



Reset Form

Print Form

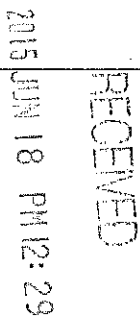
Commonwealth of Pennsylvania - Campaign Finance Report

(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 Drive					
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 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

Richie A. Martz

Signature

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

RICHIE A. MARTZ, Notary Public
City of Harrisburg, Dauphin County

My Commission Expires May 13, 2019

My Commission expires

Signature of Person Submitting report

Brian Faleshock

Printed Name

717

Area Code

943-7585

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 II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

DETAILED SUMMARY PAGE

Filer Identification Number:	<i>Brian Faleshock</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ <i>0</i>

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

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

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)		\$ <i>4022.72</i>
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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	Brian Faleshock
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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		Mailers		
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		Mailers		
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				