



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)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Toby Radosovic							
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	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

A. Amount Brought Forward From Last Report

\$

B. Total Monetary Contributions and Receipts (From Schedule I)

\$

C. Total Funds Available (Sum of Lines A and B)

\$

D. Total Expenditures (From Schedule III)

\$

E. Ending Cash Balance (Subtract Line D from Line C)

\$

F. Value of In-Kind Contributions Received (From Schedule II)

\$

G. Unpaid Debts and Obligations (From Schedule IV)

\$

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

Signature

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

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

My Commission expires

MO. My Commission Expires May 13, 2019

Signature of Person Submitting report

Toby Radosovic

Printed Name

717

Area Code

443-9067

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 RECEIVED

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

Filer Identification Number:

Toby Radosevic

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

4022.72

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)

\$

4022.72

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

Toby Radosevic

Full Name of Contributor		Friends of Swatara Twp				Date [MM/DD/YYYY]	\$	2011.36
House #	Street Address	P.O. Box 4165				Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17111	Date [MM/DD/YYYY]	\$	
Employer Name		_____				Occupation	_____	
Employer Mailing Address / Principal Place of Business		_____				Description of Contribution	Mailers	
Full Name of Contributor		Committee for a Stronger Swatara				Date [MM/DD/YYYY]	\$	2011.36
House #	Street Address	523 High Street				Date [MM/DD/YYYY]	\$	
City	Bressler	State	PA	Zip Code	17113	Date [MM/DD/YYYY]	\$	
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		