

# 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 : 7900271		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: DEM STATE SENATE CAMPAIGN COM											
Street Address: PO BOX 3792											
City: HARRISBURG				State: PA		Zip Code: 17105					
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 2000	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	7	2000	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	1		12	31	2000			
A. Amount Brought Forward From Last Report					\$ 16,491.31						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 11,397.36						
C. Total Funds Available (Sum Of Lines A and B)					\$ 27,888.67						
D. Total Expenditures (From Schedule III)					\$ 12,427.08						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 15,461.59						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 31,000.00						

## 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
DEM STATE SENATE CAMPAIGN COM	<b>From:</b> <b>To:</b> <u>12/31/2000</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 1,781.96

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 400.00
<b>All Other Contributions (Part B)</b>	\$ 300.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 700.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 8,500.00
<b>All Other Contributions (Part D)</b>	\$ 400.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 8,900.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 15.40

<b>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.)</b>	\$ 11,397.36
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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.**

<b>Name of Filing Committee or Candidate</b>  DEM STATE SENATE CAMPAIGN COM	<b>Reporting Period</b>  From:                      To: <u>12/31/2000</u>
<div style="display: flex; justify-content: space-between;"> <span><b>DATE</b></span> <span><b>AMOUNT</b></span> </div>	

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
THE TUCKER ANTHONY MIDATLANTIC DIVISION						
<b>Mailing Address</b> 200 LIBERTY STREET 3RD FLOOR						
<b>City</b> NEW YORK	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 10281	12	11	2000	

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
PADPAC						
<b>Mailing Address</b> 3501 N. FRONT STREET						
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110	12	11	2000	

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

<b>PAGE TOTAL</b>
\$ 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)**

<b>Name of Filing Committee or Candidate</b> DEM STATE SENATE CAMPAIGN COM	<b>Reporting Period</b>  <b>From:</b> <b>To:</b> <u>12/31/2000</u>
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				DATE			AMOUNT	
Full Name of Contributor THOMAS F. O'DONNELL					MO	DAY	YEAR	\$ 100.00
Mailing Address 886 SOUTH FRANKLIN STREET					12	11	2000	
City WILKES-BARRE		State PA	Zip Code (Plus 4) 18702					

Full Name of Contributor MALCOM W. BONAWITS			MO	DAY	YEAR	\$ 200.00
Mailing Address 153 STERLING ROAD			12	14	2000	
City MOUNT POCONO	State PA	Zip Code (Plus 4) 18344				

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

<b>PAGE TOTAL</b>
\$ 300.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  DEM STATE SENATE CAMPAIGN COM	<b>Reporting Period</b>  <b>From:</b> _____ <b>To:</b> <u>12/31/2000</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee LAWPAC				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 800 N. THIRD STREET				11	28	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee LAWPAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 800 N. THIRD STREET				11	28	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee LAWPAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 800 N. THIRD STREET				11	28	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102					
Full Name of Contributing Committee EDISON INTERNATIONAL CIVIC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2244 WALNUT GROVE AVENUE				12	11	2000	
City ROSEMEAD	State CA	Zip Code (Plus 4) 91770					
Full Name of Contributing Committee GMEREK & HAYDEN PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 600 N. SECOND STREET SUITE 200				12	14	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

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

**PAGE TOTAL**

\$ 8,500.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  DEM STATE SENATE CAMPAIGN COM	<b>Reporting Period</b>  <b>From:</b> <b>To:</b> <u>12/31/2000</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
ARLENE M. PASONICK							
<b>Mailing Address</b> 194 E. MAIN STREET				12	14	2000	\$            400.00
City    WILKES-BARRE	State PA	Zip Code (Plus 4) 18705					
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.

<b>PAGE TOTAL</b>
\$            400.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  DEM STATE SENATE CAMPAIGN COM	<b>Reporting Period</b>  <b>From:</b> <b>To:</b> <u>12/31/2000</u>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
FULTON BANK						
Mailing Address						\$ 15.40
City	LANCASTER	State				
		PA	12	18	2000	
		Zip Code (Plus 4)				
		17604				
Receipt Description						

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

<b>PAGE TOTAL</b>	
\$	15.40



## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
DEM STATE SENATE CAMPAIGN COM		<b>From:</b>	<b>To:</b> <u>12/31/2000</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
DEM STATE SENATE CAMPAIGN COM	From To: <u>12/31/2000</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ACTION OF PENNSYLVANIA, INC.				
<b>Mailing Address</b>				
P.O. BOX 247	11	28	2000	\$ 6,720.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
OLYPHANT	PA	184470247	080	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
PETER CAPATAIDES				
<b>Mailing Address</b>				
132 MT. VIEW DRIVE	11	28	2000	\$ 700.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
ENOLA	PA	17025	120	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
RONALD N. JUMPER				
<b>Mailing Address</b>				
247 NORTH MIDDLESEX ROAD	11	28	2000	\$ 39.27
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
CARLISLE	PA	17013	090	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
SEAN LOGAN				
<b>Mailing Address</b>				
142 EDGEMEADE DRIVE	11	28	2000	\$ 283.50
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
MONROEVILLE	PA	15146	090	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
COLLEEN TIGUE				
<b>Mailing Address</b>				
660 BOAS STREET APARTMENT 1714	11	28	2000	\$ 598.25
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>	
HARRISBURG	PA	17102	090	

To Whom Paid KYLE FITZSIMMONS			MO	DAY	YEAR	\$ 65.00
Mailing Address 610 N. SECOND STREET 3RD FLOOR			12	5	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure 140			

To Whom Paid ANTHONY W. LEPORE			MO	DAY	YEAR	\$ 117.27
Mailing Address 6985-H NEW OXFORD ROAD			12	7	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	Description of Expenditure 090			

To Whom Paid T. J. MCNULTY			MO	DAY	YEAR	\$ 185.63
Mailing Address 1978 DEER PATH ROAD			12	7	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure 140			

To Whom Paid PETER CAPATAIDES			MO	DAY	YEAR	\$ 700.00
Mailing Address 132 MT. VIEW DRIVE			12	19	2000	
City ENOLA	State PA	Zip Code (Plus 4) 17025	Description of Expenditure 120			

To Whom Paid SCOTT'S GRILLE			MO	DAY	YEAR	\$ 2,933.29
Mailing Address 212 LOCUST STREET			12	27	2000	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure 070			

To Whom Paid U. S. POSTMASTER			MO	DAY	YEAR	\$ 25.00
Mailing Address			12	27	2000	
City HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure 060			

<b>To Whom Paid</b> VERIZON			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> P.O. BOX 28000			12	27	2000	
<b>City</b> LEHIGH VALLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 180028000	<b>Description of Expenditure</b> 130			\$ 59.87
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 12,427.08

## STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period**