



Reset Form

Print Form

3359

# Commonwealth of Pennsylvania - Campaign Finance Report

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


Filer Identification Number <input type="checkbox"/>	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 Harrisburg Capital PAC (HCP)				
Street Address PO Box 391				
City Harrisburg	State PA	Zip Code 17108		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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) 5/21		Year 2013	Amendment Report <input type="checkbox"/>		Termination Report <input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date
		1/1/13
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	89,300.00
C. Total Funds Available (Sum of Lines A and B)	\$	89,300.00
D. Total Expenditures (From Schedule III)	\$	43,537.50
E. Ending Cash Balance (Subtract Line D from Line C)	\$	45,762.50
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

For Office Use Only



DAUPHIN COUNTY BUREAU OF VOTER REGISTRATION AND ELECTIONS

2013 MAY - 8 AM 11:30

RECEIVED

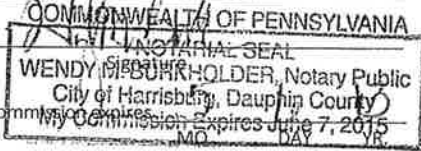
### Affidavit Section

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

6 day of May 20 2013



*[Signature]*  
 Signature of Person Submitting report  
 Kevin Sidella  
 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	HCP
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
	Total for the reporting period (1)	\$ 50.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	250.00
Total for the reporting period (2)	\$	250.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	13,500.00
All Other Contributions (Part D)	\$	75,500.00
Total for the reporting period (3)	\$	89,000.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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 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:	HCP
------------------------------	-----

Full Name of Contributor				Date [MM/DD/YYYY]		\$
Henry W. Rhoads				4/30/13		250.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
	814 McCormick Rd.					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Mechanicsburg	PA	17055				
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:	HCP
------------------------------	-----

Full Name of Contributing Committee		McNees PAC			Date [MM/DD/YYYY]	\$	
					3/13/12		\$ 3,000.00
House #		Street Address		PO Box 1166		Date [MM/DD/YYYY]	
City	Harrisburg		State	PA		Date [MM/DD/YYYY]	
				Zip Code	17108		
Full Name of Contributing Committee		Citizens for George Hartwick, III			Date [MM/DD/YYYY]	\$	
					4/16/13		\$ 1,000.00
Full Name of Contributing Committee		Tried Strategies PAC			Date [MM/DD/YYYY]	\$	
					4/29/13		\$ 2,500.00
Full Name of Contributing Committee		Penn National Insurance/Inservco PAC			Date [MM/DD/YYYY]	\$	
					5/6/13		\$ 5,000.00
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					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:	HCP
------------------------------	-----

Full Name of Contributor					Date [MM/DD/YYYY]		\$
J. Alex Hartzler					1/13/13		5,000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	2921 N. 2nd St.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Harrisburg	PA	17110					
Employer Name					Occupation		
WCI Partners					Owner		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Saul Ewing, LLP					1/9/13		5,000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	2 N. 2nd St. 7th Floor						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Harrisburg	PA	17101					
Employer Name					Occupation		
Law Firm							
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
William Lehr, Jr.					1/28/13		5,000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	12 Field Lane						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Palmyra	PA	17078					
Employer Name					Occupation		
<del>XXXXXXXXXX</del>					Retired		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
William F. Rothman					2/25/13		1,000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	553 Bridgeview Dr.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Lemoyne	PA	17043					
Employer Name					Occupation		
RSR Realtors					Partner		
Employer Mailing Address / Principal Place of Business							

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:	HCP
------------------------------	-----

Full Name of Contributor		WM H. Alexander			Date [MM/DD/YYYY]	\$	5,000.00
House #	Street Address	16 Wagner St.			Date [MM/DD/YYYY]	\$	
City	Hummelstown	State	PA	Zip Code	17036	Date [MM/DD/YYYY]	\$
Employer Name		WM H. Alexander Cons. Health			Occupation	Executive	
Employer Mailing Address / Principal Place of Business		#					
Full Name of Contributor		Richard Abrams			Date [MM/DD/YYYY]	\$	5,000.00
House #	Street Address	7 White Oak Circle			Date [MM/DD/YYYY]	\$	
City	Lemoyne	State	PA	Zip Code	17043	Date [MM/DD/YYYY]	\$
Employer Name		CSR, Inc			Occupation	CEO	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		G. Michael Leader, III			Date [MM/DD/YYYY]	\$	5,000.00
House #	Street Address	1070 W. Arena Ave.			Date [MM/DD/YYYY]	\$	
City	Hershey	State	PA	Zip Code	17033	Date [MM/DD/YYYY]	\$
Employer Name		Country Meadows Retirement Communities			Occupation	CEO	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		James M. Mead			Date [MM/DD/YYYY]	\$	2,000.00
House #	Street Address	1752 Conway Heath			Date [MM/DD/YYYY]	\$	
City	Camp Hill	State	PA	Zip Code	17011	Date [MM/DD/YYYY]	\$
Employer Name		Hershey Company			Occupation	Director	
Employer Mailing Address / Principal Place of Business							

## 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:	HCP
------------------------------	-----

Full Name of Contributor		Morton Spector			Date [MM/DD/YYYY]	\$	1,000.00
House #	Street Address	1621 Mitchell Rd.			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							
Full Name of Contributor		Ronald J. Denevich			Date [MM/DD/YYYY]	\$	5,000.00
House #	Street Address	989 N. Fairville Ave.			Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17112	Date [MM/DD/YYYY]	\$
Employer Name		Capital BlueCross			Occupation	Senior Exec. UP	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Geoffrey S. Piotrowski			Date [MM/DD/YYYY]	\$	<del>2,500.00</del> 2,500.00
House #	Street Address	2309 Fox Hollow Dr.			Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17112	Date [MM/DD/YYYY]	\$
Employer Name		Front Street Marketing			Occupation	President	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Joshua R. Gray			Date [MM/DD/YYYY]	\$	5,000.00
House #	Street Address	4075 Lislestown Rd.			Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17112	Date [MM/DD/YYYY]	\$
Employer Name		Self Employed			Occupation		
Employer Mailing Address / Principal Place of Business							





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:	HCP
------------------------------	-----

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Daniel Deitchman					4/15/13		500.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	1202 Montrose Cir						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Medford	MA		01750				
Employer Name				Occupation			
BrickBox Enterprises, LTD				President			
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
John Arnold					4/18/13		5,000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	PO Box 2621						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Harrisburg	PA		17105				
Employer Name				Occupation			
Petroleum Products Corp				Executive			
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Mayor N. Patel					4/19/13		5,000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	4045 Thicket Ln.						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Harrisburg	PA		17110				
Employer Name				Occupation			
Laughner - Patel Recreators				Co-Owner			
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
J. Marc Kurowski					4/22/13		5,000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
	226 Herr Street						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Harrisburg	PA		17102				
Employer Name				Occupation			
K & W Engineers				Partner			
Employer Mailing Address / Principal Place of Business							





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:	HCP
------------------------------	-----

Full Name of Contributor		Bridget E. Montgomery			Date [MM/DD/YYYY]	\$	1,000.00
House #	Street Address	2220 Chesnut St.			Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17114	Date [MM/DD/YYYY]	\$
Employer Name		Eckart Security			Occupation	Attorney	
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor		Erica K. Boyce			Date [MM/DD/YYYY]	\$	1,000.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name		BI Solutions			Occupation	Owner	
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor		Michael G. Mussar, II			Date [MM/DD/YYYY]	\$	5,000.00
House #	Street Address	813 Chambers St.			Date [MM/DD/YYYY]	\$	
City	Brazzler	State	PA	Zip Code	17113	Date [MM/DD/YYYY]	\$
Employer Name		CNR, Inc.			Occupation	Owner	
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor		Joshua C. Kester			Date [MM/DD/YYYY]	\$	2,500.00
House #	Street Address	121 South Street			Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17107	Date [MM/DD/YYYY]	\$
Employer Name		Self Employed			Occupation		
Employer Mailing Address / Principal Place of Business							



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:	HCP
------------------------------	-----

Full Name of Contributor		Norman K.A. Hoffer			Date [MM/DD/YYYY]	\$	1,000.00
House #	Street Address	PO Box 525			Date [MM/DD/YYYY]	\$	
City	Horshey	State	PA	Zip Code	17033	Date [MM/DD/YYYY]	\$
Employer Name		Hoffer Properties			Occupation	Owner	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		W. Greg Rothman			Date [MM/DD/YYYY]	\$	1,000.00
House #	Street Address	One Compaider Rd.			Date [MM/DD/YYYY]	\$	
City	Mechanicsburg	State	PA	Zip Code	17050	Date [MM/DD/YYYY]	\$
Employer Name		RSR Realtors			Occupation	Partner	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Donald C. Donagher, Jr.			Date [MM/DD/YYYY]	\$	1,000.00
House #	Street Address	3 Penns Way Rd.			Date [MM/DD/YYYY]	\$	
City	Mechanicsburg	State	PA	Zip Code	17055	Date [MM/DD/YYYY]	\$
Employer Name		Penn Credit			Occupation	CEO	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Andrew J. Giarrione			Date [MM/DD/YYYY]	\$	1,000.00
House #	Street Address	2911 N. 2nd St.			Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17110	Date [MM/DD/YYYY]	\$
Employer Name		Buchanan Fingersoll & Poney, PC			Occupation	Shareholder	
Employer Mailing Address / Principal Place of Business							

SCHEDULE III  
Statement of Expenditures



Filer Identification Number:	HCP
------------------------------	-----

To Whom Paid		The WS Group LLC			Date [MM/DD/YYYY]	\$	23,537.50
House #	Street Address	219 State Street			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17101	Consulting fee, printing, postage	
To Whom Paid		Paper for Mayor			Date [MM/DD/YYYY]	\$	20,000.00
House #	Street Address	1423 1/2 N. 3rd St			Description of Expenditure		
City	Harrisburg	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			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			