



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		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	RUNNING FOR HARRISBURG								
Street Address	267 SASSAFRAS ST								
City	HARRISBURG		State	PA		Zip Code	17102		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/19/2015		Year	2015		Amendment Report	Termination Report
							<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2015 MAY -7 PM 2:15 RECEIVED DAKOTA COUNTY CLERK OF VOTER REGISTRATION AND ELECTIONS
	01/01/15	04/04/15	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3135.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3135.00	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3135.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	98.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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

7th day of May 20 15Signature of Person Submitting report
Laura L. Kennedy

Signature of Person Submitting report

Printed Name

Vicki A. Disquister

My Commission expires 2 18 17

MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Laura L. Kennedy, Notary Public
Newberry Twp., York County
My Commission Expires Feb. 18, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIESDaytime Telephone Number
649-2517Part 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 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

7th day of May 20 15Signature
Laura L. Kennedy

Signature of Candidate

Printed Name

My Commission expires 2 18 17

MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Laura L. Kennedy, Notary Public
Newberry Twp., York County
My Commission Expires Feb. 18, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIESDaytime Telephone Number
623-2745

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Running for Harrisburg		
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)		\$	0
All Other Contributions (Part B)		\$	635
Total for the reporting period		(2)	\$ 635
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	500
All Other Contributions (Part D)		\$	2000
Total for the reporting period		(3)	\$ 2500
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 3135
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)		\$	3135

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:	Running for Hammer
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JOHN MANCUE					4/24/2015	\$	100.00
House #	1216	Street Address	FLEETWOOD		Date [MM/DD/YYYY]	\$	
City	CARLISLE	State	PA	Zip Code	17013	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
RICH BRENNER					4/28/2015	\$	100.00
House #	227	Street Address	VERBENE STREET		Date [MM/DD/YYYY]	\$	
City	HARRISBURG	State	PA	Zip Code	17110	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SHASHANK UPADHYE					04/30/2015	\$	150.00
House #	418	Street Address	PHILIPPA STREET		Date [MM/DD/YYYY]	\$	
City	HINGSDALE	State	FL	Zip Code	60521	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
GERALD LAWRENCE					04/30/2015	\$	100.00
House #	200	Street Address	BARR HARBOR DR		Date [MM/DD/YYYY]	\$	
City	CONSHOHOCKEN	State	PA	Zip Code	19428	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
WILLIAM SMITH					04/30/2015	\$	85.00
House #		Street Address	PO Box 402		Date [MM/DD/YYYY]	\$	
City	CARLDOWNE	State	PA	Zip Code	19050	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
CHRIS TARSA					05/01/2015	\$	100.00
House #	815	Street Address	WHEATFIELD LANE		Date [MM/DD/YYYY]	\$	
City	LEBANON	State	PA	Zip Code	17042	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.

Filer Identification Number:

Reimburse for Harrisburg

Full Name of Contributing Committee		Vision for PA		Date [MM/DD/YYYY]	\$	500.00
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

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 Number:

Running for Harrisburg

Full Name of Contributor		ALEX STACHEGOL		Date [MM/DD/YYYY]	4/23/2015	\$	2000.00
House #	724	Street Address		7007 Hill Road		Date [MM/DD/YYYY]	
City	STATEN ISLAND	State	NY	Zip Code	10304	Date [MM/DD/YYYY]	
Employer Name		ASA COLLEGE		Occupation		PRESIDENT	
Employer Mailing Address / Principal Place of Business		81 WILLOUGHBY STREET BROOKLYN NY 11201					
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 II

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

Filer Identification Number:

*Returned for HARRISBURG***1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

*98.00***3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period

(3)

\$

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)

\$

98.00

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	<div style="text-align: right; font-family: cursive; font-size: 1.2em;">Running for Harrisburg</div>
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	98.00
Brian Karling				4/22/2015			
House #	Street Address		Date [MM/DD/YYYY]		\$		
267	SARAFIA ST						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
HARRISBURG	PA	17102					
Description of Contribution			Stamps for MAILING				
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Description of Contribution							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Description of Contribution							