


3283

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	Report Filed By:	CANDIDATE 1.	COMMITTEE 2. <input checked="" type="checkbox"/>	LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist: <i>Hello Harrisburg</i>				
Street Address: <i>17 Federal Square</i>				
City: <i>Harrisburg</i>		State: <i>PA</i>	Zip Code: <i>17108-</i>	
TYPE OF REPORT (Place X to the right of report type)	6TH TUESDAY PRE-PRIMARY 1.	2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>	30 DAY POST-PRIMARY 3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	8TH TUESDAY PRE-ELECTION 4.	2ND FRIDAY PRE-ELECTION 5.	30 DAY POST-ELECTION 6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT 7.	YEAR	FILING METHOD: <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE	

Name of Office Sought by Candidate: <i>Harrisburg City Council</i>	DATE OF ELECTION MO. DAY YEAR <i>05 21 2013</i>	District Number	Office Code <i>OTH DEM</i>	Party Code <i>DEM</i>	County Code <i>22</i>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR		
	<i>01 01 2013</i>		<i>05 06 2013</i>		
	A. Amount Brought Forward From Last Report	\$	<i>- 0 -</i>		
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<i>5,905.00</i>		
	C. Total Funds Available (Sum of Lines A and B)	\$	<i>5,905.00</i>		
	D. Total Expenditures (From Schedule III)	\$	<i>20.00</i>		
	E. Ending Cash Balance (Subtract Line D from Line C)	\$	<i>5,885.00</i>		
	F. Value of In-Kind Contributions Received (From Schedule II)	\$	<i>- 0 -</i>		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<i>- 0 -</i>			

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this *9th* day of *May* 20 *13*

Deborah M. Galbraith
Signature
Commonwealth of Pennsylvania
My commission expires _____

Sheila A. Baylor
Signature of Person Submitting Report
Sheila M. Baylor
Printed Name
717
Area Code
238-5652
Daytime Telephone Number

MO. DAY YEAR
01 01 2013
NOTARIAL SEAL
Deborah M Galbraith, Notary Public

PART II: If this is a report of a primary election or caucus, 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 *9th* day of *May* 20 *13*

Deborah M. Galbraith
Signature
Commonwealth of Pennsylvania
My commission expires _____

Patricia L. Stringer
Signature of Candidate
PATRICIA L. STRINGER
Printed Name
(717)
Area Code
418-1702
Daytime Telephone Number

MO. DAY YEAR
01 01 2013
NOTARIAL SEAL
Deborah M Galbraith, Notary Public

Deborah M Galbraith, Notary Public
Harrisburg City, Dauphin County
My Commission Expires August 12, 2018



CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Hello Harrisburg</i>	Reporting Period From <i>1-1-2013</i> To <i>5-6-2013</i>
--	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>155.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>150.00</i>
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$ <i>150.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>- 0 -</i>
All Other Contributions (Part D)	\$ <i>5,600.00</i>
TOTAL for the Reporting Period (3)	\$ <i>5,600.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>- 0 -</i>

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.)	\$ <i>5,905.00</i>
--	--------------------

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.

Name of Filing Committee or Candidate <i>Hello Harrisburg</i>	Reporting Period From <i>1-1-2013</i> To <i>5-6-2013</i>
--	---

				DATE	AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR		
<i>Capital Region Stonewall Democrats</i>	<i>4</i>	<i>25</i>	<i>2013</i>	\$	<i>150.00</i>
Mailing Address <i>P.O. Box 173</i>				\$	
City <i>Harrisburg</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17108-0173</i>			\$
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City	State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee				\$	
Mailing Address				\$	
City	State	Zip Code (Plus 4)			\$



Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ *150.00*

**PART B
ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <i>Hello Harrisburg</i>	Reporting Period From <i>1-1-2013</i> To <i>5-6-2013</i>
--	---

	DATE	AMOUNT
Full Name of Contributor	MO DAY YEAR	\$ - 0 -
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO DAY YEAR	\$



Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ - 0 -

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.

Name of Filing Committee or Candidate <i>Hello Harrisburg</i>	Reporting Period From <i>1-1-2013</i> To <i>5-6-2013</i>
--	---

				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
							- 0 -
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					



PAGE TOTAL	\$ - 0 -
------------	----------

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
 over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>Hello Harrisburg</i>	Reporting Period From <i>1-1-2019</i> To <i>5-6-2019</i>
--	---

	DATE	AMOUNT
Full Name of Contributor <i>Patricia L. Stringer (loan)</i>	MO: <i>1</i> DAY: <i>14</i> YEAR: <i>2019</i>	\$ <i>3,100.00</i>
Mailing Address <i>2134 Kensington Street</i>	MO: DAY: YEAR:	\$
City <i>Harrisburg</i> State: <i>PA</i> Zip Code (Plus 4): <i>17104-</i>	MO: DAY: YEAR:	\$
Employer Name	Occupation <i>Retired</i>	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor <i>Patricia L. Stringer (loan)</i>	MO: <i>4</i> DAY: <i>18</i> YEAR: <i>2019</i>	\$ <i>2,500.00</i>
Mailing Address <i>2134 Kensington Street</i>	MO: DAY: YEAR:	\$
City <i>Harrisburg</i> State: <i>PA</i> Zip Code (Plus 4): <i>17104-</i>	MO: DAY: YEAR:	\$
Employer Name	Occupation <i>Retired</i>	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City	MO: DAY: YEAR:	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		



Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City	MO: DAY: YEAR:	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City	MO: DAY: YEAR:	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 5,600.00

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.

Name of Filing Committee or Candidate <i>Hello Harrisburg</i>	Reporting Period From <i>1-1-2013</i> To <i>5-6-2013</i>
--	---

Full Name						
Mailing Address						
City	St	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$ <i>NA</i>
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
Receipt Description						



Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ <i>NA</i>

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

Name of Filing Committee or Candidate Hello Harrisburg	Reporting Period From 1-1-2019 To 5-6-2019
--	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ - 0 -

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

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

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 -
---	---





SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate: Hello Harrisburg; Reporting Period: From 1-1-2013 To 5-6-2013

Table with columns for Full Name of Contributor, Mailing Address, City, State, Zip Code (Plus 4), DATE (MO, DAY, YEAR), and AMOUNT. All entries are blank.

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ -0-



SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Hello Harrisburg</i>	Reporting Period From <i>1-1-2013</i> To <i>5-6-2013</i>
--	---

	DATE	AMOUNT
Full Name of Contributor	MO: DAY: YEAR:	\$ - 0 -
Mailing Address	MO: DAY: YEAR:	\$
City State Zip Code (Plus 4)	MO: DAY: YEAR:	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City State Zip Code (Plus 4)	MO: DAY: YEAR:	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City State Zip Code (Plus 4)	MO: DAY: YEAR:	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City State Zip Code (Plus 4)	MO: DAY: YEAR:	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	MO: DAY: YEAR:	\$
Mailing Address	MO: DAY: YEAR:	\$
City State Zip Code (Plus 4)	MO: DAY: YEAR:	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	

PAGE TOTAL \$ - 0 -

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.



SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Hello Harrisburg</i>	Reporting Period From <i>1-1-2013</i> To <i>5-6-2013</i>
--	---

To Whom Paid <i>Harland Clarke Check</i>	MO. <i>2</i>	DAY <i>12</i>	YEAR <i>2013</i>	Amount \$ <i>20.00</i>
Mailing Address	Description of Expenditure <i>Check service charge</i>			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ *20.00*



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.

Name of Filing Committee or Candidate <i>Hello Harrisburg</i>	Reporting Period From <i>1-1-2013</i> To <i>5-6-2013</i>
--	---

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	NA	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED		MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED		MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED		MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED		MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED		MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ <i>NA</i>