

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		Hilary Vesell					
Street Address		15 Broadview Street					
City	Hershey	State	PA	Zip Code	17033		

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)		Nov 3		Year	2015		Amendment Report	Termination Report
							<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/4/15	5/6/15	
A. Amount Brought Forward From Last Report	\$	0	RECEIVED 2015 MAY -8 PM 1:56 DAUPHIN COUNTY BUREAU OF VOTER REGISTRATION AND ELECTIONS
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	8543.54	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	8543.54	
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	

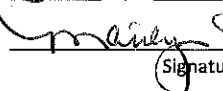
Affidavit Section

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

8th day of May 2015


 Notarial Seal
 Marilyn J. Cichelli, Notary Public
 Derry Twp., Dauphin County
 My Commission Expires September 04, 2018

Signature of Person Submitting report

Printed Name

Area Code

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

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			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period		(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period		(3)	\$
			\$ 543.54
			\$ 543.54
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$
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)		\$	\$ 543.54

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:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Hilary Vesell				5/4/15		\$	\$400.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
15	Broadview Street			5/5/15		\$	\$125.00
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Hershey	PA	17033		5/6/15		\$	\$18.54
Employer Name				Occupation			
Vesell Law, LLC				Attorney			
Employer Mailing Address / Principal Place of Business				310 W. Chocolate Ave., Hershey, PA 17033			
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							
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							
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:	
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To Whom Paid		Sun Newspaper			Date [MM/DD/YYYY]	\$	400
House #	18	Street Address	E. main street		Description of Expenditure		
City	Hummelstown	State	PA	Zip Code	17036 for advertisement in their newspaper		
To Whom Paid		Sun Newspaper			Date [MM/DD/YYYY]	\$	125
House #	18	Street Address	E. main street		Description of Expenditure		
City	Hummelstown	State	PA	Zip Code	17036 purchased rights to picture to go with ad		
To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	18.54
House #	710	Street Address	W. chocolate Avenue		Description of Expenditure		
City	Hershey	State	PA	Zip Code	17033 ordered shirt with logo on it		
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			