Campaign Finance Report

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

Filer Identification 20120363 Number :							ed By :			IDIE	DATE		COMN	COMMITTEE		LOB	вуіст		
Name of Filing C	committee	, Candida	ite or Lo	obbyist:		CRI:	S DI	JSH (CAMPA	IGN	СОМ	MIT	ΓEE	·					
Street Address:																			
City:	BROC	KVILLE							State	:	PA			Zip Cod	le: 15	825			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- :	2.	30 DA		P	OST-	3. X		AMENDM REPORT?		Yes	N	0	/
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	AY PRE	≣-	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	Ν	0	\
report type)	ANNUAL								NG MET					PAPER		\	DISK	ETTE	
Name of Office S	ought by	Candidat	e:						DATE	O	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Cod	e Cour	
									МО		DAY	Y	EAR			RE)		
										11		4	2014		(SEE INS	TRUCT	ONS FOI	CODES)
Summary of		and	МО	DAY	YEAR	2			МО		DAY	Y	EAR	FO	R OFFIC	E USI	ONLY	7	
Expenditures	from:			5 6	5 2	014	Т	0		6		9	2014						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				5,	676.17						
B. Total Moneta	ary Contri	butions A	and Rec	eipts (Fron	n Sche	dule	ı)	\$				13,	810.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				19,	486.17						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				18,	451.04						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				1,0	035.13						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II	()	\$				4,4	400.00						
G. Unpaid Debt	s And Obl	igations	(From S	Schedule I\	/)			\$					747.18						
					AFF	IDA	٩VI	T SE	CTIO	N									
PART I - If this is		-	•	_									_						
I swear (or affirm) correct and comple		eport, inclu	uding the	attached so	hedules	s file	d on	paper	or by el	ectr	onic m	ediun	ı, are to t	he best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo day of	re me this		20						-		:	Signature	of Perso	n Submitt	ing Re	port		
		Signatur	Δ					- -		-				Prin	ted Name				_
My Commission Ex	cpires	o.g.i.ata.	_							-				Emai	il				-
	Ī	10	D/	AY	YR			_		-	Are	ea Co	de	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	e, C	andid	ate sh	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and bel	ief this	polit	tical	comm	ittee ha	s no	t viola	ted a	ny provisi	ions of the	e act of Ju	ıne 3,1	937 (P	.L. 133	з,
Sworn to and subsc		e me this											Si	ignature o	of Candida	ite			-
	day of ——							_						Drinto	d Name				_
	S	ignature						_		_									_
My Commission Exp		J								-				Ema	il				_
		мо	D	AY	YR	l		-			Area	Code		Da	ytime Te	elepho	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CRIS DUSH CAMPAIGN COMMITTEE	From:	5/6/2014	<u>4</u> То:	6/9/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	50.00
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)			\$	1,050.00
TOTAL for the Reporting	\$	1,050.00		
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)			\$	12,710.00
TOTAL for the Reporting) Period	(3)	\$	12,710.00
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			\$	13,810.00

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				Period			
		F	rom:		То	:	
		'		DATE			AMOUNT
Full Name of Contributing Com	mittee		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 Candida	te		Reporting P	eriod			
CRIS DUSH CAMPAIGN COMMITTEE			From:	<u>5/6/</u>	2014 To	o: <u>6/9/2014</u>	
				DATE		AMOUNT	
Full Name of Contributor PAMELA D. AMES			МО	DAY	YEAR		
Mailing Address						\$ 150.00	
City BROOKVILLE	State	Zip Code (Plus 4) 5	12	2014		
	PA	15825					
Full Name of Contributor			МО	DAY	YEAR		
ROBERT BICKLE							
Mailing Address	T	T				\$ 100.00	
City REYNOLDSVILLE	State	Zip Code (Plus 4) 5	15	2014		
	PA	15851					
Full Name of Contributor			мо	DAY	YEAR		
DAVID HARBISON							
Mailing Address	T	T				\$ 100.00	
City FALLS CREEK	State	Zip Code (Plus 4) 5	15	2014		
	PA	15840					
Full Name of Contributor			мо	DAY	YEAR		
WILLIAM WISE			1.0	J			
Mailing Address	T	_				\$ 100.00	
City PUNXSUTAWNEY	State	Zip Code (Plus 4) 5	14	2014		
	PA	15767					
Full Name of Contributor			мо	DAY	YEAR		
GORDON FRANO			140	DAI	ILAK		
Mailing Address						\$ 200.00	
City BROCKWAY	State	Zip Code (Plus 4) 5	14	2014		
	PA	15824					
Full Name of Contributor			мо	DAY	YEAR		
CHARLES BROWNLEE			1-10	JA.	ILAK		
Mailing Address						\$ 200.00	
City REYNOLDSVILLE	State	Zip Code (Plus 4) 5	6	2014		
	PA	15851					
Full Name of Contributor			мо	DAY	YEAR		
HOWARD WINKELMAN			140	DAI	ILAK		
Mailing Address	Mailing Address					\$ 100.00	
City REYNOLDSVILLE	State	Zip Code (Plus 4) 5	7	2014		
	PA	15851					

Full N	ame of Contributor	МО	DAY	YEAR			
CECIL	STEEL FAMILY TRUST						
Mailin	g Address				\$ 100.00		
City	BROCKWAY	State	Zip Code (Plus 4)	5	12	2014	
		PA	15824				

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

PAGE TOTAL
\$ 1,050.00

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.

lame of Filing Committee or Candidate			Reporting	Period						
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				МО	DAY	YEAR		ſ	0.00	
Mailing Address							+	C).00	
City	State	Zip Code	e (Plus 4)							
								PAGE TOTAL	L	
Enter Grand Total of Part C on Scheo	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	Name of Filing Committee or Candidate Rep					porting Period					
CRIS DUSH CAMPAIGN COMMITTEE			Fron	n:	<u>5/6/2</u>	<u>014</u> To	: <u>6/9/2014</u>				
				D/	ATE		AMOUNT				
Full Name of Contributor				No.	DAY	VEAD					
JOHN F. WILLIAMS				МО	DAY	YEAR	\$ 2,560.00				
Mailing Address				5	19	2014	7				
City REYNOLDSVILLE	State	Zip Code (Plu	s 4)		19	2014					
	PA 15851										
Employer Name					ion	SELF EM	1PLOYED				
Employer Mailing Address/Principal Place of Business City					State		Zip Code (Plus 4)				
Full Name of Contributor		•		мо	DAY	YEAR	1				
P. JANE MCKILLIP				140	DAI	ILAK	\$ 300.00				
Mailing Address				5	12	2014					
City SUMMERVILLE	State	Zip Code (Plu	s 4)		12	2011					
	PA	15864									
Employer Name				Occupat	ion	RETIRE)				
Employer Mailing Address/Principal Place of Business City											
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)				
Employer Mailing Address/Principal Place Full Name of Contributor	e of Business	City		MO		VEAD	<u> </u>				
	e of Business	City		МО	State	YEAR	Zip Code (Plus 4) \$ 350.00				
Full Name of Contributor	e of Business	City			DAY		\$ 350.00				
Full Name of Contributor JEAN DUSH	e of Business	City Zip Code (Plu	s 4)	MO 5		YEAR 2014	\$ 350.00				
Full Name of Contributor JEAN DUSH Mailing Address			s 4)		DAY		\$ 350.00				
Full Name of Contributor JEAN DUSH Mailing Address	State	Zip Code (Plu	s 4)		DAY 16		\$ 350.00				
Full Name of Contributor JEAN DUSH Mailing Address City BROOKVILLE	State PA	Zip Code (Plu	s 4)	5	DAY 16	2014	\$ 350.00				
Full Name of Contributor JEAN DUSH Mailing Address City BROOKVILLE Employer Name Employer Mailing Address/Principal Place Full Name of Contributor	State PA	Zip Code (Plu 15825	s 4)	5	DAY 16	2014	\$ 350.00 Zip Code (Plus 4)				
Full Name of Contributor JEAN DUSH Mailing Address City BROOKVILLE Employer Name Employer Mailing Address/Principal Place	State PA	Zip Code (Plu 15825	s 4)	5 Occupat	DAY 16 ion State	2014 RETIREI	\$ 350.00				
Full Name of Contributor JEAN DUSH Mailing Address City BROOKVILLE Employer Name Employer Mailing Address/Principal Place Full Name of Contributor RALEIGH ROBERTSON Mailing Address	State PA e of Business	Zip Code (Plu 15825 City		5 Occupat	DAY 16 ion State	2014 RETIREI	\$ 350.00 Zip Code (Plus 4) \$ 2,500.00				
Full Name of Contributor JEAN DUSH Mailing Address City BROOKVILLE Employer Name Employer Mailing Address/Principal Place Full Name of Contributor RALEIGH ROBERTSON	State PA	Zip Code (Plu 15825		Occupat	DAY 16 State DAY	2014 RETIREI	\$ 350.00 Zip Code (Plus 4) \$ 2,500.00				
Full Name of Contributor JEAN DUSH Mailing Address City BROOKVILLE Employer Name Employer Mailing Address/Principal Place Full Name of Contributor RALEIGH ROBERTSON Mailing Address	State PA e of Business	Zip Code (Plu 15825 City		Occupat	DAY 16 State DAY	2014 RETIREI	\$ 350.00 Zip Code (Plus 4) \$ 2,500.00				
Full Name of Contributor JEAN DUSH Mailing Address City BROOKVILLE Employer Name Employer Mailing Address/Principal Place Full Name of Contributor RALEIGH ROBERTSON Mailing Address	State PA e of Business State PA	Zip Code (Plu 15825 City		Occupat	DAY 16 State DAY 7	2014 RETIREI YEAR 2014	\$ 350.00 Zip Code (Plus 4) \$ 2,500.00				
Full Name of Contributor JEAN DUSH Mailing Address City BROOKVILLE Employer Name Employer Mailing Address/Principal Place Full Name of Contributor RALEIGH ROBERTSON Mailing Address City NEW BETHLEHEM	State PA e of Business State PA ONS	Zip Code (Plu 15825 City		Occupat MO	DAY 16 State DAY 7	2014 RETIREI YEAR 2014	\$ 350.00 Zip Code (Plus 4) \$ 2,500.00				

Full Name of Contributor	ull Name of Contributor								
VALERIE ROBERTSON				МО	DAY	YEAR	\$	2,500.00	
Mailing Address				_	_		1		
City NEW BETHLEHEM	State	Ziı	Code (Plus 4)	5	7	2014			
,	I PA	16	5242						
Employer Name R B. ROBERTSON & S				Occupat	Occupation OFFICE MGR				
Employer Mailing Address/Principal Plac			City		State		Zip Code	(Plus 4)	
NEW BETHLEHEM				М	PA		16242	(1.1.0 1)	
Full Name of Contributor				мо	DAY	YEAR			
DAVID EMERY				МО	DAT	TEAR	\$	500.00	
Mailing Address				6	9	2014	1		
City BROOKVILLE	State	Zij	Code (Plus 4)		,	2014			
	PA	15	825						
Employer Name				Occupation RETIRED					
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code	(Plus 4)	
Full Name of Contributor				o	DAY	VEAD			
JOE BARBER				МО	DAY	YEAR	\$	4,000.00	
Mailing Address				5	10	2014	1		
City BROOKVILLE	State	Zij	Code (Plus 4)]	10	2014			
	PA	15	825						
Employer Name				Occupat	ion (SELF EM	IPLOYED		
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code	(Plus 4)	
·									
							DA	GE TOTAL	

12,710.00

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:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	•	•			•	•	•	
Futor Curred Total of Bout	Fan Cabadula I. Datailad	Summer Base S	! !	4				PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	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	d						
CRIS DUSH CAMPAIGN COMMITTEE	From:	<u>5/6/2014</u> To:	6/9/2014					
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	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 Candidate	Reporting	g Period						
	From:		To:	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 Schedule II, In-Kind Contributions Deta Section 2.			iled Sum	mary Pag	je,		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				Fro	From: <u>5/6/20</u>		<u>5/6/201</u>	1 <u>14</u> To: <u>6</u> ,		6/9/2014	
				•	DATE				AMOUNT		
Full Name of Contributor JOHN WAGNER					мо		DAY	YEAR		:	
Mailing Address						4	3	2014	\$	2,000.00	
City BROOKVILLE			Zip Code(Plus 4) 15825								
Employer of Contributor SELF	<u> </u>	!			Occı	<u> </u>	tion Ph	HYSICIAN	L 		
Employer Mailing Address/Principal Plac	e of Business	Cit	:y	State			Code(Plus 4)	1		of Contribution	
								OFFICE HDQT.		ITE FOR CAMPAIGN	
Full Name of Contributor					мо		DAY	YEAR			
JOHN WAGNER							3	2014	\$	2,000.00	
Mailing Address	1 1					5	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											
		Cit	y	State	e Z	Zip C	Code(Plus 4)	1	SU	of Contribution ITE FOR CAMPAIGN	
Full Name of Contributor JOHN WAGNER		Cit	SY	State	e Z	Zip C	DAY	OFFICE	SU		
			ry	State	мо	4		OFFICE HDQT.	SU		
JOHN WAGNER	State		Zip Code(Plus 4)	State	мо		DAY	OFFICE HDQT.	SU	ITE FOR CAMPAIGN	
JOHN WAGNER Mailing Address				State	мо		DAY	OFFICE HDQT.	SU	ITE FOR CAMPAIGN	
JOHN WAGNER Mailing Address	State		Zip Code(Plus 4)	State	мо	4	DAY 3	OFFICE HDQT.	\$	ITE FOR CAMPAIGN	
JOHN WAGNER Mailing Address City BROOKVILLE	State PA	Cit	Zip Code(Plus 4) 15825	State	МО	4 upat	DAY 3	OFFICE HDQT. YEAR 2014	\$ \$U	ITE FOR CAMPAIGN	
JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF	State PA		Zip Code(Plus 4) 15825		МО	4 upat	DAY 3	OFFICE HDQT. YEAR 2014 HYSICIAN Descrip	\$ \$U	200.00 a of Contribution AT CAMPAIGN	
JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF	State PA		Zip Code(Plus 4) 15825		МО	4 upat	DAY 3	OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT	\$ SU	200.00 a of Contribution AT CAMPAIGN RTERS	
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 Occu	4 upat	DAY 3 tion Ph	OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT HEADO	\$ \$U	200.00 a of Contribution AT CAMPAIGN	
JOHN WAGNER Mailing Address City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place Full Name of Contributor JOHN WAGNER	State PA		Zip Code(Plus 4) 15825		MO Occu	4 upat	DAY 3 tion Ph Code(Plus 4)	OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT HEADO YEAR	\$ SU	200.00 a of Contribution AT CAMPAIGN RTERS	
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		Zip Code(Plus 4) 15825		MO Occu	4 upat	DAY 3 tion Ph Code(Plus 4)	OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT HEADO YEAR	\$ SU	200.00 a of Contribution AT CAMPAIGN RTERS	
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		Zip Code(Plus 4) 15825 Ty		MO Occu	4 4 5	DAY 3 tion Ph Code(Plus 4) DAY 3	OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT HEADO YEAR	\$ substitution states and states are states as a second state and states are states as a second state a	200.00 a of Contribution AT CAMPAIGN RTERS	
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 Se of Business State PA		Zip Code(Plus 4) 15825 Zip Code(Plus 4) 15825		MO Occu	4 upat	DAY 3 tion Ph Code(Plus 4) DAY 3	OFFICE HDQT. YEAR 2014 HYSICIAN YEAR 2014	\$ \$ I Stion Stier	200.00 a of Contribution AT CAMPAIGN RTERS	

PAGE 13

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 Per	iod		
CRIS DUSH CAMPAIGN COMMITTEE	From	5/6/2014	То:	6/9/2014

			DATE		AMOUNT					
om Paid			МО	DAY	YFAR					
RADIO			1-10							
Address			5	12	2014	\$	910.00			
PUNXSUTAWNEY	State	Zip Code (Plus 4)	Description of Expenditure							
	RADIO AD									
To Whom Paid					VEAR					
RENDA BROADCASTING					ILAK					
Mailing Address					2014	\$	1,190.00			
PITTSBURGH	Description of Expenditure									
PA 15220					RADIO AD					
om Paid			МО	DAY	YFAR					
USH			1-10		ILAK					
Mailing Address						\$	1,463.15			
BROOKVILLE	State	Zip Code (Plus 4)	Description of Expenditure YARD SIGNS							
	PA	15825								
om Paid			МО	DAY	VEAR					
USH			140		ILAK					
Address						\$	387.00			
BROOKVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	15825	GRAHON YARD SIGNS							
om Paid			МО	DAY	VEAR					
FIRST MEDIA RADIO			1-10		ILAK					
Address			5	15	2014	\$	1,122.00			
DUBOIS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	15801	RADIO AD							
om Paid			МО	DAY	VEAR					
TON BROADCAST			1-10		ILAK					
Mailing Address				16	2014	\$	144.00			
Address			5							
BROOKVILLE	State	Zip Code (Plus 4)		tion of Exp						
	RADIO Address PUNXSUTAWNEY Im Paid BROADCASTING Address PITTSBURGH Im Paid USH Address BROOKVILLE Im Paid FIRST MEDIA RADIO Address DUBOIS	RADIO Address PUNXSUTAWNEY State PA PA PA PA PA PA PA PA PA PA	RADIO Address PUNXSUTAWNEY State PA 15767 m Paid BROADCASTING Address PITTSBURGH State PA 15220 m Paid USH Address BROOKVILLE State PA 15825 m Paid FIRST MEDIA RADIO Address DUBOIS State PA 15801	RADIO Address	MO	MO	MO			

To WI	hom Paid			МО	DAY	YEAR			
Q102	Q102 WOWQ FM					YEAR			
Mailir	ng Address			5	16	2014	\$	221.00	
City	DUBOIS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	15801	RADIO ADS					
To Wi	hom Paid			МО	DAY	YEAR			
REND	A RADIO			MO	DAT	TEAR			
Mailir	ng Address						\$	45.00	
City	PUNXSUTAWNEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 15767					ADS				
To WI	hom Paid			МО	DAY	YEAR			
RENDA RADIO					DAY	TEAK			
Mailir	ng Address			5	10	2014	\$	1,137.50	
City	PUNXSUTAWNEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	15767	ADVER1	ΓISING				
To Whom Paid SARVEY NOTARY					DAY	YEAR			
Mailir	ng Address			5	14	2014	\$	10.00	
City	BROOKVILLE	State	Zip Code (Plus 4)	Descrip	 tion of Exp	enditure			
City	DROOKVILLE	PA	15825	NOTAR		enaltare			
To W	hom Paid	117	13023	I					
	A ROCK			МО	DAY	YEAR			
	ng Address			5	14	2014	\$	666.00	
City	BROOKVILLE	State	Zip Code (Plus 4)	Description of Expenditure					
-		PA	15825	RADIO ADS					
To WI	hom Paid	•	<u> </u>						
THE N	MIRROR			МО	DAY	YEAR			
Mailir	ng Address						\$	1,083.00	
City	BROOKVILLE	State	Zip Code (Plus 4)	Descrip	l tion of Exp	L enditure	l		
		PA	15825	ADVERTISE					
To WI	hom Paid	•	<u>'</u>		L				
CRIS	DUSH			МО	DAY	YEAR			
Mailir	ng Address						\$	149.00	
City	BROOKVILLE	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure			
		PA	15825	S&S GR	APHICS				
To WI	hom Paid	•	•		Day	VEAD			
PUNX	SUTAWNEY SPIRIT			МО	DAY	YEAR			
Mailir	ng Address			5	12	2014	\$	250.00	
City	PUNXSUTAWNEY	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	l		
		PA	15767	ADVERT	ΓISE				

To Whom Paid	МО	DAY	YEAR					
PUNXSUTAWNEY SPIRIT	140		ILAK					
Mailing Address				12	2014	\$	1,137.24	
City PUNXSUTAWNEY State Zip Code (Plus 4)			Description of Expenditure					
	PA	15767						
To Whom Paid			мо	DAY	YEAR			
WAL MART			140		1 = Alix			
Mailing Address			5	12	2014	\$	46.61	
City CLARION	State	Zip Code (Plus 4)) Description of Expenditure					
		OFFICE EXP.						
							PAGE TOTAL	
Enter Grand Total of Expenditures	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	9,961.50	

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				Reporti	Reporting Period					
CRIS	DUSH CAMPAIGN COMMITTEE			From:		<u>5/6/2014</u>	То:		6/9/2014	
						DATE			Outstanding Balance of Debt	
Name	of Creditor				мо	DAY	YEAR			
HOME	ETOWN PUNXSUTAWNEY				110					
Mailir	ng Address				5	15	2014	4	\$ 22	4.00
City	City PUNXSUTAWNEY State Zip Code (Plus 4)				Description of Debt					
		PA	15767		PRINT ADS					
	of Creditor				мо	DAY	YEAR			
	ng Address				5	30	2014	4	\$ 39	3.18
City	LOUISVILLE	State	Zip Code (F	lus 4)	Description of Debt					
		KY	40290		TELEPH	ONE AND I	INTERN	IET		
	of Creditor OKVILLE MIRROR				мо	DAY	YEAR			
Mailir	ng Address				5	25	2014	4	\$ 12	0.00
City	BROOKVILLE	State	Zip Code (F	lus 4)	Description of Debt					
		PA	15825		PRINT A	ADS				
									PAGE TOTA	L
En	ter Grand Total of Unpaid Deb	ts on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	737	7.18