

1589

Commonwealth of Pennsylvania 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: <input type="checkbox"/> | | Report Filed By: <input type="checkbox"/> | | 1. CANDIDATE | | 2. COMMITTEE <input checked="" type="checkbox"/> | | 3. LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: REVITALIZING OUR COMMUNITY | | | | | | | | | | |
| Street Address: 2409 N. 3rd St. | | | | | | | | | | |
| City: Harrisburg | | | | State: PA | | Zip Code: 17110 | | | | |
| TYPE OF REPORT (place X to the right of report type) | 1. 6TH TUESDAY PRE-PRIMARY | | 2. 2ND FRIDAY PRE-PRIMARY | | 3. 30 DAY POST-PRIMARY | | AMENDMENT REPORT | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | 4. 6TH TUESDAY PRE-ELECTION | | 5. 2ND FRIDAY PRE-ELECTION | | 6. 30 DAY POST-ELECTION | | TERMINATION REPORT | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | 7. ANNUAL REPORT <input checked="" type="checkbox"/> | | YEAR: 2011 | | FILING METHOD: CHECK ONE | | PAPER <input checked="" type="checkbox"/> | | DISKETTE <input type="checkbox"/> | |
| Name of Office Sought by Candidate: School Board | | | | DATE OF ELECTION | | District Number | Office Code | Party Code | County Code | |
| | | | | MO: 11 | DAY: 8 | YEAR: 2011 | | OTH | DEM | 22 |
| | | | | | | (SEE INSTRUCTIONS FOR CODES) | | | | |
| Summary of Receipts and Expenditures from: | | | MO: 11 | DAY: 29 | YEAR: 2011 | To | MO: 12 | DAY: 31 | YEAR: 2011 | FOR OFFICE USE ONLY |
| A. Amount Brought Forward From Last Report | | | | \$ | | 16.10 | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | \$ | | 250.00 | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | \$ | | 266.10 | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | | 0 | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | \$ | | 266.10 | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | | \$ | | 0 | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | | \$ | | 0 | | | | |

RECEIVED
 DAUPHIN COUNTY ELECTION BUREAU
 2011 JUN 21 AM 9:40

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 31st day of January 2012

[Signature]
Signature of Person Submitting Report
Gloria Martin-Roberts
Printed Name: Gloria Martin-Roberts
717 232-7085
Area Code Daytime Telephone Number

[Signature]
Signature
Susan B. Chandler, Notary Public
City of Harrisburg, Dauphin County
My commission expires July 14, 2014
YR.

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 31st day of January 2012

[Signature]
Signature of Candidate
Jennifer Smallwood
Printed Name: Jennifer Smallwood
717 856-9091
Area Code Daytime Telephone Number

[Signature]
Signature
Susan B. Chandler, Notary Public
City of Harrisburg, Dauphin County
My commission expires July 14, 2014
YR.

Dauphin County Election Bureau
2 S. 2nd St.
PO Box 1295
Harrisburg PA 17108

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|---|---|
| Name of Filing Committee or Candidate REVITALIZING OUR COMMUNITY | Reporting Period From <u>11/29/2011</u> To <u>12/31/2011</u> |
|---|---|

| | |
|---|------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ 0 |

| | |
|--|-----------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | |
| Contributions Received from Political Committees (Part A) | \$ 250.00 |
| All Other Contributions (Part B) | \$ 0 |
| TOTAL for the Reporting Period (2) | \$ 250.00 |

| | |
|--|------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | |
| Contributions Received from Political Committees (Part C) | \$ 0 |
| All Other Contributions (Part D) | \$ 0 |
| TOTAL for the Reporting Period (3) | \$ 0 |

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

| | |
|---|-----------|
| 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.) | \$ 250.00 |
|---|-----------|

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 REVITALIZING OUR COMMUNITY | Reporting Period From <u>11/29/2011</u> To <u>12/31/2011</u> |
|--|---|

| | | | | DATE | | | AMOUNT |
|---|--|--------------------|-------------------------------------|------|-----|------|-----------|
| Full Name of Contributing Committee Leadership for Hbg. | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address P.O. Box 1146 | | | | MO | DAY | YEAR | \$ |
| City Harrisburg | | State PA | Zip Code (Plus 4) 17101 - | 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 | \$ |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ |
| Mailing Address | | | | MO | DAY | YEAR | \$ |
| City | | State | Zip Code (Plus 4) | MO | DAY | YEAR | \$ |

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

| | |
|------------|-----------|
| PAGE TOTAL | \$ 250.00 |
|------------|-----------|