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	20363			Repo Filed		CA	NDI	DATE		COM	AITTEE	Y	LUBE	1131	
Name of Filing C	Committee, Candid	late or L	obbyist:	,	CRIS [DUSH (CAMP	AIGI	V СОМ	MITT	EE					
Street Address:																
City:	BROOKVILLE						State: PA					Zip Co	de: 15	825		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE-	2.	30 D. PRIM		F	POST- 3.			AMENDMENT REPORT?		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA	AY TION	F	POST-	6.		TERMIN/ REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7.						ING METHOD) CHECK ONE			PAPER		\checkmark	DISKE	ΓΤΕ	
Name of Office Sought by Candidate:							DAT	ΈO	F ELE	CTIC	ON	District Number	Office Code	Pari	ty Code	County Code
							МО		DAY	ΥI	EAR			REP		
								11		4	2014		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	Y	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	from:		1 1	. 20	014	то		3	(3)	31	2014					
A. Amount Bro	ught Forward Fro	m Last R	Report			\$	-				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5			12,8	800.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5			12,8	800.00					
D. Total Expen	ditures (From Sch	edule II	I)			\$	5			7,3	367.78					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5			5,4	132.22					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	e II)	\$	5			4,4	100.00					
G. Unpaid Debt	s And Obligations	(From	Schedule IV	/)		\$	5			3	385.84					
						IT SE										
I swear (or affirm)	s a Committee rep) that this report, inc	-	_								_		f my knov	vledge a	and belie	ef , true
Sworn to and subs	ete. scribed before me thi	s											61 "			
	day of		20			_				5	Signature	of Perso	n Submitt	ing Rep	ort	
-	Signatu	ire				_						Prin	ted Name	1		
My Commission Ex	cpires					_						Ema	il			
	МО	D	AY	YR				_	Are	a Cod	de	Daytin	e Teleph	one Nui	nber	
	a report of a can				•											
No 320) as amende		ny knowl	edge and beli	ief this	politica	il comn	nittee h	ias n	ot viola	ed ar	ny provis	ions of th	e act of Ju	ıne 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature (of Candida	ate		
	_											Printe	ed Name			
My Commission Exp	Signature pires					_ _			Email					-		
	МО	D	AY	YR		_			Area	Code		D	aytime To	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

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

Nan	Name of Filing Committee or Candidate					Reporting Period					
CRI	S DUSH CAMPAIGN COMMITTEE			Fro	om: <u>1/1/2014</u> To					: <u>3/31/2014</u>	
						DATE				AMOUNT	
Full Na	ame of Contributor				МО	DAY		YEAR			
DIANE	BUCK										
Mailin	g Address						-		\$	100.00	
City	BROOKVILLE	State	Zip Code (Plus 4)	2		5	2014			
		PA	15825								
Full Na	ame of Contributor				МО	DAY		YEAR			
ANDR	EA SHAFFER										
Mailin	g Address						-		\$	100.00	
City	BROOKVILLE	State	Zip Code (Plus 4)	2		9	2014			
		PA	15825								
Full Na	ame of Contributor				мо	DAY		YEAR			
ROBEI	RT & PAM COOPER				140	DAI		ILAK			
Mailin	g Address								\$	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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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 of Candidate					orting Pei	riod				
CRIS DUSH CAMPAIGN COMMITTEE				Fron	n:	1/1/2	<u>014</u> To	:	<u>3/3</u>	1/2014
					D.A	ATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR	Ι.		
MARK TONELL					МО	DAT	TEAR	\$		300.00
Mailing Address					2	3	2014			
City REYNOLDSVILLE	State	Zip	Code (Plus	4)	_		2011			
	PA 15851									
Employer Name SELF						ion	JEWELE	R		
Employer Mailing Address/Principal Place of Business City						State		Zip Co	de (Plu	s 4)
			BROOKVII	LE		PA		15825	5	
Full Name of Contributor		-			мо	DAY	YEAR	l .		
RALEIGH ROBERTSON					МО	DAT	TEAR	\$		2,500.00
Mailing Address					2	10	2014			
City NEW BETHLEHEM	State	Zip	Code (Plus	4)	_	10	2011			
	PA I	162	242							
Employer Name SELF					Occupat	ion (OIL AND	GAS	PRODU	CER
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plu	s 4)
			NEW BETH	HLEHEN	1	PA		16242	2	
Full Name of Contributor										
 VALERIE ROBERTSON					МО	DAY	YEAR	\$		2,500.00
Mailing Address					2	10	2014	1		
City NEW BETHLEHEM	State	Zip	Code (Plus	4)	2	10	2014			
	 PA	162	242							
Employer Name R.B. ROBERTSON AND	SON GAS AND OIL	COM	IPANY L.P.		Occupat	ion	OFFICE	MANA	GER	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plu	s 4)
			NEW BETH	HLEHEN	1	PA		16242	2	
Full Name of Contributor						DAY	VEAD	П		
JOHN WILLIAMS					МО	DAY	YEAR	 \$		2,000.00
Mailing Address					2	10	2014	1		
City BROOKVILLE	State	Zip	Code (Plus	4)	2	10	2014			
	l _{PA}	158	325							
Employer Name SELF					Occupation SANITATION COMPANY OWN				IY OWNER	
Employer Mailing Address/Principal Plac	e of Business		City		State Z			Zip Code (Plus 4)		
REYNOLSVILLE						PA		1585	L	

	ame of Contributor				мо	DAY	YEAR	s		2,000.00
	RT ROBERTSON							– 1		2,000100
	g Address				2	14	2014	.		
City	BROOKVILLE	State	Zip	Code (Plus 4)						
		I PA	l 15	825				l		
Emplo	oyer Name SELF				Occupat	ion	OIL AN	D GA	S PRODU	JCER
Emplo	oyer Mailing Address/Principal Pla	ice of Business		City		State		Zip	Code (Pl	us 4)
				NEW BETHLEHE	М	PA		162	42	
Full Na	ame of Contributor						.,			
JOHN	WAGNER				МО	DAY	YEAR	\$		1,000.00
Mailin	g Address					12	201			
City	BROOKVILLE	State	Zij	Code (Plus 4)	2	12	2014	1		
		_{PA}	1 15	825						
Emplo	oyer Name SELF	Occupat	ion	PHYSIC	TAN					
	oyer Mailing Address/Principal Pla			City		State		1	Code (Pl	us 4)
BROOKVILLE						PA		158		,
				BROOKVILLE		IIA		130		
	ame of Contributor				МО	DAY	YEAR	\$		500.00
	ICIA LEACH									
	ng Address	Totale	T -:-	- Codo (Divo 4)	2	12	2014	↓		
City	MARION CENTER	State		o Code (Plus 4)						
		I PA	1 15	759		-	l	<u> </u>		
	oyer Name NONE				Occupat	T	RETIRE	1		
Emplo	oyer Mailing Address/Principal Pla	ice of Business		City		State		Zip	Code (Pl	us 4)
Full Na	ame of Contributor				мо	DAY	YEAR	<u> </u>		500.00
PATRI	ICIA LEACH				1-10	DAI	ILAK	\$		500.00
Mailin	g Address						201			
City			$\overline{}$		3	5	1 /() 4	ı I		
-	MARION CENTER	State	Zip	Code (Plus 4)	3	5	2014	1		
-	MARION CENTER	State PA		759	3	5	2012	1		
	MARION CENTER Dyer Name NONE				Occupat		RETIRE			
Emplo		PA						D	Code (Pl	us 4)
Emplo Emplo	oyer Name NONE	PA		759	Occupat	State	RETIRE	D Zip		
Emplo Emplo	oyer Name NONE oyer Mailing Address/Principal Pla	PA		759		tion		D Zip		us 4)
Emplo Emplo Full Na	oyer Name NONE oyer Mailing Address/Principal Pla ame of Contributor	PA		759	Occupat	State	RETIRE	Zip \$		
Emplo Emplo Full Na	oyer Name NONE oyer Mailing Address/Principal Pla ame of Contributor S AND TONI AMEY	PA	15	759	Occupat	State DAY	YEAR	Zip \$		
Emplo Emplo Full Na JAMES	oyer Name NONE oyer Mailing Address/Principal Pla ame of Contributor S AND TONI AMEY ng Address	PA ace of Business	15	759 City	Occupat	State DAY	YEAR	Zip \$		
Emplo Emplo Full Na JAMES Mailing	oyer Name NONE oyer Mailing Address/Principal Pla ame of Contributor S AND TONI AMEY ng Address	PA P	15	City Code (Plus 4)	Occupat	State DAY 19	YEAR	Zip \$		
Emplo Emplo Full Na JAMES Mailing City Emplo	oyer Name NONE oyer Mailing Address/Principal Pla ame of Contributor S AND TONI AMEY og Address CANFIELD	PA ace of Business State OH	15	City Code (Plus 4)	MO 2	State DAY 19	YEAR 2014	Zip \$		1,000.00
Emplo Full Na JAMES Mailing City Emplo	oyer Name NONE oyer Mailing Address/Principal Pla fame of Contributor S AND TONI AMEY og Address CANFIELD oyer Name RETIRED oyer Mailing Address/Principal Pla	PA State OH OH	15 Zi ₁ 44	City Code (Plus 4) 406 City	MO 2	State DAY 19	YEAR 2014	Zip \$	OTH) Code (Pl	1,000.00
Emplo Full Na JAMES Mailing City Emplo Emplo	oyer Name NONE oyer Mailing Address/Principal Pla ame of Contributor S AND TONI AMEY og Address CANFIELD oyer Name RETIRED	PA State OH OH	15 Zi ₁ 44	City Code (Plus 4) 406 City	MO 2	State DAY 19	YEAR 2014	D zip \$	OTH) Code (PI	1,000.00 us 4)
Emplo Full Na JAMES Mailing City Emplo	oyer Name NONE oyer Mailing Address/Principal Pla fame of Contributor S AND TONI AMEY og Address CANFIELD oyer Name RETIRED oyer Mailing Address/Principal Pla	PA State OH OH	15 Zi ₁ 44	City Code (Plus 4) 406 City	MO 2	State DAY 19	YEAR 2014	Zip \$	OTH) Code (PI	1,000.00 us 4)

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							
City	State	Zip Code (I	Plus 4)				
Receipt Description	•	•			•	•	
Futor Count Total of Boot	Fan Cabadula I Batailad	I Comment Dane	Castian	4			PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page,	Section	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:	3/31/2014
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, 1		\$	4,400.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

lame of Filing Committee or Candidate				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 on Sche	iled Sum	mary Pag	ge,		PAGE TOTA	L		
Section 2.						\$		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				Fro	m:	1/1/201	<u>.4</u> To: <u>3</u>		3/31/2014	
						DATE			AMOUNT	
Full Name of Contributor JOHN WAGNER					МО	DAY	YEAR			
Mailing Address					2	3	2014	\$	2,000.00	
City BROOKVILLE	State PA		Zip Code(Plus 4) 15825							
Employer of Contributor SELF		_			Occup	ation Ph	HYSICIAN	l		
Employer Mailing Address/Principal Plac	e of Business	City	у	State		Code(Plus 4)	1		of Contribution	
							OFFICE HEADQ		ITE FOR CAMPAIGN	
Full Name of Contributor					мо	DAY	YEAR			
JOHN WAGNER					2	2	2014	\$	2,000.00	
Mailing Address					3	3	2014		,	
City BROOKVILLE	State		Zip Code(Plus 4)							
	PA		15825							
Employer of Contributor SELF					Occup	ation Ph	HYSICIAN	l		
Employer Mailing Address/Principal Plac	· I									
, , , , , , , , , , , , , , , , , , ,	e of Business	City	у	State	e Zip	Code(Plus 4)	1	SUI	of Contribution ITE FOR CAMPAIGN	
Full Name of Contributor JOHN WAGNER	e of Business	City	у	State	e Zip	Code(Plus 4) DAY	OFFICE	SUI		
Full Name of Contributor	e of Business	City	y	State			OFFICE HEADQ	SUI		
Full Name of Contributor JOHN WAGNER	e of Business		Zip Code(Plus 4)	State	мо	DAY	OFFICE HEADO	SUI QU	ITE FOR CAMPAIGN	
Full Name of Contributor JOHN WAGNER Mailing Address				State	мо	DAY	OFFICE HEADO	SUI QU	ITE FOR CAMPAIGN	
Full Name of Contributor JOHN WAGNER Mailing Address	State		Zip Code(Plus 4)	State	мо	DAY 28	OFFICE HEADO	SUI QU \$	ITE FOR CAMPAIGN	
Full Name of Contributor JOHN WAGNER Mailing Address City BROOKVILLE	State PA		Zip Code(Plus 4) 15825	State	мо 2 Оссир	DAY 28	OFFICE HEADQ YEAR 2014	E SUI QU \$	ITE FOR CAMPAIGN	
Full Name of Contributor JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF	State PA		Zip Code(Plus 4) 15825		мо 2 Оссир	DAY 28	YEAR 2014 HYSICIAN Descrip	\$ SUI	200.00 of Contribution AT CAMPAIGN	
Full Name of Contributor JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF	State PA		Zip Code(Plus 4) 15825		мо 2 Оссир	DAY 28	YEAR 2014 HYSICIAN Descrip	\$ \$UIU	200.00 of Contribution AT CAMPAIGN TE	
Full Name of Contributor JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place Full Name of Contributor	State PA		Zip Code(Plus 4) 15825		MO 2 Occup	DAY 28 ation Ph Code(Plus 4)	YEAR 2014 HYSICIAN Descrip UTILIT HEADO	\$ SUI	200.00 of Contribution AT CAMPAIGN	
Full Name of Contributor JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place Full Name of Contributor JOHN WAGNER	State PA	City	Zip Code(Plus 4) 15825		MO 2 Occup e Zip	DAY 28 ation Ph Code(Plus 4)	YEAR 2014 HYSICIAN Descrip UTILIT HEADO YEAR	\$ \$UIU	200.00 of Contribution AT CAMPAIGN TE	
Full Name of Contributor JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place Full Name of Contributor JOHN WAGNER Mailing Address	State PA e of Business	City	Zip Code(Plus 4) 15825		MO 2 Occup e Zip	DAY 28 ation Ph Code(Plus 4)	YEAR 2014 HYSICIAN Descrip UTILIT HEADO YEAR	\$ \$UIU	200.00 of Contribution AT CAMPAIGN TE	
Full Name of Contributor JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place Full Name of Contributor JOHN WAGNER Mailing Address	State PA Se of Business State	City	Zip Code(Plus 4) 15825 y Zip Code(Plus 4)		MO 2 Occup e Zip	DAY 28 ation Pl Code(Plus 4) DAY 31	YEAR 2014 HYSICIAN Descrip UTILIT HEADO YEAR	\$ SUI	200.00 of Contribution AT CAMPAIGN TE	
Full Name of Contributor JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place Full Name of Contributor JOHN WAGNER Mailing Address City BROOKVILLE	State PA e of Business State PA	City	Zip Code(Plus 4) 15825 y Zip Code(Plus 4) 15825		MO 2 Occup MO 3	DAY 28 ation Pl Code(Plus 4) DAY 31	YEAR 2014 HYSICIAN YEAR 2014 HYSICIAN	\$ \$UI \$	200.00 of Contribution AT CAMPAIGN TE	

PAGE 12

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

SCHEDULE III STATEMENT OF EXPENDITURES

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

					DATE			AMOUNT		
To Whom Paid				МО	DAY	YEAR				
ARISTOTLE				140		ILAK				
Mailing Address				2	14	2014	\$	900.00		
City SAN DIEGO		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	CA 92123 CAMPAIGN SOFTWARE					VARE				
To Whom Paid				мо	DAY	YEAR				
BATTAGLIA PRINTI	NG COMPANY			1-10		ILAK				
Mailing Address					3	2014	\$	159.00		
City BROOKVILL	 B	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	15825	FLYERS						
To Whom Paid				мо	DAY	YEAR				
THE MIRRORS				1-10		ILAK				
Mailing Address				3	3	2014	\$	375.00		
City BROOKVILL	 E	State	Zip Code (Plus 4)	Description of Expenditure						
PA 15825				NEWSPAPER ADS						
To Whom Paid				l wo	DAY	YEAR				
RENDA BROADCAST	ΓING			МО	DAT	TEAK				
Mailing Address				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				MO	DAT	TEAR				
Mailing Address				3	24	2014	\$	1,225.00		
City BROOKVILL	 E	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	15825	BILLBOARDS						
To Whom Paid				мо	DAY	YEAR				
ADVERTISING BY SCHUCKERS			140		ILAK					
Mailing Address				3	3	2014	\$	1,158.58		
City BROOKVILL	 E	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	15825	MAGNE	TIC ADS					

To WI	nom Paid			мо	DAY	YEAR			
INDIA	ANA GAZETTE			MO	DAT	TEAR			
Mailir	ng Address			2	27	2014	\$	254.70	
City INDIANA State			Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		PA	15701	NEWSP	APER AD				
To Wi	nom Paid			мо	DAY	YEAR			
SOLLENBERGERS					DAT	TEAR			
Mailing Address				3	10	2014	\$	15.00	
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		PA	17101	NOTARY AND COPY SERVICES					
	nom Paid MIRRORS			мо	DAY	YEAR			
Mailing Address				3	3	2014	\$	250.00	
City	City BROOKVILLE State Zip Code (Plus 4)			Description of Expenditure					
		PA	15825	PRINT ADS					
To Wi	nom Paid			МО	DAY	YEAR			
LORI	LAYS			140		IZAK			
Mailir	Mailing Address 3 25 2014				2014	\$	464.00		
City	BROOKVILLE	State	Zip Code (Plus 4)	Plus 4) Description of Expenditu					
		PA	15825	REEMBU	JRSE FOR	BINGO D	AUBERS	;	
	nom Paid IE WILLIAMS			мо	DAY	YEAR			
Mailing Address			3	25	2014	\$	2,062.50		
City	RIDGEWAY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
		PA	15853	MARKE	ΓING SERV	'ICES			
								PAGE TOTAL	
Ente	r Grand Total of Expend	litures on Page 1, Re	eport 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 Reportin				ing Period							
CRIS DUSH CAMPAIGN COMMITTEE			From:		<u>1/1/2014</u> To:			3/31/2014			
1						DATE			Outstanding Balance of Del	bt	
Name of Creditor					мо	DAY	YEAR				
PATRI	CIA LEACH				MO		ILAK				
Mailin	g Address				3	1	2014	1	\$	66.78	
City MARION CENTER State Zip Code (Plus 4)				Descrip	Description of Debt						
	PA 15759 MEET HOME						HOME	MAC	DE RESTAURAI	NT,	
Name	of Creditor				мо	DAY	YEAR				
PATRI	CIA LEACH				140		ILAK				
Mailing Address				3	6	2014	1	\$	143.63		
City	MARION CENTER	State	Zip Code (F	lus 4)	Description of Debt						
		PA	15759		MEET & GREET AT PARI COOKPORT, PA				E'S RESTAURANT,		
Name	of Creditor				мо	DAY	YEAR				
PATRI	CIA LEACH				140		ILAK				
Mailing Address					2	28	2014	1	\$	175.43	
City	MARION CENTER	State	Zip Code (F	lus 4)) Description of Debt						
PA 15759 PRINTING 2 SIDED FLYERS NEWSPAPER AD MESSAGE F GREEN TOWNSHIP RESIDEN						E F	OR RAYNE ANI				
							PAGE TO	TAL			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item					G.			\$:	385.84	