



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	Brian Faleshock							
Street Address	966 Lark Dr.							
City	Harrisburg	State	PA	Zip Code	17111			

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
	1/1/15	5/4/15	
A. Amount Brought Forward From Last Report	\$	0	<div>RECEIVED 2015 MAY -7 PM 2:56 OFFICE OF THE CLERK OF THE HOUSE OF REPRESENTATIVES AND SENATORS</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)	\$	1600.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
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 day of May 20 15

Signature
Richard A. Martz

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
RICHEL A. MARTZ, Notary Public
City of Harrisburg, Dauphin County
My Commission Expires May 13, 2015

My Commission expires

MO.

DAY

YR.

Signature of Person Submitting report

Brian Faleshock

Printed Name

717
Area Code943-7585
Daytime Telephone NumberPart 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

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	<i>Brian Faleshock</i>
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ <i>0</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>0</i>
Total for the reporting period	(3)	\$ <i>0</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 (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>0</i>

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Brian Faleshock
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To Whom Paid	Armstrong Printery				Date [MM/DD/YYYY]	4/14/15	\$	545.90
House #	2940	Street Address	Jefferson St.		Description of Expenditure			
City	Harrisburg	State	PA	Zip Code	17110		Door Hangers	
To Whom Paid	Committee for a Stronger Susquehanna				Date [MM/DD/YYYY]	4/14/15	\$	1054.10
House #	523	Street Address	High High St.		Description of Expenditure			
City	Bressler	State	PA	Zip Code	17113		Loan	
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				