

Commonwealth of Pennsylvania - Campaign Finance Report

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

	Report Filed By	Candidat	e	Committee		Lobbyist
Number COTOUGT (Name of Filing Committee, Candidate or	Mark X)			00.0		
Lobbyist Street Address	Harrish	urg C	<u>apital</u>	PHC		
	<i>Ψ0 B</i> 02	X 139	<u> I' </u>	1 1	· · · · · · · · · · · · · · · · · · ·	
-Hamisburg	<u>A</u>	State	PA	Zip Code	17108	
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post 4 Pre-Primary Pre-Primary Primary Primary		2 nd Friday e- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
(MM/DD/YYYY) 5/19/2015	ar timzila a 🍈 🗆	015	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date 5/4/	2015		For	Office Use Only	
A. Amount Brought Forward From Last Report	\$ 39 92	9.00		***	(7)) (70) 	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 33,50	00.00	·			青哥
C. Total Funds Available	\$ 72 11	na Na				
(Sum of Lines A and B) D. Total Expenditures	\$ 11,70	41 110				圣 国
(From Schedule III)	44,14	4,40			- 383	် ယူ
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 27 25	84.610			. 2 - 3 - 4 . 42	a a
F. Value of In-Kind Contributions Received	\$ 13	1.64				O
(From Schedule II) G. Unpaid Debts and Obligations	\$ 7					
(From Schedule IV)						
Part 1- If this is a Committee report, treasurer sign here	e. If this is a Candida	Affidavit Sec ate report, ca				
I swear (or affirm) that this report, including the attach				lge and belief t	ue, correct and complet	·e.
Sworn to/and subscribed he had me this			MAL	+57	DISTAGO	
Jacom Shife Strong INC.	NIA		1 IVV.	of Person Subn	nitting report	_
WEND ALL CHARLES NOTARY PL	ublic		hatu	Printed Nam	ddica	_
My Commission Expires June 2-20	15		フバフ	Printeo (vaii	00 213-713-	· ^
My Commission expires Mo. DAY YR.		A	rea Code	Day	time Telephone Numbe	er .
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 (P.L. 1333, NO.320) as amended.						
Sworn to and subscribed before me this						
day of20	.1					
			Sig	nature of Candi	date	
Signature	,			Printed Name	· .	_
My Commission expires			Codo	D	time Telephone Number	
MO. DAY YR.		А	rea Code	υαγ	time Telephone Number	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number 20130004	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ Ø
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ Ø
All Other Contributions (Part B)	\$ l Ø
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 10,000.00
All Other Contributions (Part D)	\$ 23,500.00
Total for the reporting period (3)	\$ 10,000.00 23,500.00 33,500.60
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ T ()
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)	\$ 33,500.00

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:

Filer Identification Number: 2013	0004				
	•		W-0.0-1		•
Full Name of Gontributing Committee MCN	lees PAC		2/5/2015	S	5,000.00
House # Street Address	PO BOX 11		Date [MM/DD/YYYY]	\$	
city Harrisburg	State PA		Date [MM/DD/YYYY]	\$	
	ational Ins	surance/Inservco 1	PAC 2/18/2015	\$	1,500.00
House # 2 Street Address	North 2nd	Street, 14th Ao	Date TRANSPORT ANNALES	\$	
Gity Harrisburg	State PA	Zip Code 17101	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee	al Blue	PAC	3 25 2015	\$	1,000.00
House # Street Address	PD Box 4		Date [MM/DP/YYYY] 4/15/2015		1,000.00 2,500.00
city Harrisburg	State PA	Zip Code 1710U	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
Citŷ	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee	1	Towns City of Table 1	Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	.Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	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)

Filer Identification Number: 20130004	1 - 1/1/3/10/04

Full Name of Contributor Opto Color Color	Date [MM/DD/YYYY] \$
Robert C. Grubic	1/29/2015 5,000.00
House # 4315 Street Address Stone leigh Court	Date [MM/DD/YYYY] \$
City Harrisburg State PA Zip Code 17112	Date [MM/DD/YYYY] \$
Employer Name Herbert Rowland & Grubic, Inc.	Occupation EXECUTIVE
Employer Mailing Address / 349 East Park Drive, Harr	(Isburg, PA 1711)
FEITH NEW CAF CANADA TO CA	Date [MM/DD/YYYY] \$
G. Michael Leader, III	2/3/2015 5,000.00
House # 1070 Street Address W. Areba Avc.	Date [MM/DD/YYYY] \$
City Hushey State PA Zip Code 17033	Date [MM/DD/YYYY] \$
Employer Name COUNTY MCADOWS RETIREMENT	Occupation LEO
Employer Mailing Address / Principal Place of Business 830 Chan Drive Harshar	
	Date [MM/DD/YYYY] \$
Full Name of Contributor & Marc Kurowski	2/3/2015 5,000,00
House # Street Address Danie Ch	Date [MM/DD/YYYY] \$
1931 Penn St	
City Harrisburg State PA Zip Code 17102	Date [MM/DD/YYYY] \$
Employer Name KAW Engineers	Occupation DWNer
Employer Mailing Address / 470 Frandship Rd., Suite 100 Principal Place of Business), Harrisburg, PA 17111
Full Name of Contributor	Date [MM/DD/YYYY] \$
Morton Spector	3/12/2015 2,000.00
House #)/AOI Street Address Mil Chell Dood	Date [MM/DD/YYYY] \$
1621 Mitchell Road	
City State No Zip Code	In the Control of the Asset Control of the Control
Marrisburg PA 1777 17110	Date [MM/DD/YYYY] \$.
Harrisburg PA 1 1110	
Harrisburg PA 1 1110	Occupation Chair

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: 20130004	
	SPECIFIAND DO TANGET SHOW
David S. Angle	3/30/2015 1,500.00
House # 2 Street Address Rosemont C+.	Date [MM/DD/YYYY] \$
The state of the s	Date [MM/DD/YYYY] \$
Employer Name RCYNOLDS CONSTRUCTION	Occupation President
Employer Mailing Address / 3300 N. 3rd St. Harrisbur	
J. Alex Hartzler	15/2015 5,000.00
House # 2921 Street Address N 2nd Street	Date [MM/DD/YYYY] \$
City Harrisburg State PA Zip'Gode 17110	Date [MIN/DD/YYYY] \$
Employer:Name / WCI Partners	Occupation OWNE
Employer Mailing Address / 220 Muench St. Harrisk Principal Place of Business 220 Muench St. Harrisk	urg, PA 17102
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 RECIEVED

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

Filer Identification Number:			·
1, UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	UE OF \$50.00 OR LESS PER CONTRIBUTO	IR.
TOTAL for the reporting period	(1)	\$	CONTRACTOR OF THE CONTRACTOR O
2. In-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECI	EIVED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$.	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPO	RTING \$	
PERIOD (Add and enter amount totals to on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification N	Number:				
		(,		Copyriting to the property of the second	
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	WATER STATE OF THE
Description of Co	ntribution				
Full Name of Con	tributor	2000		Date [MM/DD/YYYY] \$	
House #	Street Address		A498441	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ntribution		i milya of a waa yarahii iya		
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address		anner. A gy	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution				
Full Name of Con	itributor		,	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	16. 开户经历代表型的企业的关系	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution				
Full Name of Con	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	page 475-4862 (\$5542)	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identificatio	n Number:			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e	7 E70 G84, 47		Occupation
Employer Maili Place of Busine	ing Address / Principal ss			Description of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e		4000 1000 1000 1000 1000 1000 1000 1000	Occupation
Employer Mail Place of Busine	ing Address / Principal ess			Description of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	Partition Constitution (Constitution)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	ıė	02-8-8-2-01-0-4 02-4-8-3-2-01-0-4 03-4-01-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-	Promote more to Apple 0.0.1	Occupation
Employer Mail Place of Busine	ing Address / Principal ess	등 대 - 전략 - 전략 - 전략 - 전략 - 전략		Description of Contribution
Full Name of C	ontributor /	4 %]		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nan	1ė	1 1 1 1 1 1 1 1 1 1	- management of	Occupation
Employer Mai Place of Busin	ling Address / Principal ess			Description of Contribution

Statement of Expenditures

Filer identification Number:	20130004		

To Whom Paid The WS Group, UC	Date [MM/DD/YYYY] \$ 4,000.00
House # 219 Street Address State Street	Description of Expenditure
CHY Hamsburg State PA Gode 17101	consulting Fees
To Whom Paid MST Bank	Date [MM/DD/YYYY] \$ 2.50
<u> </u>	1/9/2015 2.50 Description of Expenditure
\$13 Mai La STI COI	Service Tee
Harrisburg PA Gode 1 1101	Service Fee
TOWNOMPAID THE WS Group, UC	213/2015 4,000.00
House # 219 Street Address State St.	Description of Expenditure
City Harrisburg State PA Code 17101	Consultina fees
TOWNSMIPAID MET Bank	Date [MM/DD/YYYY] (\$ 2.50
House'# 213 Street Address Markly Street	Description of Expenditure
City Harrisburg State PA Code 17101	Service Fee
NGP Van, Inc.	3/4/2015 1,400.00
House # 1101 Street Address 15th St, N.W, Suite 500	Description of Expenditure
City Washington State DC Code 20005	Database Fee
To Whom Paid	Date [MM/DD/YYYY] \$ / 019 A11
1 THE INSTITUTE LICE	3/4/2015 4,318.04
House # 219 Street Address State St.	3/4/2015 4,318.04 Description of Expenditure
90 (E35)A(6) A(17)35/200 (6 ())	
House# 219 Street Address State St. City — Harrisburg State PA Code 17101	Description of Expenditure
House# 219 Street Address State St. City -Harrisburg State PA Code 17101	Consulting/Reimbursement Fees Date [MINY/DD/YYYY] \$ 2 FD
House# 219 Street Address State St. City — Harrisburg State PA Code 17101 To Whom Paid M4 T Bank	Consulting/Reimbursement Ressignment 1985
House # 219 Street Address State PA Zip 17101 To Whom Paid M4T Bank House # 213 Street Address Market St. City Harrisburg State PA Zip 17101 Street Address Market St.	Description of Expenditure Consulting / Rambursament Ras Date [MM/DD/YYYY] \$ 2.50 Description of Expenditure Service Fee
House # 219 Street Address State PA Zip Code 17101 To Whom Paid Mgt Bank House # 213 Street Address Market St. Gity Harrisburg State PA Zip Code 17101	Description of Expenditure Consulting / Rambursament Ras Date [MM/DD/YYYY] \$ 2.50 Description of Expenditure Service Fee

Statement of Expenditures

Perturbation	A	
Filer Identification Number:	$A \cap A \cap$	
	777 11 7 7 7 1 7 1 7 1 7 1 7 1 7 1 7 1	
7940a (1754-1740 -1711- 794-184-144) (1764-1740-1740-1740-1740-1740-1740-1740-174	11 11 Z1 11 11 L1 li	
2004/054/2825/24-44/45/06-45/24/468-20/24-27/4-14/44-45/5/70-1-4		

The WS Group, LLC	Date [MM/DD/YYYY] \$ 5014.34
House # 219 Street Address State St.	Description of Expenditure
City Occiclance State OA Zip TIO1	Consulting/Reimbursement
To Whom Paid MAT BONK	Date [MM/DD/YYYY] \$ 2.50
House # 213 Street Address Market St	Description of Expenditure
City Harrisburg State PA Zip Code 17101	Service Fee
CHZENS for Cornelius Johnson	A[24]2015 5,000.00
House # Street Address PO BOX 5314	Description of Expenditure
City Harrisburg State PA Zip Code 17110	Contribution
To Whom Paid The WS Group, UC	Date [MM/DD/YYYY] \$ 1,000.00
House # 219 Street Address State Street	Description of Expenditure
City Hamsburg, State PA Code 17101	Canvassing Expense.
	ton a constant the state of the state
THE NU GROUP, LLC	4/30/2015 5,000.00
House # 219 Street Address State Street	Description of Expenditure
City Harrisburg State PA Code 17101	Canvassing Expense
To Whom Paid Majors for Harrisburg	Date [MM/DD/YYYY] \$\ 1,500.00
House # Street Address PO BOX 1009714	Description of Expenditure
City Harrisburg State PA Zip Code 17107	Contribution
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street 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:		***	-
Name of Credito		THE STATE OF THE S		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	.Zip Code	
Description of De	ebt	[Secretarian	ಭರ್ವಣವಲು	Fernanti
Name of Credito	r.			Outstanding Balance of Debt
House #	Street Address	\$ 6.00 Miles	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	ebt	The second second	Appropriate channel	1
Name of Credito	r			Outstanding Balance of Debt
House #	Street Address	17	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	_
Description of De	ebt	<u> </u>	1	
Name of Credito	ır			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	ebt	***		
Name of Credito	or	* -		Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	ebt		•	
Name of Credito	or .			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Pebt	· ·	1.2000000 11 11 11	