

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee For a Stronger Swatara					
Street Address		523 High Street					
City	Bressler	State	PA	Zip Code	17113		

Type of Report (Place x under report type)

1-6 th Tuesday Pre-Primary	2-2 nd Friday Pre-Primary	3-30 Day Post Primary	4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		5/19/15	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From: Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	4/2/15	5/4/15	County Copy RECEIVED 2015 MAY -7 PM 1:05 Department of State Bureau of C.F.L.
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 0	
C. Total Funds Available (Sum of Lines A and B)		\$ 3182.30	
D. Total Expenditures (From Schedule III)		\$ 3164.58	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 17.72	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 3162.30	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 7 day of May 20 15

Signature: Richie A. Martz
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 RICHIE A. MARTZ, Notary Public
 City of Harrisburg, Dauphin County
 My Commission Expires May 13, 2015

Signature of Person Submitting report: Jeff Varner
 Printed Name: Jeff Varner

Area Code: 717 Daytime Telephone Number: 343-3210

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature: _____

My Commission expires _____ MO. DAY YR.

Signature of Candidate: _____
 Printed Name: _____
 Area Code: _____ Daytime Telephone Number: _____

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 2015 MAY -7 PM 2:56

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	<i>Committee for a Stronger Swatara</i>		
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	<i>20.00</i>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	<i>0</i>
All Other Contributions (Part B)		\$	<i>0</i>
Total for the reporting period	(2)	\$	<i>0</i>
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	<i>0</i>
All Other Contributions (Part D)		\$	<i>3162.30</i>
Total for the reporting period	(3)	\$	<i>3162.30</i>
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	<i>0</i>
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	<i>3182.30</i>

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Committee for a Stranger Swatara
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Full Name of Contributor		Jeff Varner			Date [MM/DD/YYYY]	\$	1054.10
House #	523	Street Address	High St.		Date [MM/DD/YYYY]	\$	
City	Bressler	State	PA	Zip Code	17113	Date [MM/DD/YYYY]	\$
Employer Name		Dennet			Occupation	Sales	
Employer Mailing Address / Principal Place of Business		1709 Afton Rd. Sycamore, IL 6078					
Full Name of Contributor		Brian Fateshock			Date [MM/DD/YYYY]	\$	1054.10
House #	966	Street Address	Lark Drive		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17111	Date [MM/DD/YYYY]	\$
Employer Name		Four Seasons Landscaping			Occupation	Owner	
Employer Mailing Address / Principal Place of Business		Derry St. Harrisburg, PA 17111					
Full Name of Contributor		Toby Radsevic			Date [MM/DD/YYYY]	\$	1054.10
House #	44	Street Address	N. 46th Street		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17111	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	Retired	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM, DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	<i>Committee for a Stranger Swatara</i>
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To Whom Paid	<i>Capital Area Promotions</i>			Date [MM/DD/YYYY]	<i>4/18/15</i>	\$	<i>3164.58</i>
House #	<i>912</i>	Street Address	<i>Sunnyholl Lane</i>		Description of Expenditure		
City	<i>Harrisburg</i>		State	<i>PA</i>	Zip Code	<i>17111</i>	
							<i>Yard Signs</i>
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City			State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City			State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City			State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City			State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City			State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City			State		Zip Code		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure		
City			State		Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

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

Filer Identification Number:	Committee for a Stronger Scranton
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Name of Creditor		Jeff Varner				Outstanding Balance of Debt	
House #	523	Street Address		High Street		DATE DEBT INCURRED [MM/DD/YYYY]	
City		Bressler		State	PA	Zip Code	17113
Description of Debt		LOAN					
Name of Creditor		Brian Faleshock				Outstanding Balance of Debt	
House #	966	Street Address		Lark Dr.		DATE DEBT INCURRED [MM/DD/YYYY]	
City		Harrisburg		State	PA	Zip Code	17111
Description of Debt		LOAN					
Name of Creditor		Toby Radosevic				Outstanding Balance of Debt	
House #	44	Street Address		N. 46th Street		DATE DEBT INCURRED [MM/DD/YYYY]	
City		Harrisburg		State	PA	Zip Code	17111
Description of Debt		LOAN					
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	
City				State		Zip Code	
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	
City				State		Zip Code	
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	
City				State		Zip Code	
Description of Debt							