



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		Toby Radosevic					
Street Address		44 N. 46th Street					
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
<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)		Year		Amendment Report		Termination Report	
				<input type="checkbox"/>		<input type="checkbox"/>	
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only			
		1/1/15	5/4/15	<div style="text-align: center;"> RECEIVED 2015 MAY -7 PM 2:56 DAUPHIN COUNTY SOLE OF VOTER REGISTRATION AND ELECTIONS </div>			
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)		\$	1600200				
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							
<div style="display: flex; justify-content: space-between;"> <div> 7 day of May 20 15 Signature: <u>Richie A. Martz</u> My Commission expires _____ MO. DAY YR. </div> <div style="text-align: center;"> NOTARIAL SEAL RICHEL A. MARTZ, Notary Public City of Harrisburg, Dauphin County My Commission Expires May 13, 2015 </div> <div> Signature of Person Submitting report <u>Toby Radosevic</u> Printed Name 717 Area Code 443-9067 Daytime Telephone Number </div> </div>							
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							
<div style="display: flex; justify-content: space-between;"> <div> ____ day of _____ 20____ Signature: _____ My Commission expires _____ MO. DAY YR. </div> <div style="text-align: center;"> Signature of Candidate _____ Printed Name _____ Area Code _____ Daytime Telephone Number _____ </div> </div>							

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Toby Radosevic		
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period		(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period		(3)	\$ 0
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
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)		\$	0

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Toby Radosevic
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To Whom Paid	Armstrong Printery				Date [MM/DD/YYYY]	\$	545.90
House #	2440	Street Address	Jefferson St.		Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17110	Door Hangers	
To Whom Paid	Committee for a Stronger Senate				Date [MM/DD/YYYY]	\$	1054.10
House #	523	Street Address	High Street		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			