



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	2007037	Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Greater Harrisburg Association of REALTORS(R) PAC							
Street Address		424 N. Enola Drive, Suite 1							
City	Enola	State	PA	Zip Code	17025				
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		11/03/2015	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only					
		05/09/2015	10/23/2015	<div>RECEIVED 2015 OCT 23 PM 1:06 JANET GUTIERREZ VOTER REGISTRATION 405 E. 5TH ST. HARRISBURG, PA 17101</div>					
A. Amount Brought Forward From Last Report		\$	61,804.64						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	21.53						
C. Total Funds Available (Sum of Lines A and B)		\$	61,826.17						
D. Total Expenditures (From Schedule III)		\$	4,750						
E. Ending Cash Balance (Subtract Line D from Line C)		\$	57,076.17						
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0						
G. Unpaid Debts and Obligations (From Schedule IV)		\$							
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									
20 day of Oct 20 15									
Signature		Signature of Person Submitting report							
My Commission expires 9 / 22 / 16		Printed Name							
MO. DAY YR.		717-364-3200							
		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		Signature of Candidate							
My Commission expires		Printed Name							
MO. DAY YR.		Area Code							
		Daytime Telephone Number							

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	2007037		
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)			\$ 0
All Other Contributions (Part D)			\$ 0
Total for the reporting period		(3)	\$ 0
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$ 0

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	2007037
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										Amount		
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]		\$	
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 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:	2007037
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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]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			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.

Filer Identification Number:	2007037
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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]	\$
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:	2007037
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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							
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							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	2007037
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Full Name	Members 1st Federal Credit Union									
House #	392	Street Address	East Penn Drive							
City	Enola	State	PA	Zip Code	17025	Date [MM/DD/YYYY]	05/31/2015	\$	2.2	
Receipt Description	Interest									
Full Name	Members 1st Federal Credit Union									
House #	392	Street Address	East Penn Drive							
City	Enola	State	PA	Zip Code	17025	Date [MM/DD/YYYY]	06/30/2015	\$	2.12	
Receipt Description	Interest									
Full Name	Members 1st Federal Credit Union									
House #	392	Street Address	East Penn Drive							
City	Enola	State	PA	Zip Code	17025	Date [MM/DD/YYYY]	07/31/2015	\$	2.19	
Receipt Description										
Full Name	Members 1st Federal Credit Union									
House #	392	Street Address	East Penn Drive							
City	Enola	State	PA	Zip Code	17025	Date [MM/DD/YYYY]	08/31/2015	\$	2.19	
Receipt Description	Interest									
Full Name	Members 1st Federal Credit Union									
House #	392	Street Address	East Penn Drive							
City	Enola	State	PA	Zip Code	17025	Date [MM/DD/YYYY]	09/30/2015	\$	2.12	
Receipt Description	Interest									
Full Name	REALTORS Federal Credit Union									
House #		Street Address	P.O. Box 1229							
City	Herndon	State	VA	Zip Code	20712	Date [MM/DD/YYYY]	05/31/2015	\$	2.17	
Receipt Description	Interest									

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	2007037
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Full Name	REALTORS Federal Credit Union									
House #		Street Address	P.O. Box 1229							
City	Herndon	State	VA	Zip Code	20172	Date [MM/DD/YYYY]	06/30/2015	\$	2.10	
Receipt Description	Interest									
Full Name	REALTORS Federal Credit Union									
House #		Street Address	P.O. Box 1229							
City	Herndon	State	VA	Zip Code	2017	Date [MM/DD/YYYY]	07/31/2015	\$	2.17	
Receipt Description	Interest									
Full Name	REALTORS Federal Credit Union									
House #		Street Address	P.O. Box 1229							
City	Herndon	State	VA	Zip Code	20172	Date [MM/DD/YYYY]	08/31/2015	\$	2.17	
Receipt Description	Interest									
Full Name	REALTORS Federal Credit Union									
House #		Street Address	P.O. Box 1229							
City	Herndon	State	VA	Zip Code	2017	Date [MM/DD/YYYY]	09/30/2015	\$	2.10	
Receipt Description	Interest									
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Receipt Description										
Full Name										
House #		Street Address								
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Receipt Description										

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:	2007037
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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)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	2007037
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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								

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

Filer Identification Number:	2007037
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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:	2007037
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To Whom Paid		Better Government for PA			Date [MM/DD/YYYY]	\$	250
					10/02/2015		
House #		Street Address	P.O. Box 7365		Description of Expenditure		
City	Steelton	State	PA	Zip Code	17113	Campaign contribution Middletown School Board	
To Whom Paid		Friends of Haste & Pries			Date [MM/DD/YYYY]	\$	2,000
					10/16/2015		
House #		Street Address	P.O. Box 7365		Description of Expenditure		
City	Steelton	State	PA	Zip Code	17113	Campaign contribution Dauphin County Commissioners	
To Whom Paid		Citizens for George Hartwick III			Date [MM/DD/YYYY]	\$	1,000
					10/16/2015		
House #		Street Address	P.O. Box 4644		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17111	Campaign contribution Dauphin County Commissioners	
To Whom Paid		The Eichelberger Committee			Date [MM/DD/YYYY]	\$	1,500
					10/16/2015		
House #		Street Address	P.O. Box 1432		Description of Expenditure		
City	Mechanicsburg	State	PA	Zip Code	17055	Campaign contribution Cumberland County Commissioners	
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			

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:	2007037
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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							