



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	20130004	Report Filed By (Mark X)		Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Harrisburg Capital PAC								
Street Address	PO BOX 1391								
City	Harrisburg			State	PA		Zip Code	17108	

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)	5/19/2015		Year	2015		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2015 MAY -7 PM 3:08 RECEIVED DAUPHIN COUNTY BUREAU OF ELECTIONS AND ELECTIONS
A. Amount Brought Forward From Last Report	1/1/2015	5/4/2015	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	39,929.00	
C. Total Funds Available (Sum of Lines A and B)	\$	33,500.00	
D. Total Expenditures (From Schedule III)	\$	73,429.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	46,144.40	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	27,284.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
WENDY M. BLACKBURN, Notary Public
Greentown, Dauphin County
My Commission Expires June 7, 2015
MO. DAY YR.

Katie Biggira

Signature of Person Submitting report

Katie Biggira

Printed Name

717

Area Code

213-4300

Daytime Telephone Number

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 of 20

Signature

My Commission expires

MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	20130004
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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)	\$	0
Total for the reporting period	(2)	\$ 0
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)	\$ 33,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(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)		\$ 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:	20130004
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Full Name of Contributing Committee		McNees PAC		Date [MM/DD/YYYY]	2/5/2015	\$	5,000.00
House #		Street Address	PO Box 1166	Date [MM/DD/YYYY]		\$	
City	Harrisburg	State	PA	Zip Code	17108	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Penn National Insurance / Inservco PAC		Date [MM/DD/YYYY]	2/18/2015	\$	1,500.00
House #	2	Street Address	North 2nd Street, 14th Floor	Date [MM/DD/YYYY]		\$	
City	Harrisburg	State	PA	Zip Code	17101	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Capital Blue PAC		Date [MM/DD/YYYY]	3/25/2015	\$	1,000.00
House #		Street Address	PO Box 40710	Date [MM/DD/YYYY]	4/15/2015	\$	2,500.00
City	Harrisburg	State	PA	Zip Code	17106	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]	\$
Full Name of Contributing Committee				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

Full Name of Contributor					Robert C. Grubic		Date [MM/DD/YYYY]	1/29/2015	\$	5,000.00
House #	4315	Street Address			Stoneleigh 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 / Principal Place of Business					369 East Park Drive, Harrisburg, PA 17111					
Full Name of Contributor					G. Michael Leader, III		Date [MM/DD/YYYY]	2/3/2015	\$	5,000.00
House #	1070	Street Address			W. Areba Ave.			Date [MM/DD/YYYY]		\$
City	Hershey	State	PA	Zip Code	17033	Date [MM/DD/YYYY]		\$		
Employer Name					Country Meadows Retirement			Occupation	CEO	
Employer Mailing Address / Principal Place of Business					830 Cherry Drive, Hershey, PA 17033					
Full Name of Contributor					Marc Kurowski		Date [MM/DD/YYYY]	2/3/2015	\$	5,000.00
House #	1931	Street Address			Penn St			Date [MM/DD/YYYY]		\$
City	Harrisburg	State	PA	Zip Code	17102	Date [MM/DD/YYYY]		\$		
Employer Name					K & W Engineers			Occupation	Owner	
Employer Mailing Address / Principal Place of Business					470 Friendship Rd., Suite 100, Harrisburg, PA 17111					
Full Name of Contributor					Morton Spector		Date [MM/DD/YYYY]	3/12/2015	\$	2,000.00
House #	1621	Street Address			Mitchell Road			Date [MM/DD/YYYY]		\$
City	Harrisburg	State	PA	Zip Code	17110	Date [MM/DD/YYYY]		\$		
Employer Name					Harrisburg Schools Foundation			Occupation	Chair	
Employer Mailing Address / Principal Place of Business					PO Box 54, Harrisburg, PA 17108					

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
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Full Name of Contributor		David S. Angle		Date [MM/DD/YYYY]	3/30/2015	\$	1,500.00
House #	2	Street Address	Rosemont Ct.	Date [MM/DD/YYYY]		\$	
City	Hummelstown	State	PA	Zip Code	17036	Date [MM/DD/YYYY]	\$
Employer Name		Reynolds Construction		Occupation		President	
Employer Mailing Address / Principal Place of Business		3300 N. 3rd St, Harrisburg, PA 17110					
Full Name of Contributor		J. Alex Hartzler		Date [MM/DD/YYYY]	4/15/2015	\$	5,000.00
House #	2921	Street Address	N 2nd Street	Date [MM/DD/YYYY]		\$	
City	Harrisburg	State	PA	Zip Code	17110	Date [MM/DD/YYYY]	\$
Employer Name		WCI Partners		Occupation		Owner	
Employer Mailing Address / Principal Place of Business		220 Muench St. Harrisburg, 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 RECEIVED

**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 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)

\$

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)

\$

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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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								
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								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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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					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]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					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]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					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]		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	20130004
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To Whom Paid					Date [MM/DD/YYYY]		\$	4,000.00
The WS Group, LLC					1/8/2015			
House #	219	Street Address	State Street		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Consulting Fees		
To Whom Paid					Date [MM/DD/YYYY]		\$	2.50
M&T Bank					1/9/2015			
House #	213	Street Address	Market Street		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Service Fee		
To Whom Paid					Date [MM/DD/YYYY]		\$	4,000.00
The WS Group, LLC					2/3/2015			
House #	219	Street Address	State St.		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Consulting Fees		
To Whom Paid					Date [MM/DD/YYYY]		\$	2.50
M&T Bank					2/9/2015			
House #	213	Street Address	Market Street		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Service Fee		
To Whom Paid					Date [MM/DD/YYYY]		\$	1,600.00
NGP Van, Inc.					3/4/2015			
House #	1101	Street Address	15th St, N.W, Suite 500		Description of Expenditure			
City	Washington	State	DC	Zip Code	20005	Database Fee		
To Whom Paid					Date [MM/DD/YYYY]		\$	4,318.04
The WS Group, LLC					3/4/2015			
House #	219	Street Address	State St.		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Consulting/Reimbursement Fees		
To Whom Paid					Date [MM/DD/YYYY]		\$	2.50
M&T Bank					3/9/2015			
House #	213	Street Address	Market St.		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Service Fee		
To Whom Paid					Date [MM/DD/YYYY]		\$	14,700.00
Greenberg Quinlan Rosner					3/31/2015			
House #	10	Street Address	G. Street, N.W, Suite 500		Description of Expenditure			
City	Washington	State	DC	Zip Code	20002	POL		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	20130004
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To Whom Paid	The WS Group, LLC				Date [MM/DD/YYYY]	4/2/2015	\$	5014.34
House #	219	Street Address	State St.		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Consulting/Reimbursements Fee		
To Whom Paid	M&T Bank				Date [MM/DD/YYYY]	4/9/2015	\$	2.50
House #	213	Street Address	Market St		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Service Fee		
To Whom Paid	Citizens for Cornelius Johnson				Date [MM/DD/YYYY]	4/24/2015	\$	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, LLC				Date [MM/DD/YYYY]	4/24/2015	\$	1,000.00
House #	219	Street Address	State Street		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Canvassing Expense		
To Whom Paid	The WS Group, LLC				Date [MM/DD/YYYY]	4/30/2015	\$	5,000.00
House #	219	Street Address	State Street		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17101	Canvassing Expense		
To Whom Paid	Majors for Harrisburg				Date [MM/DD/YYYY]	5/1/2015	\$	1,500.00
House #		Street Address	PO Box 40974		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:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City		State		Zip Code			
Description of Debt							