

RECEIVED  
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**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Scaringi for Senate 2012

ADDRESS (number and street)

4075 Linglestown Rd.

#322

Check if different than previously reported. (ACC)

Harrisburg

PA

17112

2. FEC IDENTIFICATION NUMBER ▼

C C00491431

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

PA 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 01 2011 through M M / D D / Y Y Y Y 12 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kristen Wilhelm

Signature of Treasurer Kristen Wilhelm

Date 01 ' 31 ' 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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**FEC FORM 3**  
(Revised 02/2003)

12020152921

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Scaringi for Senate 2012**

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 10 / 01 / 2011 To: <sup>M M / D D / Y Y Y Y</sup> 12 / 31 / 2011

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	9798.87	69648.68
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	9798.87	69648.68
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	19413.31	101901.75
(b) Total Offsets to Operating Expenditures (from Line 14) .....	710.00	1025.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	18703.31	100875.78
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>2935.45</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>1733.32</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>39049.19</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12020152922

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**Scaringi for Senate 2012**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2011 To: M M / D D / Y Y Y Y 12 / 31 / 2011

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5197.20	41997.16
(ii) Unitemized .....	4601.67	15064.42
(iii) TOTAL of contributions from individuals ▶	9798.87	57061.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1740.00
(d) The Candidate .....	0.00	10847.10
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9798.87	69648.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate .....	12733.70	37349.48
(b) All Other Loans .....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)) .....	12733.70	37349.48
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	710.00	1025.97
15. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.07
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....	23242.57	108024.20

12020152925

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19413.31	101901.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	1611.00	3187.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	21024.31	105088.75

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	717.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23242.57
25. SUBTOTAL (add Line 23 and Line 24).....	23959.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21024.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2935.45

12020152824

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>Chris Baer</b>		Date of Receipt M M / D D / Y Y Y Y 10 25 2011
Mailing Address 115 Rabold Dr.		<b>Transaction ID : SA11AI.5823</b>
City Wexford	State PA	
Zip Code 15090		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer Biotronik	Occupation Sales	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Catalin Bonciu</b>		Date of Receipt M M / D D / Y Y Y Y 11 18 2011
Mailing Address 212 Overhill Dr.		<b>Transaction ID : SA11AI.5887</b>
City Mercersburg	State PA	
Zip Code 17236		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Innkeeper	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>Jonathan Brightbill</b>		Date of Receipt M M / D D / Y Y Y Y 10 03 2011
Mailing Address 4941 26th St N.		<b>Transaction ID : SA11AI.5759</b>
City Arlington	State VA	
Zip Code 22207		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kirkland & Ellis, LLP	Occupation Attorney	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020152825

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 61

(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew Brown**

Mailing Address 3263 Matilda St.

City State Zip Code  
Coconut Grove FL 33133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
White & Case LLP Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 14 2011

**Transaction ID : SA11AI.5904**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Calizzi**

Mailing Address 336 Beaver Run Rd.

City State Zip Code  
Apollo PA 15613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
950.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 28 2011

**Transaction ID : SA11AI.5894**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank Calizzi**

Mailing Address 336 Beaver Run Rd.

City State Zip Code  
Apollo PA 15613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 29 2011

**Transaction ID : SA11AI.6031**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... 550.00

**TOTAL** This Period (last page this line number only).....

12020152926

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 61

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Lindsey Dickinson</b>			Date of Receipt M M / D D / Y Y Y Y 12 14 2011		
Mailing Address 6004 Caim Terrace			<b>Transaction ID : SA11AI.5906</b>		
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period , , . 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , . 250.00		
Name of Employer Comcast		Occupation Federal Government Affairs			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . 250.00			
Full Name (Last, First, Middle Initial) <b>B. David Galvanek</b>			Date of Receipt M M / D D / Y Y Y Y 10 22 2011		
Mailing Address 5 Chipping Glen			<b>Transaction ID : SA11AI.5809</b>		
City San Antonio	State TX	Zip Code 78257	Amount of Each Receipt this Period , , . 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , . 250.00		
Name of Employer None		Occupation None			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . 250.00			
Full Name (Last, First, Middle Initial) <b>C. Elaine Gowaty</b>			Date of Receipt M M / D D / Y Y Y Y 12 13 2011		
Mailing Address 3912 Gun Club Rd.			<b>Transaction ID : SA11AI.5923</b>		
City Murrysville	State PA	Zip Code 15668	Amount of Each Receipt this Period , , . 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , . 350.00		
Name of Employer None		Occupation None			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . 350.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			, , . 450.00		
<b>TOTAL</b> This Period (last page this line number only).....			, , . .		

12020152927

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Rodney Herrmann</b>			Date of Receipt M M / D D / Y Y Y Y 10 02 2011
Mailing Address 131 Hidden Valley Rd.			<b>Transaction ID : SA11AI.5758</b>
City Monroeville	State PA	Zip Code 15146	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 50.00
Name of Employer None		Occupation Retired	, , .
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Rodney Herrmann</b>			Date of Receipt M M / D D / Y Y Y Y 11 02 2011
Mailing Address 131 Hidden Valley Rd.			<b>Transaction ID : SA11AI.5848</b>
City Monroeville	State PA	Zip Code 15146	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 50.00
Name of Employer None		Occupation Retired	, , .
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Frank Luisi</b>			Date of Receipt M M / D D / Y Y Y Y 12 13 2011
Mailing Address 335 Beaver Run Rd.			<b>Transaction ID : SA11AI.5973</b>
City Apollo	State PA	Zip Code 15613	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 60.00
Name of Employer Retired		Occupation Retired	, , .
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , .	160.00
<b>TOTAL</b> This Period (last page this line number only).....	, , .	.

12020152828



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Gina McDade</b>			Date of Receipt M M / D D / Y Y Y Y 12 16 2011
Mailing Address 22 Hart St.			Transaction ID : SA11AI.6042
City Ramsey	State NJ	Zip Code 07446	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Target		Occupation Pharmacist	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Miller</b>			Date of Receipt M M / D D / Y Y Y Y 10 28 2011
Mailing Address 176 Green Acres Ave.			Transaction ID : SA11AI.5819
City Elizabethville	State PA	Zip Code 17023	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kimmel's		Occupation Vice President	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Genre Pecora</b>			Date of Receipt M M / D D / Y Y Y Y 12 13 2011
Mailing Address 14700 State Route 30			Transaction ID : SA11AI.5930
City North Huntingdon	State PA	Zip Code 15642	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pecora Flooring, Inc.		Occupation Owner	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020152828

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 61  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Scaringi**

Mailing Address **316 Baumgardner Dr.**

City **Harrisburg** State **PA** Zip Code **17112**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Furniture Salesman**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2138.17**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 13 2011**

**Transaction ID : SA11AI.5981**

Amount of Each Receipt this Period  
**562.20**  
In-kind - Catering

**B.** Full Name (Last, First, Middle Initial)  
**Rich Schachte**

Mailing Address **448 Pershing Dr.**

City **New Kensington** State **PA** Zip Code **15068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **West Penn Allegheny Health Sys** Occupation **Telecommunications**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**237.49**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 13 2011**

**Transaction ID : SA11AI.5976**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**D. Laverne Sober**

Mailing Address **540 Poplar Dr.**

City **Greensburg** State **PA** Zip Code **15601**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**230.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 08 2011**

**Transaction ID : SA11AI.5915**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **762.20**

**TOTAL** This Period (last page this line number only).....

12020152930

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Gordon Taylor</b>			Date of Receipt M M / D D / Y Y Y Y 10 31 2011		
Mailing Address 170 Ridgeview Dr.			Transaction ID : SA11AI.5836		
City Wexford	State PA	Zip Code 15090	Amount of Each Receipt this Period , , 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , 250.00		
Name of Employer Senate Engineering Company		Occupation President	Amount of Each Receipt this Period , , 250.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 250.00	Amount of Each Receipt this Period , , 250.00		
Full Name (Last, First, Middle Initial) <b>B. Gordon Taylor</b>			Date of Receipt M M / D D / Y Y Y Y 12 13 2011		
Mailing Address 170 Ridgeview Dr.			Transaction ID : SA11AI.5949		
City Wexford	State PA	Zip Code 15090	Amount of Each Receipt this Period , , 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , 25.00		
Name of Employer Senate Engineering Company		Occupation President	Amount of Each Receipt this Period , , 275.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 275.00	Amount of Each Receipt this Period , , 275.00		
Full Name (Last, First, Middle Initial) <b>C. Garry Walker</b>			Date of Receipt M M / D D / Y Y Y Y 10 18 2011		
Mailing Address 846 State Route 130			Transaction ID : SA11AI.5796		
City Trafford	State PA	Zip Code 15085	Amount of Each Receipt this Period , , 150.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , 150.00		
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period , , 550.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 550.00	Amount of Each Receipt this Period , , 550.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			, , 425.00		
<b>TOTAL</b> This Period (last page this line number only).....			, ,		

12020152931

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 61

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Garry Walker</b>			Date of Receipt M M / D D / Y Y Y Y 12 13 2011		
Mailing Address <b>846 State Route 130</b>			<b>Transaction ID : SA11AI.5936</b>		
City <b>Trafford</b>	State <b>PA</b>	Zip Code <b>15085</b>	Amount of Each Receipt this Period , , .		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , . <b>150.00</b>		
Name of Employer <b>None</b>		Occupation <b>Retired</b>			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , . <b>700.00</b>			
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period , , .		
City	State	Zip Code	Amount of Each Receipt this Period , , .		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , .		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , .			
Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period , , .		
City	State	Zip Code	Amount of Each Receipt this Period , , .		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period , , .		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , .			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			, , . <b>150.00</b>		
<b>TOTAL</b> This Period (last page this line number only).....			, , . <b>5197.20</b>		

12020152932

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 13 OF 61	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>MARC ANTHONY A SCARINGI</b>		Date of Receipt M M / D D / Y Y Y Y 10 31 2011
Mailing Address 215 N. 24th St.		<b>Transaction ID : SA13A.5835</b>
City Camp Hill	State PA	
FEC ID number of contributing federal political committee. C S0PA00491		Amount of Each Receipt this Period 1000.00
Name of Employer Scaringi & Scaringi, PC	Occupation Attorney-At-Law	Personal Funds Loan From Candidate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 36528.23	

Full Name (Last, First, Middle Initial) <b>MARC ANTHONY A SCARINGI</b>		Date of Receipt M M / D D / Y Y Y Y 11 18 2011
Mailing Address 215 N. 24th St.		<b>Transaction ID : SA13A.5870</b>
City Camp Hill	State PA	
FEC ID number of contributing federal political committee. C S0PA00491		Amount of Each Receipt this Period 2000.00
Name of Employer Scaringi & Scaringi, PC	Occupation Attorney-At-Law	Personal Funds Loan From Candidate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 38528.23	

Full Name (Last, First, Middle Initial) <b>MARC ANTHONY A SCARINGI</b>		Date of Receipt M M / D D / Y Y Y Y 12 05 2011
Mailing Address 215 N. 24th St.		<b>Transaction ID : SA13A.5897</b>
City Camp Hill	State PA	
FEC ID number of contributing federal political committee. C S0PA00491		Amount of Each Receipt this Period 2733.70
Name of Employer Scaringi & Scaringi, PC	Occupation Attorney-At-Law	Personal Funds Loan From Candidate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 41261.93	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5733.70
<b>TOTAL</b> This Period (last page this line number only).....	

12020152933

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 61  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. MARC ANTHONY A SCARINGI</b>		Date of Receipt M M / D D / Y Y Y Y 12 27 2011
Mailing Address 215 N. 24th St.		<b>Transaction ID : SA13A.5983</b>
City Camp Hill	State PA	
FEC ID number of contributing federal political committee. <b>C S0PA00491</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Scaringi & Scaringi, PC	Occupation Attorney-At-Law	Personal Funds Loan From Candidate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 43761.93	

Full Name (Last, First, Middle Initial) <b>B. MARC ANTHONY A SCARINGI</b>		Date of Receipt M M / D D / Y Y Y Y 12 30 2011
Mailing Address 215 N. 24th St.		<b>Transaction ID : SA13A.5984</b>
City Camp Hill	State PA	
FEC ID number of contributing federal political committee. <b>C S0PA00491</b>		Amount of Each Receipt this Period 4500.00
Name of Employer Scaringi & Scaringi, PC	Occupation Attorney-At-Law	Personal Funds Loan From Candidate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 48261.93	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	12733.70

12020152834

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 61

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. MARC ANTHONY A SCARINGI</b>		Date of Receipt M M / D D / Y Y Y Y 12 31 2011	
Mailing Address 215 N. 24th St.  City State Zip Code Camp Hill PA 17011		Transaction ID : SA14.6254	
FEC ID number of contributing federal political committee. <b>C</b> S0PA00491		Amount of Each Receipt this Period , , 250.00	
Name of Employer Occupation Scaringi & Scaringi, PC Attorney-At-Law		Overpayment of reimbursement	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 48511.93	
Full Name (Last, First, Middle Initial) <b>B. xforty technologies</b>		Date of Receipt M M / D D / Y Y Y Y 11 09 2011	
Mailing Address 1300 Bent Creek Blvd  City State Zip Code Mechanicsburg PA 17050		Transaction ID : SA14.6422	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , 460.00	
Name of Employer Occupation Website Consulting			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 460.00	
Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address  City State Zip Code			
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period , , .	
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , .	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		, , 710.00	
<b>TOTAL</b> This Period (last page this line number only).....		, , 710.00	

12020152935

**FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**

**Form/Schedule: SA14**

**Transaction ID : SA14.6254**

12/5/11 - Leinbach for Commissioner contribution

**Form/Schedule: SA14**

**Transaction ID: SA14.6422**

Payment voided and check reissued

12020152936



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 61

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Armstrong Printery</b>		Date of Disbursement M M / D D / Y Y Y Y 10 06 2011
Mailing Address 2940 Jefferson St.		Amount of Each Disbursement this Period  275.60 <b>Transaction ID : SB17.5753</b>
City Harrisburg	State PA	
Zip Code 17110	Category/ Type	
Purpose of Disbursement Printing	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:
Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 10 17 2011
Mailing Address 1555 Suzy Street		Amount of Each Disbursement this Period  73.20 <b>Transaction ID : SB17.5772</b>
City Lebanon	State PA	
Zip Code 17046	Category/ Type	
Purpose of Disbursement Internet	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:
Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 11 14 2011
Mailing Address 1555 Suzy Street		Amount of Each Disbursement this Period  56.78 <b>Transaction ID : SB17.5867</b>
City Lebanon	State PA	
Zip Code 17046	Category/ Type	
Purpose of Disbursement Internet	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		405.58
<b>TOTAL</b> This Period (last page this line number only) .....		

12020152937

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 12 18 2011
Mailing Address 1555 Suzy Street		Amount of Each Disbursement this Period 67.37 <b>Transaction ID : SB17.6009</b>
City Lebanon	State PA	
Purpose of Disbursement Internet		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Constant Contact</b>		Date of Disbursement M M / D D / Y Y Y Y 10 17 2011
Mailing Address 1601 Trapelo Rd. Suite 329		Amount of Each Disbursement this Period 55.00 <b>Transaction ID : SB17.5771</b>
City Waltham	State MA	
Purpose of Disbursement Email Marketing		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Randall DeSoto</b>		Date of Disbursement M M / D D / Y Y Y Y 11 14 2011
Mailing Address P.O. Box 10		Amount of Each Disbursement this Period 36.92 <b>Transaction ID : SB17.5866</b>
City Millerburg	State PA	
Purpose of Disbursement Reimbursement - Web upgrade		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	159.29
<b>TOTAL</b> This Period (last page this line number only).....	

12020152938

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Randall DeSoto</b>		Date of Disbursement M M / D D / Y Y Y Y 11 17 2011	
Mailing Address P.O. Box 10		Amount of Each Disbursement this Period  500.00 Transaction ID : SB17.5869	
City Millerburg	State PA		Zip Code 17061
Purpose of Disbursement Salary	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		
Full Name (Last, First, Middle Initial) <b>B. Randall DeSoto</b>		Date of Disbursement M M / D D / Y Y Y Y 11 28 2011	
Mailing Address P.O. Box 10		Amount of Each Disbursement this Period  250.00 Transaction ID : SB17.5875	
City Millerburg	State PA		Zip Code 17061
Purpose of Disbursement Salary	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		
Full Name (Last, First, Middle Initial) <b>C. Randall DeSoto</b>		Date of Disbursement M M / D D / Y Y Y Y 11 28 2011	
Mailing Address P.O. Box 10		Amount of Each Disbursement this Period  43.45 Transaction ID : SB17.5876	
City Millerburg	State PA		Zip Code 17061
Purpose of Disbursement Reimbursement - Travel Expenses	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		793.45	
<b>TOTAL</b> This Period (last page this line number only).....			

12020152030

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 61
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Randall DeSoto</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2011
Mailing Address P.O. Box 10		Amount of Each Disbursement this Period  700.00 Transaction ID : SB17.6011
City Millerburg	State PA	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  4.07 Transaction ID : SB17.5744
City Chicago	State IL	
Purpose of Disbursement Electronic Donation Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  2.23 Transaction ID : SB17.5768
City Chicago	State IL	
Purpose of Disbursement Electronic Donation Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	706.30
<b>TOTAL</b> This Period (last page this line number only).....	

12020152940

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 18 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  11.45 <b>Transaction ID : SB17.5799</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
Full Name (Last, First, Middle Initial) <b>B. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 22 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  7.76 <b>Transaction ID : SB17.5810</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
Full Name (Last, First, Middle Initial) <b>c. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 22 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  9.48 <b>Transaction ID : SB17.5811</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		28.69
<b>TOTAL</b> This Period (last page this line number only).....		

12020152841

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 25 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  15.14 <b>Transaction ID : SB17.5829</b>
City Chicago	State IL	
Purpose of Disbursement Electronic Donation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 27 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  0.45 <b>Transaction ID : SB17.5833</b>
City Chicago	State IL	
Purpose of Disbursement Electronic Donation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 10 28 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  2.38 <b>Transaction ID : SB17.5832</b>
City Chicago	State IL	
Purpose of Disbursement Electronic Donation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17.97
<b>TOTAL</b> This Period (last page this line number only).....	

12020152842

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 02 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  4.07 <b>Transaction ID : SB17.5849</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 10 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  7.76 <b>Transaction ID : SB17.5859</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 10 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  2.23 <b>Transaction ID : SB17.5860</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14.06
<b>TOTAL</b> This Period (last page this line number only).....	

12020152943

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 19 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  7.76 Transaction ID : SB17.5889
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 20 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  2.23 Transaction ID : SB17.5890
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 11 28 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  16.38 Transaction ID : SB17.5895
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26.37
<b>TOTAL</b> This Period (last page this line number only).....	

12020152844



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

<b>A. DonationPages.com</b> Full Name (Last, First, Middle Initial) Mailing Address 30 S. Wacker Dr. Suite 2200 City Chicago State IL Zip Code 60606 Purpose of Disbursement Electronic Donation Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 12 08 2011 Amount of Each Disbursement this Period , , 7.76 Transaction ID : SB17.5997
<b>B. DonationPages.com</b> Full Name (Last, First, Middle Initial) Mailing Address 30 S. Wacker Dr. Suite 2200 City Chicago State IL Zip Code 60606 Purpose of Disbursement Electronic Donation Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 12 11 2011 Amount of Each Disbursement this Period , , 2.23 Transaction ID : SB17.5998
<b>C. DonationPages.com</b> Full Name (Last, First, Middle Initial) Mailing Address 30 S. Wacker Dr. Suite 2200 City Chicago State IL Zip Code 60606 Purpose of Disbursement Electronic Donation Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		Date of Disbursement M M / D D / Y Y Y Y 12 13 2011 Amount of Each Disbursement this Period , , 9.38 Transaction ID : SB17.5996
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		, , 19.37
<b>TOTAL</b> This Period (last page this line number only).....		, ,

12020152945

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 14 2011	
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period , , 18.83 <b>Transaction ID : SB17.5994</b>	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Electronic Donation Fees	Category/ Type	Amount of Each Disbursement this Period , , 18.83 <b>Transaction ID : SB17.5999</b>
Candidate Name	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Full Name (Last, First, Middle Initial) <b>B. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 14 2011	
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period , , 18.83 <b>Transaction ID : SB17.5999</b>	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Electronic Donation Fee	Category/ Type	Amount of Each Disbursement this Period , , 4.07 <b>Transaction ID : SB17.6040</b>
Candidate Name	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Full Name (Last, First, Middle Initial) <b>C. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 15 2011	
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period , , 4.07 <b>Transaction ID : SB17.6040</b>	
City Chicago State IL Zip Code 60606	Purpose of Disbursement Electronic Donation Fee	Category/ Type	Amount of Each Disbursement this Period , , 41.73
Candidate Name	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		, , 41.73	
<b>TOTAL</b> This Period (last page this line number only).....		, ,	

12020152846

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 16 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  90.38 <b>Transaction ID : SB17.6044</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 20 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  7.76 <b>Transaction ID : SB17.6012</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 29 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period  4.07 <b>Transaction ID : SB17.6036</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	102.21
<b>TOTAL</b> This Period (last page this line number only).....	

12020152847

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 61

(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 29 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period 8.38 <b>Transaction ID : SB17.6037</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 30 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period 2.23 <b>Transaction ID : SB17.6038</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. DonationPages.com</b>		Date of Disbursement M M / D D / Y Y Y Y 12 30 2011
Mailing Address 30 S. Wacker Dr. Suite 2200		Amount of Each Disbursement this Period 7.38 <b>Transaction ID : SB17.6039</b>
City Chicago	State IL Zip Code 60606	
Purpose of Disbursement Electronic Donation Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17.99
<b>TOTAL</b> This Period (last page this line number only).....	

12020152946

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 61	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Exxon 3rd St.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 06 2011
Mailing Address 901 3rd St.		Amount of Each Disbursement this Period  40.29 <b>Transaction ID : SB17.5750</b>
City Harrisburg	State PA Zip Code 17102	
Purpose of Disbursement Fuel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Exxon 3rd St.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 11 2011
Mailing Address 901 3rd St.		Amount of Each Disbursement this Period  38.00 <b>Transaction ID : SB17.6420</b>
City Harrisburg	State PA Zip Code 17102	
Purpose of Disbursement Fuel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. InnoMarketing Ventures, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 21 2011
Mailing Address 103 East Beaver Avenue Suite 11		Amount of Each Disbursement this Period  250.00 <b>Transaction ID : SB17.6013</b>
City State College	State PA Zip Code 16801	
Purpose of Disbursement Advertising	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	328.29
<b>TOTAL</b> This Period (last page this line number only).....	

12020152948

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Ohio Casualty</b>		Date of Disbursement M M / D D / Y Y Y Y 10 06 2011
Mailing Address 9450 Seward Rd.		Amount of Each Disbursement this Period 56.25 Transaction ID : SB17.5749
City Fairfield	State OH	
Zip Code 45014	Purpose of Disbursement Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
Full Name (Last, First, Middle Initial) <b>B. Ohio Casualty</b>		Date of Disbursement M M / D D / Y Y Y Y 11 07 2011
Mailing Address 9450 Seward Rd.		Amount of Each Disbursement this Period 56.25 Transaction ID : SB17.5865
City Fairfield	State OH	
Zip Code 45014	Purpose of Disbursement Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
Full Name (Last, First, Middle Initial) <b>c. Ohio Casualty</b>		Date of Disbursement M M / D D / Y Y Y Y 12 07 2011
Mailing Address 9450 Seward Rd.		Amount of Each Disbursement this Period 56.25 Transaction ID : SB17.5901
City Fairfield	State OH	
Zip Code 45014	Purpose of Disbursement Insurance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		168.75
<b>TOTAL</b> This Period (last page this line number only).....		

12020152950

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Pennsylvania Turnpike Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 16 2011
Mailing Address 7631 Derry St.		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.6004
City Harrisburg	State PA	
Purpose of Disbursement Tolls	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael and Amy Saracino</b>		Date of Disbursement M M / D D / Y Y Y Y 10 31 2011
Mailing Address 6312 Aston Court		Amount of Each Disbursement this Period 950.00 Transaction ID : SB17.5834
City Harrisburg	State PA	
Purpose of Disbursement Rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Michael and Amy Saracino</b>		Date of Disbursement M M / D D / Y Y Y Y 11 28 2011
Mailing Address 6312 Aston Court		Amount of Each Disbursement this Period 950.00 Transaction ID : SB17.5874
City Harrisburg	State PA	
Purpose of Disbursement Rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1935.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020152951

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 61

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Michael and Amy Saracino</b>		Date of Disbursement M M / D D / Y Y Y Y 12 29 2011	
Mailing Address 6312 Aston Court		Amount of Each Disbursement this Period  950.00 <b>Transaction ID : SB17.6015</b>	
City Harrisburg	State PA		Zip Code 17111
Purpose of Disbursement Rent	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Joseph Scaringi</b>		Date of Disbursement M M / D D / Y Y Y Y 12 13 2011	
Mailing Address 316 Baumgardner Dr.		Amount of Each Disbursement this Period  562.20 <b>Transaction ID : SB17.5982</b>	
City Harrisburg	State PA		Zip Code 17112
Purpose of Disbursement In-kind - Catering	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. MARC ANTHONY A SCARINGI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 05 2011	
Mailing Address 215 N. 24th St.		Amount of Each Disbursement this Period  2733.70 <b>Transaction ID : SB17.6017</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Reimbursement - Travel Expenses	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4245.90
<b>TOTAL</b> This Period (last page this line number only).....	

12020152852



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Leinbach for Commissioner</b>		Date of Disbursement M M / D D / Y Y Y Y 10 20 2011
Mailing Address P.O. Box 13715		Amount of Each Disbursement this Period  250.00 Transaction ID : SB17.6017.4 <b>[MEMO ITEM]</b>
City Reading	State PA	
Zip Code 19612	Purpose of Disbursement Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Pennsylvania Turnpike Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 10 31 2011
Mailing Address 7631 Derry St.		Amount of Each Disbursement this Period  99.52 Transaction ID : SB17.6017.10 <b>[MEMO ITEM]</b>
City Harrisburg	State PA	
Zip Code 17111	Purpose of Disbursement Tolls	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Marc Scaringi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 31 2011
Mailing Address 215 N. 24th St.		Amount of Each Disbursement this Period  2097.99 Transaction ID : SB17.6017.11 <b>[MEMO ITEM]</b>
City Camp Hill	State PA	
Zip Code 17011	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	.

12020152853

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 61
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. MARC ANTHONY A SCARINGI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 18 2011	
Mailing Address 215 N. 24th St.		Amount of Each Disbursement this Period  2566.66 <b>Transaction ID : SB17.6018</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Reimbursement - Travel Expense	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA	District: 00		

Full Name (Last, First, Middle Initial) <b>B. MARC ANTHONY A SCARINGI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 18 2011	
Mailing Address 215 N. 24th St.		Amount of Each Disbursement this Period  153.42 <b>Transaction ID : SB17.6019</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Reimbursement - Travel Expenses	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA	District: 00		

Full Name (Last, First, Middle Initial) <b>C. MARC ANTHONY A SCARINGI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 31 2011	
Mailing Address 215 N. 24th St.		Amount of Each Disbursement this Period  2732.99 <b>Transaction ID : SB17.6020</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Reimbursement - Travel Expenses	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2732.99
<b>TOTAL</b> This Period (last page this line number only).....	

12020152854

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. The Pennsylvania Society</b>		Date of Disbursement M M / D D / Y Y Y Y 11 15 2011	
Mailing Address 808 Bethlehem Pike Suite One		Amount of Each Disbursement this Period  700.00 Transaction ID : SB17.6020.15  [MEMO ITEM]	
City Erdenheim	State PA		Zip Code 19038
Purpose of Disbursement Pennsylvania Society Dinner	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. MARC ANTHONY A SCARINGI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 21 2011	
Mailing Address 215 N. 24th St.		Amount of Each Disbursement this Period  1366.34 Transaction ID : SB17.6020.21  [MEMO ITEM]	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Mileage	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: PA District: 00			

Full Name (Last, First, Middle Initial) <b>C. Pennsylvania Turnpike Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 11 30 2011	
Mailing Address 7631 Derry St.		Amount of Each Disbursement this Period  86.24 Transaction ID : SB17.6020.26  [MEMO ITEM]	
City Harrisburg	State PA		Zip Code 17111
Purpose of Disbursement Tolls	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020152855

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial)  
**A. MARC ANTHONY A SCARINGI**

Date of Disbursement

M M / D D / Y Y Y Y  
12 31 2011

Mailing Address 215 N. 24th St.

City State Zip Code  
Camp Hill PA 17011

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement - Travel Expenses

2865.56

Candidate Name

Transaction ID : SB17.6021

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify)  
State: PA District: 00

Full Name (Last, First, Middle Initial)  
**B. The Women's National Republican Club**

Date of Disbursement

M M / D D / Y Y Y Y  
12 11 2011

Mailing Address 3 West 51st St.

City State Zip Code  
New York NY 10019

Amount of Each Disbursement this Period

Purpose of Disbursement  
Lodging

841.43

Candidate Name

Transaction ID : SB17.6021.8

Category/  
Type

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify)  
State: District:

Full Name (Last, First, Middle Initial)  
**C. DiSalvo's Station Ristorante**

Date of Disbursement

M M / D D / Y Y Y Y  
12 13 2011

Mailing Address 325 McKinley Ave.

City State Zip Code  
Latrobe PA 15650

Amount of Each Disbursement this Period

Purpose of Disbursement  
Catering

300.00

Candidate Name

Transaction ID : SB17.6021.10

Category/  
Type

[MEMO ITEM]

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  
 Other (specify)  
State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... 2865.56

**TOTAL** This Period (last page this line number only).....

12020152856

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. MARC ANTHONY A SCARINGI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 22 2011
Mailing Address 215 N. 24th St.		Amount of Each Disbursement this Period , , 1409.79 Transaction ID : SB17.6021.16 [MEMO ITEM]
City State Zip Code Camp Hill PA 17011	Purpose of Disbursement Mileage	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) <b>B. Pennsylvania Turnpike Commission</b>		Date of Disbursement M M / D D / Y Y Y Y 12 15 2011
Mailing Address 7631 Derry St.		Amount of Each Disbursement this Period , , 54.70 Transaction ID : SB17.6021.17 [MEMO ITEM]
City State Zip Code Harrisburg PA 17111	Purpose of Disbursement Tolls	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) <b>C. MARC ANTHONY A SCARINGI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 31 2011
Mailing Address 215 N. 24th St.		Amount of Each Disbursement this Period , , 812.11 Transaction ID : SB17.6022
City State Zip Code Camp Hill PA 17011	Purpose of Disbursement Reimbursement - Buttons	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		, , 812.11
<b>TOTAL</b> This Period (last page this line number only) .....		, ,

12020152857

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Capitol Promotions Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 05 2011
Mailing Address P.O. Box 231 249 N. Keswick Ave., 1st Floor		Amount of Each Disbursement this Period 812.11
City Glenside	State PA	
Zip Code 19038	Purpose of Disbursement Buttons	Transaction ID : SB17.6022.0  [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

Full Name (Last, First, Middle Initial) <b>B. MARC ANTHONY A SCARINGI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 31 2011
Mailing Address 215 N. 24th St.		Amount of Each Disbursement this Period 300.00
City Camp Hill	State PA	
Zip Code 17011	Purpose of Disbursement Reimbursement - Catering	Transaction ID : SB17.6023
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: PA District: 00

Full Name (Last, First, Middle Initial) <b>c. DiSalvo's Station Ristorante</b>		Date of Disbursement M M / D D / Y Y Y Y 01 13 2012
Mailing Address 325 McKinley Ave.		Amount of Each Disbursement this Period 300.00
City Latrobe	State PA	
Zip Code 15650	Purpose of Disbursement Catering	Transaction ID : SB17.6023.0  [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

12020152958

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Melanie Walz Scaringi</b>		Date of Disbursement M M / D D / Y Y Y Y 10 24 2011	
Mailing Address 215 N 24th St.		Amount of Each Disbursement this Period  163.96 <b>Transaction ID : SB17.5807</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Reimbursement - Telephone			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 14 2011	
Mailing Address P.O. Box 4003		Amount of Each Disbursement this Period  163.96 <b>Transaction ID : SB17.5807.0</b> <b>[MEMO ITEM]</b>	
City Acworth	State GA		Zip Code 30101
Purpose of Disbursement Telephone			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Melanie Walz Scaringi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 19 2011	
Mailing Address 215 N 24th St.		Amount of Each Disbursement this Period  154.64 <b>Transaction ID : SB17.5871</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Reimbursement - Telephone			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	318.60
<b>TOTAL</b> This Period (last page this line number only) .....	

12020152859

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 16 2011	
Mailing Address P.O. Box 4003		Amount of Each Disbursement this Period  154.64 <b>Transaction ID : SB17.5871.0</b>  <b>[MEMO ITEM]</b>	
City Acworth	State GA		Zip Code 30101
Purpose of Disbursement Telephone	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Melanie Walz Scaringi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 28 2011	
Mailing Address 215 N 24th St.		Amount of Each Disbursement this Period  10.79 <b>Transaction ID : SB17.5882</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Reimbursement - Travel Expense	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Melanie Walz Scaringi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 29 2011	
Mailing Address 215 N 24th St.		Amount of Each Disbursement this Period  100.00 <b>Transaction ID : SB17.5891</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Reimbursement - DeSoto Salary	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	110.79
<b>TOTAL</b> This Period (last page this line number only).....	

12020152860



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Randall DeSoto</b>		Date of Disbursement M M / D D / Y Y Y Y 11 16 2011	
Mailing Address P.O. Box 10		Amount of Each Disbursement this Period  100.00 <b>Transaction ID : SB17.5891.0</b>  <b>[MEMO ITEM]</b>	
City Millerburg	State PA		Zip Code 17061
Purpose of Disbursement Salary	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Melanie Walz Scaringi</b>		Date of Disbursement M M / D D / Y Y Y Y 12 18 2011	
Mailing Address 215 N 24th St.		Amount of Each Disbursement this Period  143.10 <b>Transaction ID : SB17.6006</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Telephone	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 12 14 2011	
Mailing Address P.O. Box 4003		Amount of Each Disbursement this Period  143.10 <b>Transaction ID : SB17.6006.0</b>  <b>[MEMO ITEM]</b>	
City Acworth	State GA		Zip Code 30101
Purpose of Disbursement Telephone	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	143.10
<b>TOTAL</b> This Period (last page this line number only).....	

12020152861

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. Melanie Walz Scaringi</b>		Date of Disbursement M M / D D / Y Y Y Y 12 29 2011	
Mailing Address 215 N 24th St.		Amount of Each Disbursement this Period 96.00 <b>Transaction ID : SB17.6016</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Reimbursement - Parking			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 10 2011	
Mailing Address 128 S 32nd St.		Amount of Each Disbursement this Period 59.34 <b>Transaction ID : SB17.5795</b>	
City Camp Hill	State PA		Zip Code 17011
Purpose of Disbursement Printer Cartridge			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The UPS Store</b>		Date of Disbursement M M / D D / Y Y Y Y 11 03 2011	
Mailing Address 4075 Linglestown Rd.		Amount of Each Disbursement this Period 99.99 <b>Transaction ID : SB17.5868</b>	
City Harrisburg	State PA		Zip Code 17112
Purpose of Disbursement Personal Mailbox			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	255.33
<b>TOTAL</b> This Period (last page this line number only).....	

12020152862

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 61

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. WebSAP.net</b>		Date of Disbursement M M / D D / Y Y Y Y 12 18 2011	
Mailing Address 79 Forest Glen Drive		Amount of Each Disbursement this Period  203.39 <b>Transaction ID : SB17.6007</b>	
City Imperial	State PA		Zip Code 15126
Purpose of Disbursement Website hosting	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. xferty technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 10 29 2011	
Mailing Address 1300 Bent Creek Blvd		Amount of Each Disbursement this Period  870.00 <b>Transaction ID : SB17.5828</b>	
City Mechanicsburg	State PA		Zip Code 17050
Purpose of Disbursement Website consulting	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. xferty technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 11 08 2011	
Mailing Address 1300 Bent Creek Blvd		Amount of Each Disbursement this Period  460.00 <b>Transaction ID : SB17.5853</b>	
City Mechanicsburg	State PA		Zip Code 17050
Purpose of Disbursement Website consulting	Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1533.39
<b>TOTAL</b> This Period (last page this line number only).....	

12020152863

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial) <b>A. xforty technologies</b>		Date of Disbursement M M / D D / Y Y Y Y 12 18 2011
Mailing Address 1300 Bent Creek Blvd		Amount of Each Disbursement this Period  250.00 <b>Transaction ID : SB17.6010</b>
City Mechanicsburg	State PA Zip Code 17050	
Purpose of Disbursement Website consulting	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	18332.82

12020152864

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Constant Contact</b>		M M / D D / Y Y Y Y 11 17 2011	
Mailing Address 1601 Trapelo Rd. Suite 329		Amount of Each Disbursement this Period	
City Waltham	State MA	Zip Code 02451	55.00
Purpose of Disbursement Email Marketing		Category/ Type	Transaction ID : SB21.6046
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Constant Contact</b>		M M / D D / Y Y Y Y 12 17 2011	
Mailing Address 1601 Trapelo Rd. Suite 329		Amount of Each Disbursement this Period	
City Waltham	State MA	Zip Code 02451	55.00
Purpose of Disbursement Email Marketing		Category/ Type	Transaction ID : SB21.6048
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Pennsylvania Turnpike Commission</b>		M M / D D / Y Y Y Y 11 21 2011	
Mailing Address 7631 Derry St.		Amount of Each Disbursement this Period	
City Harrisburg	State PA	Zip Code 17111	35.00
Purpose of Disbursement Tolls		Category/ Type	Transaction ID : SB21.6047
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	145.00
<b>TOTAL</b> This Period (last page this line number only) .....	

12020152865

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

**A. Republican Committee of Allegheny County**

Full Name (Last, First, Middle Initial)  
Mailing Address **100 Fleet St.  
Suite 105**

City **Pittsburgh** State **PA** Zip Code **15220**

Purpose of Disbursement  
**Luncheon**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: **2012**  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**10 25 2011**

Amount of Each Disbursement this Period  
**60.00**

Transaction ID : **SB21.5814**

Category/Type

**B. Rose Tennent**

Full Name (Last, First, Middle Initial)  
Mailing Address **200 Fleet St.**

City **Pittsburgh** State **PA** Zip Code **15220**

Purpose of Disbursement  
**Talent Fee**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: **2012**  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**12 07 2011**

Amount of Each Disbursement this Period  
**1000.00**

Transaction ID : **SB21.5902**

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1060.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1205.00</b>

12020152866

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **Scaringi for Senate 2012** Transaction ID : **SC/10.5279**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **MARC ANTHONY A SCARINGI** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
215 N. 24th St.

City	State	ZIP Code
Camp Hill	PA	17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1719.00	0.00	1719.00

**TERMS** Date Incurred **04 / 01 / 2011** Date Due **on demand** Interest Rate **0.00** % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1719.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152867

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Scaringi for Senate 2012

Transaction ID : SC/10.5280

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

MARC ANTHONY A SCARINGI

Primary  
 General  
 Other (specify) ▼

Mailing Address  
215 N. 24th St.

City State ZIP Code  
Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
618.45	0.00	618.45

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M <sup>04</sup> / D <sup>01</sup> / Y <sup>2011</sup>	on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ..... ▶ 618.45

**TOTALS** This Period (last page in this line only) ..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152968



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
Scaringi for Senate 2012

Transaction ID : SC/10.5281

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

MARC ANTHONY A SCARINGI

Primary  
 General  
 Other (specify) ▼

Mailing Address  
215 N. 24th St.

City State ZIP Code  
Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2153.96	0.00	2153.96

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M <sup>04</sup> / D <sup>07</sup> / Y <sup>2011</sup>	on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 2153.96

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152868

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Scaringi for Senate 2012** Transaction ID : **SC/10.5236**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MARC ANTHONY A SCARINGI</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 215 N. 24th St.		

City	State	ZIP Code
Camp Hill	PA	17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	M 05 / D 31 / Y 2011	M M / D D / Y Y on demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	1000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	.

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152870

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Scaringi for Senate 2012** Transaction ID : **SC/10.5331**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**MARC ANTHONY A SCARINGI**  Primary  
 Mailing Address  General  
 215 N. 24th St.  Other (specify) ▼

City State ZIP Code  
 Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5124.37	0.00	5124.37

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M<sup>M</sup> / D<sup>D</sup> / Y<sup>Y</sup> 2011 Y M M / D D / Y Y Y Y on demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	5124.37
<b>TOTALS</b> This Period (last page in this line only).....	
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

12020152971

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full) **Scaringi for Senate 2012** Transaction ID : **SC/10.5499**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **MARC ANTHONY A SCARINGI** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
215 N. 24th St.

City State ZIP Code  
Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M<sup>M</sup> / D<sup>D</sup> / Y<sup>Y</sup> 2011 M M / D D / Y<sup>Y</sup> Y<sup>Y</sup> Y<sup>Y</sup> 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 2000.00  
**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12620152872

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full) **Scaringi for Senate 2012** Transaction ID : **SC/10.5545**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **MARC ANTHONY A SCARINGI** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
215 N. 24th St.

City State ZIP Code  
Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M<sup>08</sup> / D<sup>31</sup> / Y<sup>2011</sup> M M / D D / Y Y On demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	6000.00
<b>TOTALS</b> This Period (last page in this line only).....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152873

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **Scaringi for Senate 2012** Transaction ID : **SC/10.5702**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **MARC ANTHONY A SCARINGI** [PERSONAL FUNDS] Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
215 N. 24th St.

City State ZIP Code  
Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M<sup>09</sup> / D<sup>30</sup> / Y<sup>2011</sup> M M / D D / Y Y On demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	6000.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152874

**SCHEDULE C (FEC Form 3)**

**LOANS**

NAME OF COMMITTEE (In Full) **Scaringi for Senate 2012** Transaction ID : **SC/10.5835**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**MARC ANTHONY A SCARINGI**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 215 N. 24th St.

City State ZIP Code  
 Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
 M<sup>M</sup> / D<sup>D</sup> / Y<sup>Y</sup> 2011 Y<sup>Y</sup> M<sup>M</sup> / D<sup>D</sup> / Y<sup>Y</sup> On demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	1000.00
<b>TOTALS</b> This Period (last page in this line only).....	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152875

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Scaringi for Senate 2012** Transaction ID : **SC/10.5870**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **MARC ANTHONY A SCARINGI** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
215 N. 24th St.

City State ZIP Code  
Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS** Date Incurred Date Due Interest Rate Secured:  
M 11 / D 18 / Y 2011 M M / D D / Y Y Y Y On demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	2000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152876



**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Transaction ID : **SC/10.5897**

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

**MARC ANTHONY A SCARINGI**

Primary  
 General  
 Other (specify) ▼

Mailing Address  
215 N. 24th St.

City State ZIP Code  
Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2733.70	0.00	2733.70

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 05 / Y 2011	On demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 2733.70

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152877

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 58 OF 61

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full) **Scaringi for Senate 2012** Transaction ID : **SC/10.5983**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **MARC ANTHONY A SCARINGI** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 215 N. 24th St.

City State ZIP Code  
 Camp Hill PA 17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 27 / Y 2011	On demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 2500.00

**TOTALS** This Period (last page in this line only) ..... ▶

Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no **Schedule D**, carry forward to appropriate line of Summary.

12020152978

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

Transaction ID : **SC/10.5984**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**MARC ANTHONY A SCARINGI**

Primary

General

Other (specify) ▼

Mailing Address  
215 N. 24th St.

City	State	ZIP Code
Camp Hill	PA	17011

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4500.00	0.00	4500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M <sup>12</sup> / D <sup>30</sup> / Y <sup>2011</sup> Y	M M / D D / Y Y On demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 4500.00

**TOTALS** This Period (last page in this line only)..... ▶ 37349.48

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12020152878

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 60 OF 61
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Scaringi for Senate 2012**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MARC ANTHONY A SCARINGI</b>		Nature of Debt (Purpose): Over-payment of reimbursement
Mailing Address 215 N. 24th St.		
City State Camp Hill PA	Zip Code 17011	

Outstanding Balance Beginning This Period	Transaction ID : SD9.6285	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1733.32	0.00	1733.32

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
,		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
,	,	,

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period		
,		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
,	,	,

1) SUBTOTALS This Period This Page (optional) .....	1733.32
2) TOTALS This Period (last page this line number only) .....	1733.32
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1733.32

12020152880

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 61
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Scaringi for Senate 2012**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Melanie Walz Scaringi</b>	Nature of Debt (Purpose): Travel Expenses
Mailing Address 215 N 24th St.	
City State Zip Code Camp Hill PA 17011	

Outstanding Balance Beginning This Period	Transaction ID : SD10.6125	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1699.71	0.00	1699.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) .....	1699.71
2) TOTALS This Period (last page this line number only) .....	1699.71
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	37349.48
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	39049.19

12020152881



United States Postal Service

INSPECTION



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# United States Senate

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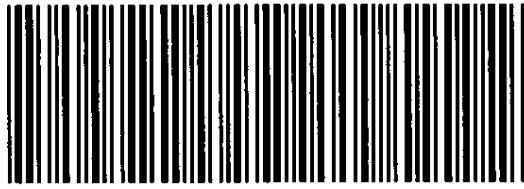
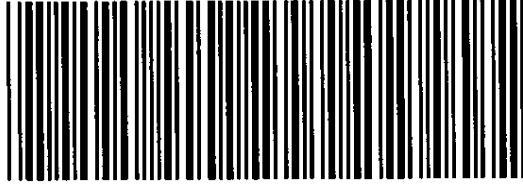
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