



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	2010107	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	Vision for PA PAC								
Street Address	PO BOX 391								
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 checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2015	5/4/2015	
A. Amount Brought Forward From Last Report	\$	201.10	<div>RECEIVED 2015 MAY -8 AM 10:14 DAUPHIN COUNTY REG. OF VOTES REGISTRATION AND ELECTIONS</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	12,500.00	
C. Total Funds Available (Sum of Lines A and B)	\$	12,701.10	
D. Total Expenditures (From Schedule III)	\$	9,500.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3,141.10	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
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
Notary Public
City of Harrisburg, Dauphin County
My Commission Expires June 7, 2015

My Commission expires 6 7 15
MO. DAY YR.

Signature of Person Submitting report

Printed Name

717
Area Code213-4300
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

2010107

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)

\$

11,500.00

All Other Contributions (Part D)

\$

1,000.00

Total for the reporting period (3)

\$

12,500.00

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)

\$

12,500.00

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:	2010107
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Full Name of Contributing Committee					IBEW PAC Voluntary Fund		Date [MM/DD/YYYY]	1/5/2015	\$	4,000. ⁰⁰
House #	900	Street Address			Seventh Street, N.W.			Date [MM/DD/YYYY]	\$	
City	Washington	State	DC	Zip Code	20001		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Depasquale for Pennsylvania		Date [MM/DD/YYYY]	3/30/2015	\$	4,000. ⁰⁰
House #		Street Address			PO BOX 1822			Date [MM/DD/YYYY]	\$	3,500. ⁰⁰
City	York	State	PA	Zip Code	17405		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]	\$		
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:	2010107
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Full Name of Contributor					Kevin G. Sidella		Date [MM/DD/YYYY]	3/2/2015	\$	1,000.00
House #	2317	Street Address			Scarsborough Drive			Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17112	Date [MM/DD/YYYY]	\$			
Employer Name					The WS Group, LLC			Occupation	Consultant	
Employer Mailing Address / Principal Place of Business					219 State St., Harrisburg, PA 17101					
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										
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:

2010107

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

TOTAL for the reporting period

(1)

\$

Ø

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

TOTAL for the reporting period

(2)

\$

Ø

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

TOTAL for the reporting period

(3)

\$

Ø

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)

\$

Ø

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	2010107
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To Whom Paid	M+T Bank	Date [MM/DD/YYYY]	1/9/2015	\$	2.50
House #	213	Street Address	market st	Description of Expenditure	
City	Harrisburg	State	PA	Zip Code	17101
Service Fee					
To Whom Paid	M+T Bank	Date [MM/DD/YYYY]	2/9/2015	\$	2.50
House #	213	Street Address	market st	Description of Expenditure	
City	Harrisburg	State	PA	Zip Code	17101
Service Fee					
To Whom Paid	Deeley 15	Date [MM/DD/YYYY]	2/18/2015	\$	250.00
House #		Street Address	PO BOX 42288	Description of Expenditure	
City	Philadelphia	State	PA	Zip Code	19101
Contribution					
To Whom Paid	Senate Republican Campaign Committee	Date [MM/DD/YYYY]	2/26/2015	\$	500.00
House #		Street Address	PO BOX 571	Description of Expenditure	
City	Glenside	State	PA	Zip Code	19038
Contribution					
To Whom Paid	Philadelphia Republican Committee	Date [MM/DD/YYYY]	3/2/2015	\$	1,000.00
House #	3525	Street Address	Cottman Ave	Description of Expenditure	
City	Philadelphia	State	PA	Zip Code	19149
Contribution					
To Whom Paid	M+T Bank	Date [MM/DD/YYYY]	3/9/2015	\$	2.50
House #	213	Street Address	market Street	Description of Expenditure	
City	Harrisburg	State	PA	Zip Code	17101
Service Fee					
To Whom Paid	Williams for Mayor	Date [MM/DD/YYYY]	3/30/2015	\$	7,000.00
House #		Street Address	PO BOX 34845	Description of Expenditure	
City	Philadelphia	State	PA	Zip Code	19101
Contribution					
To Whom Paid	M+T Bank	Date [MM/DD/YYYY]	4/8/2015	\$	2.50
House #	213	Street Address	market St.	Description of Expenditure	
City	Harrisburg	State	PA	Zip Code	17101
Service Fee					

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	2010107
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To Whom Paid: Friends to Elect Mona Johnson					Date [MM/DD/YYYY]: 4/13/2015		\$ 50.00	
House #: 2321		Street Address: Thornton Road			Description of Expenditure:			
City: Harnsburg		State: PA		Zip Code: 17109		Contribution		
To Whom Paid: Friends of Haste & Pries					Date [MM/DD/YYYY]: 4/13/2015		\$ 250.00	
House #:		Street Address: PO BOX 7365			Description of Expenditure:			
City: Steelton		State: PA		Zip Code: 17113		Contribution		
To Whom Paid: Running for Harrisburg					Date [MM/DD/YYYY]: 4/28/2015		\$ 500.00	
House #: 267		Street Address: Sassafras Street			Description of Expenditure:			
City: Harnsburg		State: PA		Zip Code: 17102		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:				
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:				
To Whom Paid:					Date [MM/DD/YYYY]:		\$	
House #:		Street Address:			Description of Expenditure:			
City:		State:		Zip Code:				