

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 : 20110221		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: EQUALITY PA PAC											
Street Address: 1211 CHESTNUT ST.,STE. 605											
City: PHILADELPHIA					State: PA		Zip Code: 19107				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2011	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	8	2011				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					11	29	2011				TO
					12	31	2011				
A. Amount Brought Forward From Last Report					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		12,550.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		12,550.00				
D. Total Expenditures (From Schedule III)					\$		0.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		12,550.00				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		0.00				

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code 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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
EQUALITY PA PAC	From: <u>11/29/2011</u> To: <u>12/31/2011</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 1,100.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 400.00
All Other Contributions (Part B)	\$ 1,050.00
TOTAL for the Reporting Period (2)	\$ 1,450.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 10,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 10,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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 Page1, Report Cover Page, Item B.)	\$ 12,550.00
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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 EQUALITY PA PAC	Reporting Period From: <u>11/29/2011</u> To: <u>12/31/2011</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee FRIENDS OF CONGRESSMAN TIM HOLDEN FEC #C00265322 CAMPAIGN ACCOUNT			MO	DAY	YEAR	\$ 200.00
Mailing Address P.O. BOX 37			8	1	2011	
City SAINT CLAIR	State PA	Zip Code (Plus 4) 179700037				

Full Name of Contributing Committee DEPASQUALE FOR THE 95TH			MO	DAY	YEAR	\$ 100.00
Mailing Address P.O. BOX 1822			8	1	2011	
City YORK	State PA	Zip Code (Plus 4) 174051822				

Full Name of Contributing Committee FRIENDS OF JODY REBARCHAK			MO	DAY	YEAR	\$ 100.00
Mailing Address 3529 N. 4TH ST.			8	1	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 171101418				

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

PAGE TOTAL
\$ 400.00

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 EQUALITY PA PAC	Reporting Period From: <u>11/29/2011</u> To: <u>12/31/2011</u>
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DATE	AMOUNT
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Full Name of Contributor COLLEEN M. KOPP			MO	DAY	YEAR	\$ 100.00
Mailing Address 301 MANCHESTER RD			8	1	2011	
City CAMP HILL	State PA	Zip Code (Plus 4) 170116123				

Full Name of Contributor			MO	DAY	YEAR	\$	100.00
DONALD D. ANKLAM AND MARK L. SMITH							
Mailing Address			8	1	2011		
916 MANOR DR.							
City	STEELTON	State	PA	Zip Code (Plus 4)	171131400		

Full Name of Contributor				MO	DAY	YEAR	\$	100.00
JOHN J. SYGIELSKI AND STEPHEN J. PERRAULT								
Mailing Address				8	1	2011		
616 GLENBROOK DR.		City	HARRISBURG				State	PA

Full Name of Contributor ELIZABETH P. MULLAUGH				MO	DAY	YEAR	\$ 100.00
Mailing Address 213 HERR ST.				8	1	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 171023135					

Full Name of Contributor			MO	DAY	YEAR	\$	100.00
JOSEPH E. CHOVANES AND MARTHA B. CHOVANES							
Mailing Address			8	1	2011		
101 QUAKER LN							
City	HAVERFORD	State	PA	Zip Code (Plus 4)	190411033		

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
ALEXANDER R. REBER						
Mailing Address 246 NORTH ST			8	1	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011126				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
ALEXIS S. LAKE						
Mailing Address 502 W. 6TH ST			8	1	2011	
City LITITZ	State PA	Zip Code (Plus 4) 175432409				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
CHRISTINA A. ZAREK						
Mailing Address 1219 NORTH 2ND ST.			8	1	2011	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022711				

Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
TRANS CENTRAL PA						
Mailing Address			8	1	2011	
2973 JEFFERSON ST						
City	HARRISBURG	State				
		PA				
		Zip Code (Plus 4)				
		171102119				

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

PAGE TOTAL
\$ 1,050.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
EQUALITY PA PAC	From: <u>11/29/2011</u> To: <u>12/31/2011</u>

DATE				AMOUNT
Full Name of Contributing Committee				
PA FUTURE				
Mailing Address				
P.O. BOX 58635				
City	State	Zip Code (Plus 4)		
PHILADELPHIA	PA	191028636		
		11	3	2011
				\$ 10,000.00

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

PAGE TOTAL
\$ 10,000.00

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	Reporting Period	
	From:	To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 0.00

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

Name of Filing Committee or Candidate		Reporting Period	
EQUALITY PA PAC		From: <u>11/29/2011</u> To: <u>12/31/2011</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
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, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period	
	From	To:

DATE				AMOUNT
To Whom Paid				
Mailing Address				
City	State	Zip Code (Plus 4)	Description of Expenditure	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 0.00

