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	20140	C1133			Rep File	oort		CAI	NDII	DATE	√	СО	MMITTE		LOBE	SYIST		
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist:		CRIS	S DI	JSH											
Street Address:																			
City:						State:			e:				Zip Cod	e: 15	825				
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	- 2	2. X	30 DA		Р				AMENDMENT REPORT?		Yes	No		\
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND FRIDA ELECTION	Y PRE	≣- !	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	No		√
report type)	ANNUAL RI	EPORT	7.	Year 2014					IG ME CHEC					PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by C	andidat	e:						DAT	E O	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
DEDDEGENITATI		OENED		EMBL V					МО		DAY	Y	/EAR	66	STH	REP			
REPRESENTATI	VE IN THE	GENER	AL ASSI	EMBLY						11		4	2014		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR	ł			МО		DAY	Y	/EAR	FOI	OFFIC	E USE	ONLY		
Expenditures	from:			4 1	2	014	Т	0		5		5	2014						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts (Fron	1 Sche	dule	I)	\$					0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$					0.00						
D. Total Expenditures (From Schedule III)							\$				1,	,999.15							
E. Ending Cash	Balance (S	ubtract	Line D	From Line	C)			\$				(1,9	999.15)						
F. Value Of In-	Kind Contril	butions	Receive	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Oblig	ations ((From S	chedule IV	')			\$					0.00		•				
					AFF	IDA	١٧٧	T SE	CTIC	Ν									
PART I - If this is	a Committ	ee repo	rt, trea	surer sign	here.	If thi	is is	a Car	ndidat	e re	port, c	cand	lidate sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sc	hedule	s filed	d on	paper	or by e	lectr	onic m	ediur	m, are to t	he best of	my knov	vledge a	and beli	ef , tr	ue
Sworn to and subs	cribed before day of	me this		20									Signature	of Person	Submitt	ing Rep	ort		_
		Signatur	e					-						Print	ed Name				-
My Commission Ex		-								•				Email					-
	мс)	D#	ΛY	YR						Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized	Comn	nitte	e, C	andid	ate sł	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and beli	ef this	polit	ical	comm	ittee h	as no	ot viola	ted a	iny provisi	ions of the	act of Ju	ıne 3,19	937 (P.L	133:	3,
Sworn to and subsc		me this											Si	ignature of	Candida	ite			-
	day of — —							-						Printed	l Name				-
My Commission 5	_	nature						-		-				Email					_
My Commission Exp	es							_						dii					_
		мо	D#	AY	YR						Area	Code		Da	ytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CRIS DUSH	From:	4/1/201	<u>4</u> То:	<u>5/5/2014</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)			\$	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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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			\$	0.00

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 Candidat	e	R	eporting	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		Rep	oorting P	eriod			
			Fro	m:		To):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL

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

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:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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 Pe	riod					
				Fron	n:		-	To:			
					D	ATE			AM	40UNT	
Full Name of Contributor					МО	DAY	YEAI	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Code	e (Plus 4)	ı
Enter Grand Total of Part C on Schee	dule I, Detailed Su	umm	ary Page,	Section	on 3.				P/	AGE TOTA	L
								\$		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 of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Soction	4			PAGE TOTAL
cincer Granu Total of Part I	on Schedule 1, Detailed	Summary Page,	Section	⊶.			\$ 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 Perio	od	
CRIS DUSH	From:	<u>4/1/2014</u> To:	<u>5/5/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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,	<u> </u>	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Full Name of Contributor				Reporting Period						
	Name of Contributor					To	:			
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	C	0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•		•				
					-					
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary 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				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period					
CRIS DUSH			From	<u>4/:</u>	1/2014	То:	<u>5/5/2014</u>		
				DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR				
SS GRAPHICS			NO		ILAN				
Mailing Address			4	29	2014	\$	149.00		
City WYANDOTTE	State	Zip Code (Plus 4)	Description of Expenditure						
MI 48192				BUTTONS LOANED TO CAMPAIGN COMMITTEE TO USE PERSONAL CREDIT CARD					
To Whom Paid	МО	DAY	YEAR		<u> </u>				
S GRAPHICS					TEAR				
Mailing Address			4	29	2014	\$	1,463.15		
City WYANDOTTE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	MI	48192		OANED TO			AL CREDIT PAIGN		
To Whom Paid			МО	DAY	YEAR				
STRATTON BROADCASTING			MO	DAT	TEAR				
Mailing Address			4	21	2014	\$	387.00		
City BROOKVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>			
	PA	15825					PERSONAL H CAMPAIGN		
							PAGE TOTAL		

1,999.15