

## 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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee for a Stronger Swatara					
Street Address		523 High Street					
City	Bressler	State	PA	Zip Code	17113		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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
	5-5-2015	6-8-2015	
A. Amount Brought Forward From Last Report	\$	17.72	<p>County Copy</p> <p>RECEIVED</p> <p>2015 JUN 18 PM 12:04</p> <p>Department of State</p> <p>Bureau of C.F.R.</p> <p>RECEIVED</p> <p>2015 JUN 18 PM 12:26</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6034.08	
C. Total Funds Available (Sum of Lines A and B)	\$	6051.80	
D. Total Expenditures (From Schedule III)	\$	6034.08	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	17.72	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	3162.30	

## 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 2015

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

Signature of Person Submitting report

Jeff Varner

Printed Name

My Commission expires

MO.

DAY

YR.

717

Area Code

343-3210

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 I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	Committee for a Stronger Swatara			
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>				
Total for the reporting period		(1)	\$	0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>				
Contributions Received from Political Committees (Part A)			\$	0
All Other Contributions (Part B)			\$	0
Total for the reporting period		(2)	\$	0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>				
Contributions Received from Political Committees (Part C)			\$	6034.08
All Other Contributions (Part D)			\$	0
Total for the reporting period		(3)	\$	6034.08
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>				
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)			\$	6034.08

## PART C

## Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	Committee for a Stronger Swatara
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Full Name of Contributing Committee	Better Government For PA	Date [MM/DD/YYYY]	5/6/15	\$	6034.08
House #	Street Address	Date [MM/DD/YYYY]		\$	
	P.O. Box 7365				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Steelton	PA	17113			
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	Committee For a Stronger Swatara
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To Whom Paid	The WS Group				Date [MM/DD/YYYY]	\$	6034.08
House #	P.O. Box 391				Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17108	Mailables	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #					Description of Expenditure		
City		State		Zip Code			