

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	26-4205403	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	COMMITTEE TO ELECT NEVIN								
Street Address	2550 N 3 RD ST								
City	HARRISBURG	State	PA	Zip Code	17110				

Type of Report (Place x to the right of report type)

6 th Tuesday Pre-Primary	6 th Tuesday Pre-Election	2 nd Friday Pre-Primary	2 nd Friday Pre-Election	30 Day post Primary	30 Day Post Election	Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<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"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	11/5/2013		Year	2013		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	5/7/2013	10/21/2013		
	A. Amount Brought Forward From Last Report	\$ 1,917.45		2013 OCT 25 AM 9:43 RECEIVED DAUPHIN COUNTY BUREAU OF VOTER REGISTRATION AND ELECTIONS
	B. Total Monetary Contributions and Receipts (From Schedule II)	\$ 5,882.00		
	C. Total Funds Available (Sum of Lines A and B)	\$ 7,799.45		
	D. Total Expenditures (From Schedule III)	\$ 7,239.58		
	E. Ending Cash Balance (Subtract Line D from Line C)	\$ 559.87		
	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

24th day of October 20 13
 Signature: Jennifer S. Gill

Signature of Person Submitting report: Jean H. Cutler
 Printed Name: JEAN H. CUTLER

COMMONWEALTH OF PENNSYLVANIA
 My Commission Expires: 07-07-15
 NOTARIAL SEAL
 JENNIFER S. GILL, Notary Public
 Harrisburg City, Dauphin County

717 Area Code
 238-8705 Daytime Telephone Number

Part II- If this is a report of a candidate or 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
 24th day of October 20 13
 Signature: Jennifer S. Gill
 My Commission Expires: 07-07-15
 Mo. Day YR.

Signature of Candidate: Nevin S. Mindlin
 Printed Name: NEVIN S. MINDLIN
 717 Area Code
 238-8705 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 JENNIFER S. GILL, Notary Public
 Harrisburg City, Dauphin County
 My Commission Expires July 7, 2015

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	26-4205403
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	32.00
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2. Contributions Over \$250.00 (From A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part D)	\$	850.00
Total for the reporting period	(2)	\$ 850.00

3. Contributions Over \$250.00 (From C and Part D)

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	5000.00
Total for the reporting period	(3)	\$ 5000.00

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 <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>			\$ 5,882.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use Part A 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	26-4205403
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						Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
N/A						
Mailing Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]
						\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
Mailing Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]
						\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
Mailing Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]
						\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
Mailing Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]
						\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
Mailing Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]
						\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
Mailing 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 contribution with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contribution from political committee reported in Part A.)

Filer Identification Number:	26-4205403
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Name of contributor	TERRY & CAROLYN SUMMERS	Date [MM/DD/YYYY]	6/12/2013	\$	100.00
Mailing Address	931 W FRONT ST. APT 401	Date [MM/DD/YYYY]		\$	
City	HARRISBURG	State	PA	Zip Code	17102
Name of contributor	PR. WILLIE DIXON	Date [MM/DD/YYYY]	6/14/2013	\$	100.00
Mailing Address	3820 LINDEN PKWY	Date [MM/DD/YYYY]	7/25/2013	\$	50.00
City	HARRISBURG	State	PA	Zip Code	17110
		Date [MM/DD/YYYY]	8/23/2013	\$	50.00
Name of contributor	LEON & FRANKIE FEUERMAN	Date [MM/DD/YYYY]	7/12/2013	\$	250.00
Mailing Address	2941 GREEN ST	Date [MM/DD/YYYY]		\$	
City	HARRISBURG	State	PA	Zip Code	17110
Name of contributor	DANIEL E. BEREN	Date [MM/DD/YYYY]	7/25/2013	\$	100.00
Mailing Address	824 LISBURN RD APT 423	Date [MM/DD/YYYY]		\$	
City	CAMP HILL	State	PA	Zip Code	17011
Name of contributor	JAMES TIMNEY	Date [MM/DD/YYYY]	8/23/2013	\$	100.00
Mailing Address	1124 LISBURN RD	Date [MM/DD/YYYY]		\$	
City	MECHANICSBURG	State	PA	Zip Code	17055
Name of contributor	DENNY BONAVITA	Date [MM/DD/YYYY]	10/7/2013	\$	100.00
Mailing Address	2314 CALDWELL CORVEN RD	Date [MM/DD/YYYY]		\$	
City	BROOKVILLE	State	PA	Zip Code	15825

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:	26-4205403
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Full Name of Contributing Committee	N/A			Date [MM/DD/YYYY]	\$			
Mailing Address				Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$			
Mailing Address				Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$			
Mailing Address				Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$			
Mailing Address				Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$			
Mailing Address				Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$			
Mailing Address				Date [MM/DD/YYYY]	\$			
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$			
Mailing 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:	26-4205403
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Name of contributor				Date [MM/DD/YYYY]		\$
ROCHARD & MARILYN ABRAMS				7/5/2013		5,000.00
Mailing Address				Date [MM/DD/YYYY]		\$
7 WHITE OAK CIRCLE						
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
LEMOYNE	PA	17043				
Employer Name			Occupation			
Consolidated Screen			Owner			
Employer Mailing Address / Principal Place of Business						
1616 N LANTANA ST, HARRISBURG PA 17105						
Name of contributor				Date [MM/DD/YYYY]		\$
Mailing Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Name of contributor				Date [MM/DD/YYYY]		\$
Mailing Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Name of contributor				Date [MM/DD/YYYY]		\$
Mailing 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, 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:	26-4205403
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Full Name	N/A				
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					
Full Name					
Mailing 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:	26-4205403
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)		\$	0
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	76-4705403
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Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
N/A						
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Description of Contribution						

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

Filer Identification Number:	26-4205403
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Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
N/A						
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of the Contributor				Date [MM/DD/YYYY]	\$	
Mailing Address				Date [MM/DD/YYYY]	\$	
City		State		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: 26-4705403

To Whom Paid	PAINTWORKS ON DEMAND			Date [MM/DD/YYYY]	\$	895.17
Mailing Address	5630 ALLENTOWN BLVD.			5/6-10/21/2013	Description of Expenditure	
City	HARRISBURG	State	PA	Zip Code	17112	STATUARY & ADVERTISING / MATERIAL
To Whom Paid	KELDEEN STANDARTH CONSULTING			Date [MM/DD/YYYY]	\$	2640.20
Mailing Address	15 N PAXTANG AVE			5/6-10/21/2013	Description of Expenditure	
City	HARRISBURG	State	PA	Zip Code	17111	CONSULTING FEES + EXPENSES
To Whom Paid	SHIPKRE NEIGHBOURHOOD ASSOCIATION			Date [MM/DD/YYYY]	\$	20.00
Mailing Address				7/12/2013	Description of Expenditure	
City	HARRISBURG	State	PA	Zip Code		MARKETING
To Whom Paid	AFRICAN AMERICAN CHAMBER OF COMMERCE			Date [MM/DD/YYYY]	\$	750.00
Mailing Address	234 STRAWBERRY SQUARE, THE WEST			7/23/2013	Description of Expenditure	
City	HARRISBURG	State	PA	Zip Code	17101	MARKETING
To Whom Paid	ESTADIOS UNIDOS DE PA			Date [MM/DD/YYYY]	\$	25.00
Mailing Address	PO Box 60709			7/26/2013	Description of Expenditure	
City	HARRISBURG	State	PA	Zip Code	17106-0709	MARKETING
To Whom Paid	MANAGONT LEADER			Date [MM/DD/YYYY]	\$	100.00
Mailing Address	1100 CALDER ST			7/29/2013	Description of Expenditure	
City	HARRISBURG	State	PA	Zip Code	17103	MARKETING
To Whom Paid	LAWRENCE OTTER, Esq.			Date [MM/DD/YYYY]	\$	3150.00
Mailing Address	PO Box 2131			8/15-9/14/2013	Description of Expenditure	
City	DOYLESTOWN	State	PA	Zip Code	18901	LEGAL REPRESENTATION + EXPENSES
To Whom Paid	CAPITAL COPY SERVICE			Date [MM/DD/YYYY]	\$	46.38
Mailing Address	PO Box 953			9/3/2013	Description of Expenditure	
City	HARRISBURG	State	PA	Zip Code	17105-0953	PRINTING

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	26-4705403
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To Whom Paid	JEAN CUTLER	Date [MM/DD/YYYY]	\$	56.70
Mailing Address	2550 N 3RD ST	Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code 17110
To Whom Paid	PAY PAL	Date [MM/DD/YYYY]	\$	11.13
Mailing Address	2211 NORTH FIRST ST	Description of Expenditure		
City	SAN JOSE	State	CA	Zip Code 95131
To Whom Paid	SOVEREIGN BANK	Date [MM/DD/YYYY]	\$	15.00
Mailing Address	ONE SOVEREIGN WAY	Description of Expenditure		
City	EAST PROVIDENCE	State	RI	Zip Code 02915
To Whom Paid	USPS	Date [MM/DD/YYYY]	\$	30.00
Mailing Address	UPDOWN HARRISBURG BRANCH (N 7TH ST)	Description of Expenditure		
City	HARRISBURG	State	PA	Zip Code 17110
To Whom Paid		Date [MM/DD/YYYY]	\$	
Mailing Address		Description of Expenditure		
City		State		Zip Code
To Whom Paid		Date [MM/DD/YYYY]	\$	
Mailing Address		Description of Expenditure		
City		State		Zip Code
To Whom Paid		Date [MM/DD/YYYY]	\$	
Mailing Address		Description of Expenditure		
City		State		Zip Code
To Whom Paid		Date [MM/DD/YYYY]	\$	
Mailing 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:	26-4205403
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Name of Creditor	N/A				Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State	Zip Code			
Description of Debt					