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 2012	0363				port ed B		CANDI	DATE		СОМ	4ITTEE	√	LOBE	SYIST				
Name of Filing C	Committee, Candid	ate or L	obbyist:	•	CRI	S DU	JSH C	AMPAIG	и сом	MITT	EE								
Street Address:	18807 ROUTE	322																	
City:	BROOKVILLE							State:	PA			Zip Cod	le: 15	825					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.						Y I	POST- 6.			TERMINA REPORT		Yes	No	*			
report type)	ANNUAL REPORT	7.	Year 2014 FILING ME () CHECK									PAPER		/	DISKE	ΓΤΕ			
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	,		
								МО	DAY	YE	AR		10000	REP					
								11		4	2014		(SEE IN	STRUCTIO	ONS FOR C	ODES)	_		
	Receipts and	МО	DAY Y	EAR	l			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY				
Expenditures	from:		1 1	2	014	T	0	3	:	31	2014								
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			·	0.00								
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$			12,8	300.00								
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$			12,8	300.00								
D. Total Expend	ditures (From Sch	edule II	I)				\$			7,3	67.78								
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			5,4	32.22]							
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sch	edu	le II	I)	\$			4,4	00.00								
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			3	85.84								
			,	AFF	IDA	AVI	T SE	CTION											
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. I	[f th	nis is	a Can	ididate re	eport, o	andi	date sig	ın here.							
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sche	dules	file	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge a	and belie	f , true	ð,		
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort				
	Signatu	re					-					Prin	ted Name	•			•		
My Commission Ex	cpires						_					Ema	il						
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber				
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	ee, C	andida	ate shall	sign he	ere.									
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,	١		
Sworn to and subsc	ribed before me this		20								s	ignature o	of Candida	ate					
	day of						-					Printe	d Name				.		
M. C	Signature						-					Ema	il				.		
My Commission Exp	oires 						_												
	МО	D	AY	YR			•		Area	Code		Da	ytime T	Area Code Daytime Telephone Number					

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
CRIS DUSH CAMPAIGN COMMITTEE	From:	1/1/201	<u>4</u> То:	3/31/2014
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	12,600.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period					
		F	rom:		То	:			
		•		DATE			AMOUNT		
Full Name of Contributing	Committee		МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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					porting Period						
CRIS DUSH CAMPAIGN COMMITTEE From				m:	1/1/	: <u>3/31/2014</u>					
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
DIANE BUCK					2711						
Mailing Address 421 BUCK LANE							\$ 100.00				
City BROOKVILLE	State	Zip Code (Plus 4)	2	5	2014					
	PA	15825									
Full Name of Contributor				мо	DAY	YEAR					
ANDREA SHAFFER											
Mailing Address 61 OAK GROVE LA	NE						\$ 100.00				
City BROOKVILLE	State	Zip Code (Plus 4)	2	9	2014					
	PA	15825									
Full Name of Contributor				мо	DAY	YEAR					
ROBERT & PAM COOPER				1-10	אלו	ILAK					
Mailing Address 226 BEACH AVE							\$ 100.00				
City BROOKVILLE	State	Zip Code (Plus 4)	3	8	2014					
	PA	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.

ame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TO	Γ AL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$		0.00

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 Rep					orting Period					
CRIS DUSH CAMPAIGN COMMITTEE				Fron	n:	1/1/2	<u>014</u> To	:	3/31/2014	
					DA	TE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	300.00	
MARK TONELL] *	300.00	
Mailing Address 537 VOTECH ROAD	-				2	3	2014	1		
City REYNOLDSVILLE	State	Zip	Code (Plus	4)						
	PA	15	851		l			l		
Employer Name SELF					Occupat	ion :	JEWELE	R		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus 4)	
TONELL'S JEWELRYMAIN STREET			BROOKVIL	.LE		PA		1582	5	
Full Name of Contributor										_
RALEIGH ROBERTSON					МО	DAY	YEAR	 \$	2,500.00	
Mailing Address 9325 ROUTE 861					2	10	2014			
City NEW BETHLEHEM	State	Zip	Code (Plus	4)		10	2014			
	PA	16	242							
Employer Name SELF					Occupat	ion (OIL AND	GAS	PRODUCER	_
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus 4)	_
R.B. ROBERTSON AND SON GAS AND O BOX 190	IL COMPANY L.P.P.C	э.	NEW BETH	HLEHEN	1	PA		16242	2	
Full Name of Contributor										_
VALERIE ROBERTSON					МО	DAY	YEAR	 \$	2,500.00	
Mailing Address 9325 ROUTE 861					2	10	2014	1		
City NEW BETHLEHEM	State	Zip	Code (Plus	4)		10	2014			
	PA	16	242							
Employer Name R.B. ROBERTSON AND	SON GAS AND OIL	CO	MPANY L.P.		Occupat	ion (OFFICE	MANA	GER	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus 4)	
P.O. BOX 190			NEW BETH	HLEHEN	1	PA		1624	2	
Full Name of Contributor										_
JOHN WILLIAMS					МО	DAY	YEAR	\$	2,000.00	
Mailing Address 10 SPHERE STREET					2	10	2014	1		
City BROOKVILLE	State	Zip	Code (Plus	4)		10	2014	1		
	PA	15	825					1		
Employer Name SELF					Occupat	ion (SANITA	TION (COMPANY OWNER	
Employer Mailing Address/Principal Plac	e of Business		City		State Zip Code (F			ode (Plus 4)	_	
WILLIAMS SANITATION COMPANY411 V	VILLIAMS ROAD		REYNOLS	/ILLE		PA		15851		

Full Name of Contributor			МО	DAY	VEAD		
ROBERT ROBERTSON			МО	DAY	YEAR	\$	2,000.00
Mailing Address 5193 ROUTE 322			2	14	2014	7	
City BROOKVILLE	State	Zip Code (Plus 4)		1	2017		
	PA	15825					
Employer Name SELF			Occupat	tion	OIL ANI	GAS P	RODUCER
Employer Mailing Address/Principal Pla	ce of Business	City		State		Zip Cod	le (Plus 4)
R. B. ROBERTSON AND SON GAS AND BOX 190	OIL COMPANY L.P.P	.O. NEW BETHLEHE	ΕM	PA		16242	
Full Name of Contributor				5.41/	\		
JOHN WAGNER			МО	DAY	YEAR	\$	1,000.00
Mailing Address 19 WESTERN AVE			2	12	2014		
City BROOKVILLE	State	Zip Code (Plus 4)	7 -	12	2014		
	l _{PA}	15825					
Employer Name SELF			Occupat	tion	PHYSIC	IAN	
Employer Mailing Address/Principal Pla	ce of Business	City		State		Zip Cod	le (Plus 4)
ANKLE AND FOOT ASSOCIATES73 SOU	TH WHITE STREET	BROOKVILLE		PA		15825	
Full Name of Contributor							
PATRICIA LEACH			МО	DAY	YEAR	\$	500.00
Mailing Address 532 PFEIFFER ROAI						7	
City MARION CENTER	State	Zip Code (Plus 4)	2	12	2014		
That of Center	PA	15759					
Employer Name NONE	IIA	1 13/33	Occupat	tion	RETIRE	<u>. </u>	
Zimproyer rtaine MOME			Occupa.			_	
Employer Mailing Address / Principal Place	re of Rusiness	City		State		Zin Coc	le (Plus 4)
Employer Mailing Address/Principal Plac	ce of Business	City		State		Zip Cod	le (Plus 4)
Employer Mailing Address/Principal Place Full Name of Contributor	ce of Business	City	Ī				de (Plus 4)
	ce of Business	City	МО	State	YEAR	Zip Cod	500.00
Full Name of Contributor		City		DAY		\$	
Full Name of Contributor PATRICIA LEACH		City Zip Code (Plus 4)	MO 3		YEAR 2014	\$	
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAI)			DAY		\$	
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAI	State	Zip Code (Plus 4)		DAY 5		\$	
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAL City MARION CENTER	State PA	Zip Code (Plus 4)	_ 3	DAY 5	2014	\$	
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAL City MARION CENTER Employer Name NONE	State PA	Zip Code (Plus 4) 15759	_ 3	DAY 5	2014	\$	500.00
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAL City MARION CENTER Employer Name NONE	State PA	Zip Code (Plus 4) 15759	- 3 Occupat	DAY 5	2014 RETIRE	\$ Zip Coc	500.00 de (Plus 4)
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAL City MARION CENTER Employer Name NONE Employer Mailing Address/Principal Place	State PA	Zip Code (Plus 4) 15759	_ 3	DAY 5	2014	\$	500.00
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAL City MARION CENTER Employer Name NONE Employer Mailing Address/Principal Place Full Name of Contributor	State PA ce of Business	Zip Code (Plus 4) 15759	Occupat	DAY 5 tion State	2014 RETIRE	\$ Zip Coo	500.00 de (Plus 4)
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAL City MARION CENTER Employer Name NONE Employer Mailing Address/Principal Place Full Name of Contributor JAMES AND TONI AMEY	State PA ce of Business	Zip Code (Plus 4) 15759	- 3 Occupat	DAY 5	2014 RETIRE	\$ Zip Coo	500.00 de (Plus 4)
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAD City MARION CENTER Employer Name NONE Employer Mailing Address/Principal Place Full Name of Contributor JAMES AND TONI AMEY Mailing Address 4450 TURNER ROAD	State PA Ce of Business	Zip Code (Plus 4) 15759 City	Occupat	DAY 5 tion State	2014 RETIRE	\$ Zip Coo	500.00 de (Plus 4)
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAD City MARION CENTER Employer Name NONE Employer Mailing Address/Principal Place Full Name of Contributor JAMES AND TONI AMEY Mailing Address 4450 TURNER ROAD	State PA ce of Business State	Zip Code (Plus 4) 15759 City Zip Code (Plus 4)	Occupat	DAY 5 tion State DAY	2014 RETIRE YEAR 2014	\$ Zip Coo	500.00 de (Plus 4) 1,000.00
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAD City MARION CENTER Employer Name NONE Employer Mailing Address/Principal Place Full Name of Contributor JAMES AND TONI AMEY Mailing Address 4450 TURNER ROAD City CANFIELD	State PA ce of Business State OH	Zip Code (Plus 4) 15759 City Zip Code (Plus 4)	3 Оссиран	DAY 5 tion State DAY	2014 RETIRE YEAR 2014	\$ Zip Coc	500.00 de (Plus 4) 1,000.00
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAL City MARION CENTER Employer Name NONE Employer Mailing Address/Principal Place Full Name of Contributor JAMES AND TONI AMEY Mailing Address 4450 TURNER ROAL City CANFIELD Employer Name RETIRED	State PA ce of Business State OH	Zip Code (Plus 4) 15759 City Zip Code (Plus 4) 44406	3 Оссиран	DAY 5 tion State DAY 19	2014 RETIRE YEAR 2014	\$ Zip Coc	500.00 de (Plus 4) 1,000.00
Full Name of Contributor PATRICIA LEACH Mailing Address 532 PFEIFFER ROAL City MARION CENTER Employer Name NONE Employer Mailing Address/Principal Place Full Name of Contributor JAMES AND TONI AMEY Mailing Address 4450 TURNER ROAL City CANFIELD Employer Name RETIRED	State PA Ce of Business State OH Ce of Business	Zip Code (Plus 4) 15759 City Zip Code (Plus 4) 44406 City	MO 2	DAY 5 tion State DAY 19	2014 RETIRE YEAR 2014	\$ Zip Coc	500.00 de (Plus 4) 1,000.00

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	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description		.			•	•		
Futor Crowd Total of Book	F an Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, Se	ection	4.			\$	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 P	ER CONTRIBUTOR		
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)	\$	4,400.00
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,		\$	4,400.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Can	Reporting Period							
	From:			То:				
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	-
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					orting P	eriod			
CRIS DUSH CAMPAIGN COMMITTEE				Fro	m:	<u>1/1/20:</u>	<u>L4</u> To:		3/31/2014
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
JOHN WAGNER									2,000.00
Mailing Address 19 WESTERN AVE					2	3	2014	\$	2,000.00
City BROOKVILLE	State		Zip Code(Plus 4)						
	PA		15825						
Employer of Contributor SELF	· L		!		Occupa	tion P	HYSICIAN	 J	
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	State	Zip	Code(Plus 4)	Descri	ption of	Contribution
ANKLE AND FOOT ASSOCIATES 73 SOI	JTH WHITE								FOR CAMPAIGN
STREET		<u> </u>	ı				HEADO	<u>. </u>	
Full Name of Contributor JOHN WAGNER					МО	DAY	YEAR		
Mailing Address 19 WESTERN AVE					3	3	2014	\$	2,000.00
City BROOKVILLE	State		Zip Code(Plus 4)						
, brooktille	PA		15825						
Employer of Contributor SELF	1				0	tion D	IVCICIAN		
		T 61		<u> </u>	Occupa		HYSICIAN		Caraballa at a s
Employer Mailing Address/Principal Pla ANKLE AND FOOT ASSOCIATES 73 SOI STREET		Cit	ty	State	Zip	Code(Plus 4)	1	E SUITE	Contribution FOR CAMPAIGN
Full Name of Contributor					мо	DAV	VEAD		
Full Name of Contributor JOHN WAGNER					МО	DAY	YEAR		
					MO 2	DAY 28	YEAR 2014	\$	200.00
JOHN WAGNER	State		Zip Code(Plus 4)					\$	200.00
JOHN WAGNER Mailing Address 19 WESTERN AVE	State PA		Zip Code(Plus 4) 15825					\$	200.00
JOHN WAGNER Mailing Address 19 WESTERN AVE			` ` ` ′			28	2014	·	200.00
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE	PA	Cit	15825	State	2 Occupa	28	2014 HYSICIAN	l .	200.00 Contribution
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE Employer of Contributor SELF	PA ce of Business	Cit	15825	State	2 Occupa	28 tion Pl	2014 HYSICIAN Descri	l ption of	
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Plan	PA ce of Business	Cit	15825	State	2 Occupa	28 tion Pl	2014 HYSICIAN Descri	ption of	Contribution
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place ANKLE AND FOOT ASSOCIATES 73 SOCIATES 73	PA ce of Business	Cit	15825	State	Occupa Zip	28 tion Pl	2014 HYSICIAN Descrip UTILIT HEADO	ption of	Contribution
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Pla ANKLE AND FOOT ASSOCIATES 73 SOUSTREET	PA ce of Business	Cit	15825	State	2 Occupa	28 tion Pl	2014 HYSICIAN Descrii	ption of TES AT QUARTE	Contribution CAMPAIGN
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Pla ANKLE AND FOOT ASSOCIATES 73 SOI STREET Full Name of Contributor	PA ce of Business	Cit	15825	State	Occupa Zip	28 tion Pl	2014 HYSICIAN Descrip UTILIT HEADO	ption of	Contribution
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Pla ANKLE AND FOOT ASSOCIATES 73 SOI STREET Full Name of Contributor JOHN WAGNER	PA ce of Business	Cit	15825	State	Occupa E Zip	28 tion Pl Code(Plus 4)	2014 HYSICIAN Descrip UTILIT HEADO YEAR	ption of TES AT QUARTE	Contribution CAMPAIGN
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Platon ANKLE AND FOOT ASSOCIATES 73 SOUSTREET Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVE	PA ce of Business JTH WHITE	Cit	15825	State	Occupa E Zip	28 tion Pl Code(Plus 4)	2014 HYSICIAN Descrip UTILIT HEADO YEAR	ption of TES AT QUARTE	Contribution CAMPAIGN
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Pla ANKLE AND FOOT ASSOCIATES 73 SOI STREET Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVE	PA ce of Business JTH WHITE State	Cit	15825 ty Zip Code(Plus 4)	State	Occupa E Zip	tion Pl Code(Plus 4) DAY 31	2014 HYSICIAN Descrip UTILIT HEADO YEAR	ption of IES AT QUARTE	Contribution CAMPAIGN
JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Pla ANKLE AND FOOT ASSOCIATES 73 SOUSTREET Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVE City BROOKVILLE	PA ce of Business JTH WHITE State PA	Cit	15825 Zip Code(Plus 4) 15825	State	Occupa Zip MO 3	tion Pl Code(Plus 4) DAY 31	2014 HYSICIAN Descrip UTILIT HEADO YEAR 2014 HYSICIAN	ption of TES AT QUARTE	Contribution CAMPAIGN

PAGE 12

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	4,400.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
CRIS DUSH CAMPAIGN COMMITTEE	From	1/1/2014	То:	3/31/2014

		l.						
				DATE		AMOUNT		
To Whom Paid			МО	DAY	YEAR			
ARISTOTLE								
Mailing Address 3625 RUFFIN ROAD SUITE 100			2	14	2014	\$	900.00	
City SAN DIEGO State Zip Cod			Description of Expenditure					
	CA	92123	CAMPAIGN SOFTWARE					
To Whom Paid			мо	DAY	YEAR			
BATTAGLIA PRINTING COMPANY			МО		ILAK			
Mailing Address 877 ROUTE 28			3	3	2014	\$	159.00	
City BROOKVILLE State Zip Code (Plus 4)			Description of Expenditure					
	PA	15825	FLYERS					
To Whom Paid			мо	DAY	YEAR			
THE MIRRORS			МО		ILAK			
Mailing Address 203 MAIN STREE	T		3	3	2014	\$	375.00	
City BROOKVILLE State Zip Code (Plus 4)			Description of Expenditure					
	PA	15825	NEWSPAPER ADS					
To Whom Paid			МО	DAY	YEAR			
RENDA BROADCASTING			МО	DAY	TEAK			
Mailing Address 840 PHILADELPHIA STREET			2	27	2014	\$	504.00	
City INDIANA State Zip Code (Plus 4)			Description of Expenditure					
	PA	15701	RADIO AD					
To Whom Paid			мо	DAY	YEAR			
R & I MEDIA			1410	DAI	ILAK			
Mailing Address 106 MAIN STREE	Т		3	24	2014	\$	1,225.00	
City BROOKVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	15825	BILLBOARDS					
To Whom Paid			МО	DAY	YEAR			
ADVERTISING BY SCHUCKERS			MO	JA1	TEAR			
Mailing Address 18 LUTHERN CEMETARY ROAD			3	3	2014	\$	1,158.58	
City BROOKVILLE	State	Zip Code (Plus 4)	Description of Expenditure					
PA 15825			MAGNETIC ADS					
177								

							FAGL 14	
To Whom Paid			мо	DAY	YEAR			
INDIANA GAZETTE					ILAK			
Mailing Address 899 WATER STREET			2	27	2014	\$	254.70	
City INDIANA State Zip Code (Plus 4) PA 15701			Descrip	tion of Exp	enditure			
			NEWSPAPER AD					
To Whom Paid			мо	DAY	YEAR			
SOLLENBERGERS			140		ILAK			
Mailing Address 213 STATE STREET			3	10	2014	\$	15.00	
City HARRISBURG State Zip Code (Plus 4) PA 17101			Description of Expenditure					
			NOTARY AND COPY SERVICES					
To Whom Paid THE MIRRORS			мо	DAY	YEAR			
Mailing Address 203 MAIN STREET			3	3	2014	\$	250.00	
City BROOKVILLE State Zip Code (Plus 4)			Description of Expenditure					
	PA	15825	PRINT ADS					
To Whom Paid LORI LAYS			МО	DAY	YEAR			
Mailing Address BUTLER CEMETERY ROAD			3	25	2014	\$	464.00	
City BROOKVILLE State Zip Code (Plus 4) PA 15825			Description of Expenditure					
			REEMBURSE FOR BINGO DAUBERS					
To Whom Paid JACKIE WILLIAMS			мо	DAY	YEAR			
Mailing Address 307 VERNON AVENUE			3	25	2014	\$	2,062.50	
City RIDGEWAY State Zip Code (Plus 4)) Description of Expenditure					
	PA	15853	MARKET	ΓING SERV	ICES			
				PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				\$	7,367.78			

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			ing Period							
CRIS DUSH CAMPAIGN COMMITTEE From:			From:		1/1/2014	То:		3/31/2014		
					DATE			tstanding lance of Debt		
Name of Creditor				мо	DAY	YEAR				
PATRICIA LEACH										
Mailing Address 532 PFIEFFER ROAD					1	2014	\$	66.78		
City MARION CENTER State Zip Code (Plus 4)				Description of Debt						
	PA	15759		MEET & HOME P	RESTAURANT,					
Name of Creditor				мо	DAY	YEAR				
PATRICIA LEACH				MO		ILAK				
Mailing Address 532 PFIEFFER ROAD			3	6	2014	\$	143.63			
City MARION CENTER	State	Zip Code (P	lus 4)	Descript	tion of Deb	t				
		MEET & GREET AT PARDEE'S RESTAURANT, COOKPORT, PA								
Name of Creditor PATRICIA LEACH					DAY	YEAR				
Mailing Address 532 PFIEFFER ROAD				2	28	2014	\$	175.43		
City MARION CENTER	State	Zip Code (P	lus 4)	Descript	tion of Deb	t				
	РА	15759		PRINTING 2 SIDED FLYERS AND COPIES OF NEWSPAPER AD MESSAGE FOR RAYNE AND GREEN TOWNSHIP RESIDENTS						
								PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G							\$	385.84		