



Reset Form

Print Form

## 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 checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Brad Kopinski					
Street Address		267 Sassafras Street					
City	Hannaburg	State	PA	Zip Code	17102		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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
	01/01/15	04/04/15	
A. Amount Brought Forward From Last Report	\$	0	<div>RECEIVED 2015 MAY -7 PM 2:15 DAUPHIN COUNTY REG. OF VOTER REGISTRATION 400 BIRCH ST. DAUPHIN, PA 17033</div>
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)	\$	98.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-98.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
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

7<sup>th</sup> day of May 20 15

Signature of Notary Public: Laura L. Kennedy

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Laura L. Kennedy, Notary Public

Newberry Twp., York County

My Commission Expires Feb. 18, 2017

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Printed Name

623-2748

Daytime Telephone Number

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

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

Sworn to and subscribed before me this

day of 20

Signature

Signature of Candidate

Printed Name

My Commission expires

MO. DAY YR.

Area Code

Daytime Telephone Number

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number:	<i>Brad Karlin</i>
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To Whom Paid		<i>U.S.P.S.</i>		Date [MM/DD/YYYY]	\$	<i>98.00</i>
House #	<i>1425</i>	Street Address	<i>Crooked Hill Road</i>		Description of Expenditure	
City	<i>Harrisburg</i>	State	<i>PA</i>	Zip Code	<i>17110</i>	
				<i>Stamps for Mailing</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		