

Campaign Finance Report

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

Filer Identification Number :		20120363		Report Filed By :		CANDIDATE		COMMITTEE ✓		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: CRIS DUSH CAMPAIGN COMMITTEE												
Street Address: 18807 ROUTE 322												
City: BROOKVILLE						State: PA			Zip Code: 15825			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓		
	ANNUAL REPORT	7.	Year 2014	FILING METHOD () CHECK ONE			PAPER ✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	2014		3	31	2014				
A. Amount Brought Forward From Last Report						\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 12,800.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 12,800.00						
D. Total Expenditures (From Schedule III)						\$ 7,367.78						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 5,432.22						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 4,400.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 385.84						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
CRIS DUSH CAMPAIGN COMMITTEE	From: <u>1/1/2014</u> To: <u>3/31/2014</u>

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)	\$ 300.00
TOTAL for the Reporting Period (2)	\$ 300.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 12,300.00
TOTAL for the Reporting Period (3)	\$ 12,300.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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 Page1, Report Cover Page, Item B.)	\$ 12,600.00
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PART B 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 Filing Committee or Candidate CRIS DUSH CAMPAIGN COMMITTEE	Reporting Period From: <u>1/1/2014</u> To: <u>3/31/2014</u>
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				DATE			AMOUNT	
Full Name of Contributor DIANE BUCK				MO 2	DAY 5	YEAR 2014	\$	100.00
Mailing Address 421 BUCK LANE								
City BROOKVILLE		State PA	Zip Code (Plus 4) 15825					
Full Name of Contributor ANDREA SHAFFER				MO 2	DAY 9	YEAR 2014	\$	100.00
Mailing Address 61 OAK GROVE LANE								
City BROOKVILLE		State PA	Zip Code (Plus 4) 15825					
Full Name of Contributor ROBERT & PAM COOPER				MO 3	DAY 8	YEAR 2014	\$	100.00
Mailing Address 226 BEACH AVE								
City BROOKVILLE		State PA	Zip Code (Plus 4) 15825					

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

PAGE TOTAL
\$ 300.00

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 Period
	From: To:

			DATE			AMOUNT
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL	
\$	0.00

PART D
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 Candidate CRIS DUSH CAMPAIGN COMMITTEE	Reporting Period From: <u>1/1/2014</u> To: <u>3/31/2014</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 300.00
MARK TONELL							
Mailing Address 537 VOTECH ROAD							
City REYNOLDSVILLE	State PA	Zip Code (Plus 4) 15851					
Employer Name SELF				Occupation JEWELER			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
TONELL'S JEWELRYMAIN STREET			BROOKVILLE	PA	15825		
Full Name of Contributor				MO	DAY	YEAR	\$ 2,500.00
RALEIGH ROBERTSON							
Mailing Address 9325 ROUTE 861							
City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242					
Employer Name SELF				Occupation OIL AND GAS PRODUCER			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
R.B. ROBERTSON AND SON GAS AND OIL COMPANY L.P.P.O. BOX 190			NEW BETHLEHEM	PA	16242		
Full Name of Contributor				MO	DAY	YEAR	\$ 2,500.00
VALERIE ROBERTSON							
Mailing Address 9325 ROUTE 861							
City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242					
Employer Name R.B. ROBERTSON AND SON GAS AND OIL COMPANY L.P.				Occupation OFFICE MANAGER			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
P.O. BOX 190			NEW BETHLEHEM	PA	16242		
Full Name of Contributor				MO	DAY	YEAR	\$ 2,000.00
JOHN WILLIAMS							
Mailing Address 10 SPHERE STREET							
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Employer Name SELF				Occupation SANITATION COMPANY OWNER			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
WILLIAMS SANITATION COMPANY411 WILLIAMS ROAD			REYNOLDSVILLE	PA	15851		

Full Name of Contributor ROBERT ROBERTSON			MO 2	DAY 14	YEAR 2014	\$ 2,000.00
Mailing Address 5193 ROUTE 322						
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825				
Employer Name SELF			Occupation OIL AND GAS PRODUCER			
Employer Mailing Address/Principal Place of Business R. B. ROBERTSON AND SON GAS AND OIL COMPANY L.P.P.O. BOX 190		City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242		

Full Name of Contributor JOHN WAGNER			MO 2	DAY 12	YEAR 2014	\$ 1,000.00
Mailing Address 19 WESTERN AVE						
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825				
Employer Name SELF			Occupation PHYSICIAN			
Employer Mailing Address/Principal Place of Business ANKLE AND FOOT ASSOCIATES73 SOUTH WHITE STREET		City BROOKVILLE	State PA	Zip Code (Plus 4) 15825		

Full Name of Contributor PATRICIA LEACH			MO 2	DAY 12	YEAR 2014	\$ 500.00
Mailing Address 532 PFEIFFER ROAD						
City MARION CENTER	State PA	Zip Code (Plus 4) 15759				
Employer Name NONE			Occupation RETIRED			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor PATRICIA LEACH			MO 3	DAY 5	YEAR 2014	\$ 500.00
Mailing Address 532 PFEIFFER ROAD						
City MARION CENTER	State PA	Zip Code (Plus 4) 15759				
Employer Name NONE			Occupation RETIRED			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor JAMES AND TONI AMEY			MO 2	DAY 19	YEAR 2014	\$ 1,000.00
Mailing Address 4450 TURNER ROAD						
City CANFIELD	State OH	Zip Code (Plus 4) 44406				
Employer Name RETIRED			Occupation RETIRED (BOTH)			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

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

PAGE TOTAL**\$** 12,300.00

PART E 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	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 Period	
CRIS DUSH CAMPAIGN COMMITTEE		From: <u>1/1/2014</u> To: <u>3/31/2014</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 4,400.00
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, Reports Cover Page, Item F.)			\$ 4,400.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
CRIS DUSH CAMPAIGN COMMITTEE	From: <u>1/1/2014</u> To: <u>3/31/2014</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
JOHN WAGNER					
Mailing Address 19 WESTERN AVE	2	3	2014		
City BROOKVILLE	State		Zip Code(Plus 4)		
	PA		15825		
Employer of Contributor SELF	Occupation		PHYSICIAN		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
ANKLE AND FOOT ASSOCIATES 73 SOUTH WHITE STREET				OFFICE SUITE FOR CAMPAIGN HEADQU	
Full Name of Contributor	MO	DAY	YEAR		
JOHN WAGNER					
Mailing Address 19 WESTERN AVE	3	3	2014		
City BROOKVILLE	State		Zip Code(Plus 4)		
	PA		15825		
Employer of Contributor SELF	Occupation		PHYSICIAN		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
ANKLE AND FOOT ASSOCIATES 73 SOUTH WHITE STREET				OFFICE SUITE FOR CAMPAIGN HEADQU	
Full Name of Contributor	MO	DAY	YEAR		
JOHN WAGNER					
Mailing Address 19 WESTERN AVE	2	28	2014		
City BROOKVILLE	State		Zip Code(Plus 4)		
	PA		15825		
Employer of Contributor SELF	Occupation		PHYSICIAN		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
ANKLE AND FOOT ASSOCIATES 73 SOUTH WHITE STREET				UTILITIES AT CAMPAIGN HEADQUARTE	
Full Name of Contributor	MO	DAY	YEAR		
JOHN WAGNER					
Mailing Address 19 WESTERN AVE	3	31	2014		
City BROOKVILLE	State		Zip Code(Plus 4)		
	PA		15825		
Employer of Contributor SELF	Occupation		PHYSICIAN		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
ANKLE AND FOOT ASSOCIATES 73 SOUTH WHITE STREET				UTILITIES AT CAMPAIGN HEADQUARTE	

**Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed
Summary Page, Section 3.**

PAGE TOTAL

4,400.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CRIS DUSH CAMPAIGN COMMITTEE	From <u>1/1/2014</u> To: <u>3/31/2014</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ARISTOTLE				
Mailing Address 3625 RUFFIN ROAD SUITE 100	2	14	2014	\$ 900.00
City SAN DIEGO	State CA	Zip Code (Plus 4) 92123	Description of Expenditure CAMPAIGN SOFTWARE	
To Whom Paid	MO	DAY	YEAR	
BATTAGLIA PRINTING COMPANY				
Mailing Address 877 ROUTE 28	3	3	2014	\$ 159.00
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure FLYERS	
To Whom Paid	MO	DAY	YEAR	
THE MIRRORS				
Mailing Address 203 MAIN STREET	3	3	2014	\$ 375.00
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure NEWSPAPER ADS	
To Whom Paid	MO	DAY	YEAR	
RENDA BROADCASTING				
Mailing Address 840 PHILADELPHIA STREET	2	27	2014	\$ 504.00
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure RADIO AD	
To Whom Paid	MO	DAY	YEAR	
R & I MEDIA				
Mailing Address 106 MAIN STREET	3	24	2014	\$ 1,225.00
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure BILLBOARDS	
To Whom Paid	MO	DAY	YEAR	
ADVERTISING BY SCHUCKERS				
Mailing Address 18 LUTHERN CEMETARY ROAD	3	3	2014	\$ 1,158.58
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure MAGNETIC ADS	

To Whom Paid INDIANA GAZETTE			MO	DAY	YEAR	\$ 254.70
Mailing Address 899 WATER STREET			2	27	2014	
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure NEWSPAPER AD			

To Whom Paid SOLLENBERGERS			MO	DAY	YEAR	\$ 15.00
Mailing Address 213 STATE STREET			3	10	2014	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure NOTARY AND COPY SERVICES			

To Whom Paid THE MIRRORS			MO	DAY	YEAR	\$ 250.00
Mailing Address 203 MAIN STREET			3	3	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure PRINT ADS			

To Whom Paid LORI LAYS			MO	DAY	YEAR	\$ 464.00
Mailing Address BUTLER CEMETERY ROAD			3	25	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure REEMBURSE FOR BINGO DAUBERS			

To Whom Paid JACKIE WILLIAMS			MO	DAY	YEAR	\$ 2,062.50
Mailing Address 307 VERNON AVENUE			3	25	2014	
City RIDGEWAY	State PA	Zip Code (Plus 4) 15853	Description of Expenditure MARKETING SERVICES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 7,367.78

SCHEDULE IV
STATEMENT OF UNPAID DEBTS
 Use this Section to itemize all unpaid debts and obligations
 which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate	Reporting Period
CRIS DUSH CAMPAIGN COMMITTEE	From: <u>1/1/2014</u> To: <u>3/31/2014</u>

			DATE	Outstanding Balance of Debt		
Name of Creditor PATRICIA LEACH			MO	DAY	YEAR	\$ 66.78
Mailing Address 532 PFIEFFER ROAD			3	1	2014	
City MARION CENTER	State PA	Zip Code (Plus 4) 15759	Description of Debt MEET & GREET AT HOMEMADE RESTAURANT, HOME PA			
Name of Creditor PATRICIA LEACH			MO	DAY	YEAR	\$ 143.63
Mailing Address 532 PFIEFFER ROAD			3	6	2014	
City MARION CENTER	State PA	Zip Code (Plus 4) 15759	Description of Debt MEET & GREET AT PARDEE'S RESTAURANT, COOKPORT, PA			
Name of Creditor PATRICIA LEACH			MO	DAY	YEAR	\$ 175.43
Mailing Address 532 PFIEFFER ROAD			2	28	2014	
City MARION CENTER	State PA	Zip Code (Plus 4) 15759	Description of Debt PRINTING 2 SIDED FLYERS AND COPIES OF NEWSPAPER AD MESSAGE FOR RAYNE AND GREEN TOWNSHIP RESIDENTS			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 385.84