#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                       | on                   | 20031        | L94       |                        |         | Rep<br>File  |       |                             | CANI      | NDIDATE COMMITTEE LOBBYIST |                   |       |                      |                        |                |          |          |          |          |
|--|----------------------|--------------|-----------|------------------------|---------|--------------|-------|-----------------------------|-----------|----------------------------|-------------------|-------|----------------------|------------------------|----------------|----------|----------|----------|----------|
| Name of Filing C                                     | Committee            | e, Candida   | ite or Lo | bbyist:                |         | PA A<br>STR/ |       |                             | TION O    | FΩ                         | DEER F            | ARM   | ERS PA               | C (PADI                | PAC) C         | :/O TR   | EAS.,    | HARF     | RY       |
| Street Address:                                      | 1115                 | DARTMO       | UTH RD    | )                      |         |              |       |                             |           |                            |                   |       |                      |                        |                |          |          |          |          |
| City:  | HUMI                 | MELSTOW      | 'N        |                        |         | State: PA    |       |                             |           |                            | PA                |       |                      | <b>Zip Code:</b> 17036 |                |          |          |          |          |
| TYPE OF<br>REPORT                                    | 6TH TUES<br>PRE-PRIM |              | 1.        | 2ND FRIDA'<br>PRIMARY  | Y PRE   | - 2          | 2.    | 30 DA                       |           | Р                          | OST- 3.           |       | AMENDMENT<br>REPORT? |                        | Yes            | No       | )        | <b>√</b> |          |
| (place X to<br>the right of                          | 6TH TUES             |              | 4.        | 2ND FRIDAY<br>ELECTION | Y PRE   | - 5          | 5.    | 30 DA                       |           | Р                          | POST- 6. <b>X</b> |       |                      | TERMINA<br>REPORT      |                | Yes      | No       | )        | <b>\</b> |
| report type)   | ANNUAL               | REPORT       | 7.        | <b>Year</b> 2012       |         |              |       | FILING METHOD ( ) CHECK ONE |           |                            |                   |       | PAPER                |                        |                | DISKI    | TTE      |          |          |
| Name of Office S                                     | Sought by            | Candidate    | e:        |                        |         |              |       |                             | DATE      | OI                         | F ELEC            | TIO   | N                    | District<br>Number     | Office<br>Code | Par      | ty Code  | Cour     |          |
|  |                      |              |           |                        |         |              |       |                             | МО        |                            | DAY               | YE    | AR                   |                        |                |          |          |          |          |
|  |                      |              |           |                        |         |              |       |                             | 1         | .1                         |                   | 6     | 2012                 |                        | (SEE INS       | TRUCTIO  | ONS FOR  | CODES    | )        |
| Summary of Expenditures                              |                      | and          | МО        | DAY                    | YEAR    |              | _     | 0                           | МО        |                            | DAY               |       | AR                   | FO                     | R OFFIC        | E USE    | ONLY     |          |          |
| A. Amount Bro  | ught Foru            | vard Fram    |           | 0 23                   | 2       | 012          |       |                             |           | l 1                        |                   | 26    | 2012                 |                        |                |          |          |          |          |
| B. Total Moneta                                      |                      |              |           |                        | Sche    | dule         | I)    | \$<br>\$                    |           |                            |                   | 4,0   | 0.00                 |                        |                |          |          |          |          |
| C. Total Funds                                       | Available            | (Sum Of      | Lines A   | and B)                 |         |              |       | \$                          |           |                            |                   | 4 6   | 75.60                |                        |                |          |          |          |          |
| D. Total Expend                                      |                      | •            |           |                        |         |              |       | \$                          |           |                            |                   |       | 02.00                |                        |                |          |          |          |          |
| E. Ending Cash Balance (Subtract Line D From Line C) |                      |              |           |                        |         |              |       | \$                          |           |                            |                   | 1,9   | 73.60                |                        |                |          |          |          |          |
| F. Value Of In-                                      | Kind Cont            | ributions    | Receive   | ed (From Se            | chedu   | le II        | )     | \$                          |           |                            |                   |       | 0.00                 |                        |                |          |          |          |          |
| G. Unpaid Debt                                       | s And Ob             | ligations (  | (From S   | chedule IV             | )       |              |       | \$                          |           |                            |                   |       | 0.00                 |                        |                |          |          |          |          |
|  |                      |              |           |                        | AFF     | IDA          | VI    | T SE                        | CTIO      | V                          |                   |       |                      |                        |                |          |          |          |          |
| PART I - If this is                                  | s a Comm             | ittee repo   | rt, treas | surer sign l           | here. 1 | If thi       | is is | a Car                       | ndidate   | re                         | port, c           | andio | late sig             | ın here.               |                |          |          |          |          |
| I swear (or affirm) correct and comple               |                      | eport, inclu | ıding the | attached scl           | hedules | filed        | l on  | paper                       | or by ele | ctr                        | onic me           | dium  | are to t             | he best o              | f my knov      | vledge   | and bel  | ief , tr | ue       |
| Sworn to and subs                                    | cribed befo          | ore me this  |           | 20                     |         |              |       | _                           |           |                            |                   | s     | ignature             | of Perso               | n Submitt      | ing Rep  | ort      |          | _        |
|  |                      | Signature    | e         |                        |         |              |       | -                           |           | •                          |                   |       |                      | Prin                   | ted Name       |          |          |          |          |
| My Commission Ex                                     | cpires               |              |           |                        |         |              |       | _                           |           |                            |                   |       |                      | Ema                    | il             |          |          |          |          |
|  |                      | мо           | DA        | Y                      | YR      |              |       |                             |           |                            | Are               | a Cod | е                    | Daytim                 | e Teleph       | one Nu   | mber     |          |          |
| Part II- If this is                                  | a report             | of a candi   | idate's a | uthorized              | Comn    | nitte        | e, C  | andid                       | ate sha   | II s                       | sign he           | re.   |                      |                        |                |          |          |          |          |
| I swear (or affirm)<br>No 320) as amende             |                      | e best of m  | y knowle  | dge and beli           | ef this | politi       | ical  | comm                        | ittee has | s no                       | ot violat         | ed an | y provis             | ions of the            | e act of Ju    | ine 3,19 | 937 (P.I | 133      | з,       |
| Sworn to and subsc                                   | ribed befor          | e me this    |           | 20                     |         |              |       |                             |           |                            |                   |       | s                    | ignature o             | of Candida     | ite      |          |          | _        |
|  |                      |              |           |                        |         |              |       | _                           |           |                            |                   |       |                      | Printe                 | d Name         |          |          |          | -        |
| My Commission Exp                                    |                      | Signature    |           |                        |         |              |       | -                           |           | -                          |                   |       |                      | Ema                    | il             |          |          |          | -        |
|  | _                    | МО           | DA        | Υ                      | YR      |              |       | -                           |           |                            | Area (            | Code  |                      | Da                     | aytime Te      | elephon  | e Numl   | er       | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | Period    |              |            |
|--|-----------|-----------|--------------|------------|
| PA ASSOCIATION OF DEER FARMERS PAC (PADF PAC) C/O TREAS.,<br>HARRY STRAWSER  | From:     | 10/23/201 | <u>2</u> To: | 11/26/2012 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |              |            |
| TOTAL for the Reporting  | g Period  | (1)       | \$           | 0.00       |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |           |              |            |
| Contributions Received From Political Committees (Part A)  |           |           | \$           | 0.00       |
| All Other Contributions (Part B)   |           |           | \$           | 0.00       |
| TOTAL for the Reporting  | g Period  | (2)       | \$           | 0.00       |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |           |              |            |
| Contributions Received From Political Committees (Part C)  |           |           | \$           | 0.00       |
| All Other Contributions (Part D)   |           |           | \$           | 0.00       |
| TOTAL for the Reporting  | g Period  | (3)       | \$           | 0.00       |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |              |            |
| TOTAL for the Reporting  | g Period  | (4)       | \$           | 0.00       |
|  |           |           |              |            |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |           | \$           | 0.00       |

#### **PART A**

### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| Name of Filing Committee or Candidate |               |                   | Reporti | ng Period |      |    |        |
|---------------------------------------|---------------|-------------------|---------|-----------|------|----|--------|
|                                       |               |                   | From:   |           | То   | :  |        |
|                                       |               | I                 |         | DATE      |      |    | AMOUNT |
| Full Name of Contribut                | ing Committee |                   | МО      | DAY       | YEAR |    |        |
| Mailing Address                       |               |                   |         |           |      | \$ | 0.00   |
| City                                  | State         | Zip Code (Plus 4) |         |           |      |    |        |

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

| PAGE TOTAL |
|------------|
| \$<br>0.00 |

## 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 Fi |       |                  |   |    | eriod | To   | o: |        |
|--|-------|------------------|---|----|-------|------|----|--------|
|  |       |                  |   |    | DATE  |      |    | AMOUNT |
| Full Name of Contributor                 |       |                  |   | мо | DAY   | YEAR |    |        |
| Mailing Address                          |       |                  |   |    |       |      | \$ | 0.00   |
| City                                     | State | Zip Code (Plus 4 | ) |    |       |      |    |        |

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

**PAGE TOTAL \$**0.00

#### **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 |                    |               |             | ng Period |     |      |    |            |  |
|---|--------------------|---------------|-------------|-----------|-----|------|----|------------|--|
|   |                    |               | From:       |           |     | То:  |    |            |  |
|   |                    |               |             | DA        | TE  |      | Α  | MOUNT      |  |
| Full Name of Contributing Commit                | tee                |               |             | мо        | DAY | YEAR |    |            |  |
| Mailing Address                                 |                    |               |             |           |     |      | \$ | 0.00       |  |
| City  | State              | Zip Cod       | e (Plus 4)  |           |     |      |    |            |  |
|   |                    |               |             |           |     |      |    | PAGE TOTAL |  |
| Enter Grand Total of Part C on S                | Schedule I, Detail | ed Summary Pa | age, Sectio | n 3.      |     |      | \$ | 0.00       |  |

### 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               |                     |               |         | orting Pe | riod  |      |          |                      |  |
|---|---------------------|---------------|---------|-----------|-------|------|----------|----------------------|--|
|   |                     |               | Fron    | n:        |       | То:  |          |                      |  |
|   |                     |               |         | D         | ATE   |      | АМО      | DUNT                 |  |
| Full Name of Contributor                            |                     |               |         | МО        | DAY   | YEAR |          |                      |  |
| Mailing Address                                     |                     |               |         |           |       |      | \$       | 0.00                 |  |
| City  | State               | Zip Code (Plu | s 4)    |           |       |      |          |                      |  |
| Employer Name                                       |                     |               |         | Occupat   | tion  |      |          |                      |  |
| Employer Mailing Address/Principal Plac<br>Business | e of                | City          |         |           | State |      | Zip Code | (Plus 4)             |  |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed Su | ummary Page,  | Section | on 3.     |       |      | PAG      | <b>GE TOTAL</b> 0.00 |  |

## 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               |                   | Repor   | ting Perio | od  |      |    |          |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
|                               |                         |                   | From:   |            |     | To:  |    |          |
|                               |                         |                   | •       | D          | ATE |      | AI | MOUNT    |
| Full Name                     |                         |                   |         | МО         | DAY | YEAR |    |          |
| Mailing Address               |                         |                   |         |            |     |      | \$ | 0.00     |
| City                          | State                   | Zip Code (        | Plus 4) |            |     |      |    |          |
| Receipt Description           | •                       | •                 |         | •          |     | •    | •  |          |
| Enter Grand Total of Part E o | on Schedule I. Detailed | d Summary Page    | Section | 4          |     |      | PA | GE TOTAL |
| - Inc. Statia Total of Fait E | Jonedane 1, Betanet     | . Jammar y r uge, | 500.011 |            |     |      | \$ | 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 Peri | od                           |            |
|--|----------------|------------------------------|------------|
| PA ASSOCIATION OF DEER FARMERS PAC (PADF PAC) C/O TREAS.,<br>HARRY STRAWSER  | From:          | <u>10/23/2012</u> <b>To:</b> | 11/26/2012 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR | 1                            |            |
| TOTAL for the Reporting Pe   | eriod (1)      | \$                           | 0.00       |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)           |                              |            |
| TOTAL for the Reporting Pe   | eriod (2)      | \$                           | 0.00       |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                |                              |            |
| TOTAL for the Reporting Pe   | eriod (3)      | \$                           | 0.00       |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, |                | \$                           | 0.00       |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candi         | Name of Filing Committee or Candidate Rep |                       |          |           |      |     |            |
|---|---|-----------------------|----------|-----------|------|-----|------------|
|   |   |                       | From:    |           |      | То: |            |
|   |   |                       |          | DATE      |      |     | AMOUNT     |
| Full Name of Contributor                  |   |                       | МО       | DAY       | YEAR |     |            |
| Mailing Address                           |   |                       |          |           |      | \$  | 0.00       |
| City                                      | State                                     | Zip Code (Plus 4)     |          |           |      |     |            |
| Description of Contribution:              |   |                       |          |           |      |     |            |
|   |   |                       |          | _         |      |     |            |
| Enter Grand Total of Part F on Section 2. | Schedule II, In-Kir                       | nd Contributions Deta | iled Sum | ımary Pag | ge,  |     | PAGE TOTAL |
| 5551511 21                                |   |                       |          |           |      | \$  | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidat                          | Name of Filing Committee or Candidate |         |            |         |       |           | Period    |        |           |                    |
|---|---------------------------------------|---------|------------|---------|-------|-----------|-----------|--------|-----------|--------------------|
|   |                                       |         |            |         | Fro   | om:       |           | To:    |           |                    |
|   |                                       |         |            |         |       |           | DATE      |        |           | AMOUNT             |
| Full Name of Contributor                                      |                                       |         |            |         |       | мо        | DAY       | YEAR   |           |                    |
| Mailing Address   |                                       |         |            |         |       |           |           |        | <b>\$</b> | 0.00               |
| City  | State                                 |         | Zip Code(F | Plus 4) |       |           |           |        |           |                    |
| Employer of Contributor                                       | •                                     |         | •          |         |       | Occupa    | tion      |        | •         |                    |
| Employer Mailing Address/Principal Pla<br>Business            | ace of                                | City    |            | State   |       | Zip<br>4) | Code(Plus | Descri | ption     | of Contribution    |
| Enter Grand Total of Part G on Sc<br>Summary Page, Section 3. | hedule II, I                          | In-Kind | Contributi | ons De  | taile | ed        |           |        |           | PAGE TOTAL<br>0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                                    | Reportin | ng Period  |     |            |
|--|----------|------------|-----|------------|
| PA ASSOCIATION OF DEER FARMERS PAC (PADF PAC) C/O TREAS., HARRY STRAWSER | From     | 10/23/2012 | То: | 11/26/2012 |

|  |                    |                                   |                            | DATE        | AMOUNT    |    |        |
|--|--------------------|-----------------------------------|----------------------------|-------------|-----------|----|--------|
| To Whom Paid<br>FRIENDS OF MIKE BRUBAKER   |                    |                                   | мо                         | DAY         | YEAR      |    |        |
| Mailing Address 1002 LITITZ PIKE SUITE 222 |                    |                                   | 10                         | 26          | 2012      | \$ | 500.00 |
| City LITITZ                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17543 | Description of Expenditure |             |           |    |        |
| To Whom Paid FRIENDS OF ROB TEPLITZ        |                    |                                   |                            | DAY         | YEAR      |    |        |
| Mailing Address P.O. BOX 60007             |                    |                                   | 10                         | 26          | 2012      | \$ | 250.00 |
| City HARRISBURG                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17106 | Descrip                    | tion of Exp | penditure |    |        |
| To Whom Paid FRIENDS OF GORDON DENLINGER   |                    |                                   | МО                         | DAY         | YEAR      |    |        |
| Mailing Address 2121 MAIN STREET           |                    |                                   | 10                         | 26          | 2012      | \$ | 500.00 |
| City NARVON                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17555 | Description of Expenditure |             |           |    |        |
| To Whom Paid FRIENDS OF GARTH EVERETT      |                    |                                   | МО                         | DAY         | YEAR      |    |        |
| Mailing Address 32 TULE ST.                |                    |                                   | 10                         | 26          | 2012      | \$ | 250.00 |
| City MONTOURSVILLE                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17754 | Description of Expenditure |             |           |    |        |
| To Whom Paid FRIENDS OF STEVE MENTZER      |                    |                                   | МО                         | DAY         | YEAR      |    |        |
| Mailing Address 144 E CHESTNUT ST          |                    |                                   | 10                         | 26          | 2012      | \$ | 200.00 |
| City LANCASTER                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17602 | Descrip                    | tion of Exp | penditure |    |        |
|  |                    |                                   |                            |             |           |    |        |

|   |                    |                                   |   |     |      |    | PAGE 12    |  |
|---|--------------------|-----------------------------------|---|-----|------|----|------------|--|
| <b>To Whom Paid</b><br>PEOPLE FOR MATZIE  | мо                 | DAY                               | YEAR  |     |      |    |            |  |
| Mailing Address 315 WILSON AVENUE         |                    |                                   |   | 26  | 2012 | \$ | 250.00     |  |
| City AMBRIDGE                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15003 | Description of Expenditure                  |     |      |    |            |  |
| To Whom Paid FRIENDS OF MARK MUSTIO       |                    |                                   |   | DAY | YEAR |    |            |  |
| Mailing Address P.O. BOX 1021             |                    |                                   |   | 26  | 2012 | \$ | 250.00     |  |
| City MOON TOWNSHIP                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15108    | Description of Expenditure                  |     |      |    |            |  |
| To Whom Paid CITIZENS FOR MARIA DONATUCCI |                    |                                   |   | DAY | YEAR |    |            |  |
| Mailing Address 1526 WOLF ST.             |                    |                                   | 10  | 26  | 2012 | \$ | 250.00     |  |
| City PHILADELPHIA                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19145 | Description of Expenditure                  |     |      |    |            |  |
| To Whom Paid                              |                    |                                   |   | DAY | YEAR |    |            |  |
| Mailing Address                           |                    |                                   | 10  | 31  | 2012 | \$ | 2.00       |  |
| City                                      | State              | Zip Code (Plus 4)                 | Description of Expenditure (SERVICE CHARGE) |     |      |    |            |  |
| To Whom Paid FRIENDS OF JARET GIBBONS     |                    |                                   |   | DAY | YEAR |    |            |  |
| Mailing Address 930 BRIDGE ST.            |                    |                                   |   | 2   | 2012 | \$ | 250.00     |  |
| City ELLWOOD CITY                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 16117    | Description of Expenditure                  |     |      |    |            |  |
| Enter Grand Total of Expendit             | ures on Page 1. Re | eport Cover Page. Item D          | _   |     |      |    | PAGE TOTAL |  |
| Expellent                                 |                    | .po. 1 coro. 1 age, Itelii D      | -   |     |      | \$ | 2,702.00   |  |