



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)	<input checked="" type="checkbox"/>	Candidate	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Jeff Varner					
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 type="checkbox"/>	<input checked="" 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
	5/5/15	6/8/15	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	4022.72	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

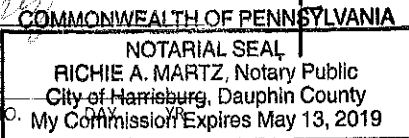
Affidavit Section

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

18 day of June 20 15
 Signature: *Richie A. Martz*



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

My Commission expires _____
 MO. DAY YR. 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, 1997 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

____ day of _____ 20____
 Signature: _____

Signature of Candidate: _____
 Printed Name: _____

My Commission expires _____
 MO. DAY YR. Area Code: _____ Daytime Telephone Number: _____

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
 DETAILED SUMMARY PAGE

Filer Identification Number:	Jeff Varner
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 4022.72

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 4022.72
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SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	Jeff Varner
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
Friends of Swatara Twp.					5/6/15		2011.36
House #	Street Address			Date [MM/DD/YYYY]		\$	
	P.O. Box 4165						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Harrisburg	PA	17111					
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		Masters
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Committee for a Stronger Swatara					5/8/15		2011.36
House #	Street Address			Date [MM/DD/YYYY]		\$	
523	High Street						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Bressler	PA	17113					
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		Masters
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					Description of Contribution		
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					Description of Contribution		