Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 80	00367				port		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST	
Name of Filing C	ommittee, Cand	idate or L	.obbyist:		Loca	al 07	712 IE	BEW COP	'E			<u>_</u>	•			
Street Address:	217 Sassafı	as Lane														
City:	Beaver							State:	PA			Zip Cod	de: 1	5009-1	709	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		POST-	3.		AMENDM REPORT	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PR	E- !	5.	30 DA		POST-	6. X		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPOR	7.	Year 2012	1				NG METH				PAPER		\	DISKE	TTE
Name of Office S	ought by Candid	date:						DATE C	F ELE	CTIO	N	District Number	ty Code	County Code		
								МО	DAY	YE	AR					
								11		6	2012		(SEE IN	ISTRUCTI	ONS FOR O	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAF		_	_	МО	DAY		EAR	FO	R OFFI	CE USE	ONLY	
			10 23	3 2	012		0	11		26	2012					
A. Amount Bro	ught Forward Fr	om Last F	Report				\$				000.34					
B. Total Moneta	ary Contribution	s And Rec	ceipts (Fro	n Sche	dule	· I)	\$			1,3	319.02					
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$			9,3	319.36					
D. Total Expend	ditures (From Se	hedule I	II)				\$			ç	900.00					
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$			8,4	19.36					
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	Schedu	le II	:)	\$				0.00					
G. Unpaid Debt	s And Obligation	ns (From	Schedule I	V)			\$				0.00			•		
				AFF	FIDA	\VI	T SE	CTION								
PART I - If this is	a Committee re	eport, trea	asurer sign	here.	If th	is is	a Car	ndidate r	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple		ncluding th	e attached s	chedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me t	his	20							S	Signature	of Perso	n Submit	ting Rep	ort	
							-					Drin	ted Nam			
My Commission 7	Signa	ture					_									
My Commission Ex	MO)AY	YR			_		Ar	ea Cod	le	Ema	il ne Telepl	none Nu	mher	
Doub II If this is						- C	5 15 di d	sto chall				Dayem	е тегер	ione ita		
Part II- If this is I swear (or affirm)	•					•			_		v provis	ions of the	e act of J	une 3.19	937 (P.L	. 1333.
No 320) as amende	ed.				, , ,						у р. ссс					
Sworn to and subsc	day of	15	20								S	ignature o	of Candid	ate		
	_						-					Printe	d Name			
My Commission Exp	Signatur ires	e					-					Ema	il			
							-		Ar	Cod-			autim - 7	'alenha	o Numb	
	МО	C	PAY	YF	(Area	Code		ט	aytime T	elepnon	ie ianwo	5 1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	y Period		
Local 0712 IBEW COPE	From:	10/23/201	<u>2</u> To:	11/26/2012
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,319.02
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	1,319.02
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,319.02

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL\$ 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filling Committee of Candidate				Reporting Period From: To:				
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting P	Period		
Local 0712 IBEW COPE	From:	10/23/2012	То:	11/26/2012

DATE AMOUNT

Full Name of Contributing Committee LOCAL 0712 IBEW COPE				DAY	YEAR	
Mailing Address 217 SASSAFRAS LANE				_		\$ 1,319.02
City BEAVER	State PA	Zip Code (Plus 4) 15009	11	6	2012	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 1,319.02

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE TOTAL 0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	0.00

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

Name of Filing Committee or Candidate	Reporting Per	riod	
Local 0712 IBEW COPE	From:	<u>10/23/2012</u> To:	11/26/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO)R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
Local 0712 IBEW COPE			From	10/23	3/2012	То:	11/26/2012
				DATE			AMOUNT
To Whom Paid Mercer County Democratic C	ommittee		МО	DAY	YEAR		
Mailing Address P.O. Box	49		10	23	2012	\$	200.00
City Sharon	State PA	Zip Code (Plus 4) 16146	1	otion of Exp			
To Whom Paid Beaver County Democratic C	Committee		МО	DAY	YEAR		
Mailing Address P.O. Box	64		10	23	2012	\$	200.00
City Monaca	State PA	Zip Code (Plus 4) 15061		otion of Exp			
To Whom Paid Political Labor Action Now			МО	DAY	YEAR		
Mailing Address 904 N. 2r	nd Street		10	23	2012	\$	500.00
City Harrisburg State Zip Code (Plus 4) PA 17102-3119			Descrip Contrib	otion of Exp oution	penditure	•	
	I		<u>l</u>				PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

900.00