmission	irg, Dauph	in County	y	7 / 7 Area Code	5	40-548		
	- I <sub>42-man</sub>						Da	, что тегерполе мито		
Part II- If this is a report of I swear (or affirm) that to							ny provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as	
amended.		·, ····	·			<b>\</b>				
Sworn to and subscribed	l before m	e this				(\d	1-24			
6 day of Mark 20 15.										
RINI AM	With 1	<del>. y</del>		].		W. 11.5	gnature of Candi	date		
Signat	ure C	OMMONWEALT			NIA -	- + 115	Printed Name	, <u>, , , , , , , , , , , , , , , , , , </u>	<del></del>	
My Commission expires_	NOTA FICHIE A. MA BAYY of Harrish My Commission	urg, Daupl	ary Public hin Count	ty	Area Code		time Telephone Numbe	ır		
	1,,,,,,,	A CONTRACTOR OF THE CONTRACTOR							40. · · · · · · · · · · · · · · · · · · ·	

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ в
All Other Contributions (Part B)	\$ 300
Total for the reporting period (2)	\$ 300
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 850
All Other Contributions (Part D)	\$ 2,500
Total for the reporting period (3)	\$ 3,350
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0.69
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 (tem B)	\$ 3,650.69

Cover Page, Item B)

# 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 Ide	ntification Number:						age to common or a man or a plantage of the graph of the
				- PS-C-186-188-404-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	seeman to the second		
Full Na	me of Contributor				Date [MM/DD/YYYY]	\$	
Frank Sourbeer				000/000	4/9/2015		200
House i	905 Str	eet Address Katio	e Court		Date [MM/DD/YYYY]	\$	
City	Harrisburg		State PA	Zip Code 17109	Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor		hiteumeumed sieder imminikus, piters c	Because the transfer of the Control	Date [MM/DD/YYYY]	\$	
		Chet Cassel			4/2/2015		100
House /	Str	eet Address 903	Bower Road		Date [MM/DD/YYYY]	\$	
City	Harrisburg		State PA	Zip Code 17112	Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor				Date [MM/DD/YYYY]	\$	
House (	# Sta	eet Address		,	Date [MM/DD/YYYY]	\$	n dei
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor				Date [MM/DD/YYYY]	\$	
House i	# Sti	eet Address	<del>, , , , , , , , , , , , , , , , , , , </del>		Date [MM/DD/YYYY]	S	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor		<u> Бастарит майлансья нь нь се, косымо основ</u>		Date [MM/DD/YYYY]	S	
House (	# Str	eet Address	······································		Date [MM/DD/YYYY]	\$	, , , , , , , , , , , , , , , , , , , ,
City	(Jacobs)		State	Zip Code	Date [MM/DD/YYYY]	S	
Full Na	me of Contributor				Date [MM/DD/YYYY]	\$	
House	# Str	eet Address		The second secon	Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	

#### **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.

Flier Identification Number:

				The state of the s		Market and the state of the sta
Full Name of Contributing Co	mmittae			Date [MM/DD/YYYY]	\$	250
Contributing Co		s and Woodside PAC		2/25/2015		350
House #	Street Address	8		Date [MM/DD/YYYY]	3	
3401		N. Front Street				
City		State	Zip Code	Date [MM/DD/YYYY]	Ş	
Harrisbu	rg	PA	17111			
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee Home Build	ers Association PAC		2/19/2015		500
House #	Street Address	s		Date [MM/DD/YYYY]	5	
		2416 Park Drive				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Harrisbu	rg	PA	17110		1	
Full Name of				Date [MM/DD/YYYY]	Š	
Contributing Co	ommittee					
House #	Street Addres	5	<del> </del>	Date [MM/DD/YYYY]	\$	
					1	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of				Date [MM/DD/YYYY]	3	
Contributing Co	ommittee					
House#	Street Address	<b>Š</b>	<del>.,</del>	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of		Procedure and process of	hard construction for the state of	Date [MM/DD/YYYY]	5	
Contributing Co	ommittee					
House#	Street Address	Š		Date [MM/DD/YYYY]	\$	
					7	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	5	
				,	1	
Full Name of		translating in special	- Managan et an again ag	Date [MM/DD/YYYY]	\$	
Contributing Co	ommittee	•			1000	
House #	Street Addres	s		Date [MM/DD/YYYY]	S	
					4	
City		State	Zip Code	Date [MM/DD/YYYY]	Š	
				Ser many set 11.(1)		
				1		

#### 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)

Filer Identification Nur	nber:				<del>* . *</del>				
				<del></del>					
Full Name of Contrib	outor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		D	ate [MM/DD/YYYY]	\$		
Bennett Cho			otiner, MD			3/23/2015		500	
House # Street Address					Da	ate [MM/DD/YYYY]	\$		
			4100 Linglestown Rd.						
City Harrisburg			State PA	Zip Code		ate [MM/DD/YYYY]	\$		
Employer Name			Info requested		Occupation physician				
Employer Mailing Ar Principal Place of Bu		7	info requested			and the second s			
Full Name of Contrib	outor				<u>D</u>	ate [MM/DD/YYYY]	\$		
		Robert Grut	oic			2/4/2015		500	
House #	Stre	et Address	i	* * * * * * * * * * * * * * * * * * * *	<u> </u>	ate [MM/DD/YYYY]	\$		
			4315 Stoneleigh Ct.		4				
City Harrisburg			State PA	Zip Code		ate [MM/DD/YYYY]	\$		
Employer Name			Herbert Rowland and R	ubic	(8)	Occupation engineer			
Employer Mailing Ac Principal Place of Bu			369 E. Park Drive, Harri	sburg, PA 17111					
Full Name of Contributor					D	ate [MM/DD/YYYY]	\$		
		Mark DiSant	to			2/20/2015		500	
House #	Stre	et Address	5351 Jaycee Avenue		Di	ate [MM/DD/YYYY]	\$		
City	100000000000000000000000000000000000000		State	Zip Code	Di	ate [MM/DD/YYYY]	\$		
Harrisburg			PA	1711					
Employer Name			MJ investment Propert	es	. O	Occupation contractor			
Employer Mailing A Principal Place of Bu		1	same as above						
Full Name of Contributor			<del></del>		Di	ate [MM/DD/YYYY]	\$	4.000	
		Richard Ying	gst Jr.			1/12/2015		1,000	
House #	Stre	et Address	7100 Fishing Creek Valle	ey road	D	ate [MM/DD/YYYY]	\$		
City			State	Zip Code	Di	ate [MM/DD/YYYY]	\$		
Harrisburg			PA	1711	3565000	en e			
Employer Name Vinget Homes Jps				0	Occupation hulldon				

builder

Yingst Homes, Inc.

4712 Smith Street, Harrisburg, PA 17109

Employer Mailing Address /

**Principal Place of Business** 

# Statement of Expenditures

	Activities of the second second	A CONTRACTOR OF THE STATE OF TH	Marie Contract and the Contract of the Contrac	The second of the contract of	and the second second
Filer Identification Number:			•		
	3				

To Whom Paid	The second secon		and the state of t	Date [MM/DD/YYYY]	
70 Wildin 1 ald	Lower Paxton Republ	ican Committee		200000000000000000000000000000000000000	250
		· · · · · · · · · · · · · · · · · · ·		1/17/2015	
House #	Street Address		•	Description of Expend	iture
City Harrisburg		State PA	Zip 17112	event sponsorship	
	en e	PA	Code 1/112		The state of the s
To Whom Paid	Friends of Haste and	Pries		Date [MM/DD/YYYY]	\$ 100
				4/2/2015	
House #	Street Address	O Box 7365		Description of Expendi	iture
City Steelton		State PA	Zip Code <sup>17113</sup>	event sponsorship	
To Whom Paid				Date [MM/DD/YYYY]	\$
	Graphic Services			4/6/2015	1,048.28
House #	Street Address	01 Lincoln Street		Description of Expendi	ture
		The second second	handay and a second state of		
<b>City</b> Harrisburg		State PA	Zip Code 17112	yard signs and materials	
To Whom Paid	Metro Bank	,		Date [MM/DD/YYYY]	\$ 22.2
	INIECTO BATIK			2/1/2015	32.3
House #	Street Address	01 N. Second Street		Description of Expendi	iture
		State	Zip		
<b>City</b> Harrisburg	n de la Maria de La Caractería de La Car	PA	Code 17101	new checks	
To Whom Paid				Date [MM/DD/YYYY]	5
House #	Street Address			Description of Expendi	iture
City		State	Zip		
			Code		
To Whom Paid				Date [MM/DD/YYYY]	[5]
House #	Street Address	,		Description of Expendi	iture
		State	[8-518888888]		
City	., 11	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendi	iture
City		State	Zip Code		
To Whom Paid		The second second		Date [MM/DD/YYYY]	<b>_</b>  \$
5-16-5-14		<del></del>	· · · · · · · · · · · · · · · · · · ·		
House #	Street Address	·		Description of Expend	iture
City	person representation regarditation	State	Zip		
			Code		