

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 <input checked="" type="checkbox"/>		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.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2014	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	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			
		5	6	2014		6	9	2014				
A. Amount Brought Forward From Last Report						\$ 5,676.17						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 13,810.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 19,486.17						
D. Total Expenditures (From Schedule III)						\$ 18,451.04						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 1,035.13						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 4,400.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 747.18						

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

Printed Name

Signature

Email

My Commission Expires

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>5/6/2014</u> To: <u>6/9/2014</u>

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 Period (2)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 13,810.00
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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
	From: To:

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

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

PAGE TOTAL
\$0.00

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	Reporting Period
CRIS DUSH CAMPAIGN COMMITTEE	From: <u>5/6/2014</u> To: <u>6/9/2014</u>

				DATE		AMOUNT	
Full Name of Contributor PAMELA D. AMES				MO	DAY	YEAR	\$ 150.00
Mailing Address 315 RHODES LANE				5	12	2014	
City	BROOKVILLE	State	PA				Zip Code (Plus 4)
Full Name of Contributor ROBERT BICKLE				MO	DAY	YEAR	\$ 100.00
Mailing Address 819 RAYBUCK ROAD				5	15	2014	
City	REYNOLDSVILLE	State	PA				Zip Code (Plus 4)
Full Name of Contributor DAVID HARBISON				MO	DAY	YEAR	\$ 100.00
Mailing Address 154 BRITTON DRIVE				5	15	2014	
City	FALLS CREEK	State	PA				Zip Code (Plus 4)
Full Name of Contributor WILLIAM WISE				MO	DAY	YEAR	\$ 100.00
Mailing Address 3460 ROUTE 410				5	14	2014	
City	PUNXSUTAWNEY	State	PA				Zip Code (Plus 4)
Full Name of Contributor GORDON FRANO				MO	DAY	YEAR	\$ 200.00
Mailing Address 292 WOODS ROAD				5	14	2014	
City	BROCKWAY	State	PA				Zip Code (Plus 4)
Full Name of Contributor CHARLES BROWNLEE				MO	DAY	YEAR	\$ 200.00
Mailing Address 3275 ALLENS MILLS ROAD				5	6	2014	
City	REYNOLDSVILLE	State	PA				Zip Code (Plus 4)

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
HOWARD WINKELMAN							
Mailing Address				5	7	2014	
842 RAYBUCK ROAD							
City	REYNOLDSVILLE	State	Zip Code (Plus 4)				
		PA	15851				

Full Name of Contributor				MO	DAY	YEAR	\$100.00
CECIL STEEL FAMILY TRUST							
Mailing Address				5	12	2014	
789 MAIN STREET							
City	BROCKWAY	State	Zip Code (Plus 4)				
		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.

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>5/6/2014</u> To: <u>6/9/2014</u>
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				DATE	AMOUNT
Full Name of Contributor JOHN F. WILLIAMS				MO	\$ 2,560.00
Mailing Address 411 WILLIAMS ROAD				5	
City REYNOLDSVILLE	State PA	Zip Code (Plus 4) 15851		19 2014	
Employer Name				Occupation SELF EMPLOYED	
Employer Mailing Address/Principal Place of Business		City		State	Zip Code (Plus 4)
Full Name of Contributor P. JANE MCKILLIP				MO	\$ 300.00
Mailing Address 227 GALBRAITH ROAD				5	
City SUMMERVILLE	State PA	Zip Code (Plus 4) 15864		12 2014	
Employer Name				Occupation RETIRED	
Employer Mailing Address/Principal Place of Business		City		State	Zip Code (Plus 4)
Full Name of Contributor JEAN DUSH				MO	\$ 350.00
Mailing Address 1 IRONS & WOODS RD.				5	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825		16 2014	
Employer Name				Occupation RETIRED	
Employer Mailing Address/Principal Place of Business		City		State	Zip Code (Plus 4)
Full Name of Contributor RALEIGH ROBERTSON				MO	\$ 2,500.00
Mailing Address 9325 ROUTE 861				5	
City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242		7 2014	
Employer Name R.B. ROBERTSON & SONS				Occupation SELF EMPLOYED	
Employer Mailing Address/Principal Place of Business GAS & OIL CO. LPPO BOX 190		City NEW BETHLEHEM		State	Zip Code (Plus 4)

Full Name of Contributor VALERIE ROBERTSON				MO 5	DAY 7	YEAR 2014	\$ 2,500.00
Mailing Address 9325 ROUTE 861							
City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242					
Employer Name R. B. ROBERTSON & SON				Occupation OFFICE MGR			
Employer Mailing Address/Principal Place of Business P.O. BOX 190			City NEW BETHLEHEM		State PA	Zip Code (Plus 4) 16242	

Full Name of Contributor DAVID EMERY				MO 6	DAY 9	YEAR 2014	\$ 500.00
Mailing Address 1027 SPRING ROAD							
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Employer Name				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Full Name of Contributor JOE BARBER				MO 5	DAY 10	YEAR 2014	\$ 4,000.00
Mailing Address 3661 ROUTE 28							
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Employer Name				Occupation SELF EMPLOYED			
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
\$ 12,710.00

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>5/6/2014</u> To: <u>6/9/2014</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 RECIEVED - 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>5/6/2014</u> To: <u>6/9/2014</u>

					DATE		AMOUNT	
Full Name of Contributor JOHN WAGNER					MO	DAY	YEAR	\$ 2,000.00
Mailing Address 19 WESTERN AVENUE					4	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 & FOOT ASSOC. 73 SOUTH WHITE ST.							OFFICE SUITE FOR CAMPAIGN HDQT.	
Full Name of Contributor JOHN WAGNER					MO	DAY	YEAR	\$ 2,000.00
Mailing Address 19 WESTERN AVENUE					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	State	Zip Code(Plus 4)		Description of Contribution	
ANKLE & FOOT ASSOC. 73 SOUTH WHITE ST.							OFFICE SUITE FOR CAMPAIGN HDQT.	
Full Name of Contributor JOHN WAGNER					MO	DAY	YEAR	\$ 200.00
Mailing Address 19 WESTERN AVENUE					4	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	
73 SOUTH WHITE ST.							UTILITIES AT CAMPAIGN HEADQUARTERS	
Full Name of Contributor JOHN WAGNER					MO	DAY	YEAR	\$ 200.00
Mailing Address 19 WESTERN AVENUE					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	State	Zip Code(Plus 4)		Description of Contribution	
73 SOUTH WHITE ST.							UTILITIES AT CAMPAIGN HEADQUARTERS	

**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>5/6/2014</u> To: <u>6/9/2014</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
RENDA RADIO				
Mailing Address 904 NORTH MAIN STREET	5	12	2014	\$ 910.00
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure RADIO AD	
To Whom Paid	MO	DAY	YEAR	
RENDA BROADCASTING				
Mailing Address 900 PARISH ST. 4TH FLOOR	5	13	2014	\$ 1,190.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15220	Description of Expenditure RADIO AD	
To Whom Paid	MO	DAY	YEAR	
CRIS DUSH				
Mailing Address 18807 ROUTE 322				\$ 1,463.15
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure YARD SIGNS	
To Whom Paid	MO	DAY	YEAR	
CRIS DUSH				
Mailing Address 18807 ROUTE 322				\$ 387.00
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure GRAHON YARD SIGNS	
To Whom Paid	MO	DAY	YEAR	
WOWQ FIRST MEDIA RADIO				
Mailing Address 801 EAST DUBOIS AVE	5	15	2014	\$ 1,122.00
City DUBOIS	State PA	Zip Code (Plus 4) 15801	Description of Expenditure RADIO AD	
To Whom Paid	MO	DAY	YEAR	
STRATTON BROADCAST				
Mailing Address PICKERING ST.	5	16	2014	\$ 144.00
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure RADIO ADS	

To Whom Paid			MO	DAY	YEAR	\$ 221.00
Q102 WOWQ FM						
Mailing Address 801 EAST DUBOIS AVE			5	16	2014	
City DUBOIS	State PA	Zip Code (Plus 4) 15801	Description of Expenditure RADIO ADS			
To Whom Paid			MO	DAY	YEAR	\$ 45.00
RENDA RADIO						
Mailing Address 904 NORTH MAIN ST.						
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure RADIO ADS			
To Whom Paid			MO	DAY	YEAR	\$ 1,137.50
RENDA RADIO						
Mailing Address 904 NORTH MAIN STREET			5	10	2014	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure ADVERTISING			
To Whom Paid			MO	DAY	YEAR	\$ 10.00
SARVEY NOTARY						
Mailing Address ALLEGHENY BOULEVARD			5	14	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure NOTARY FEE			
To Whom Paid			MO	DAY	YEAR	\$ 666.00
MEGA ROCK						
Mailing Address PICKERING STREET			5	14	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure RADIO ADS			
To Whom Paid			MO	DAY	YEAR	\$ 1,083.00
THE MIRROR						
Mailing Address MAIN STREET						
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure ADVERTISE			
To Whom Paid			MO	DAY	YEAR	\$ 149.00
CRIS DUSH						
Mailing Address 18807 ROUTE 322						
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure S&S GRAPHICS			
To Whom Paid			MO	DAY	YEAR	\$ 250.00
PUNXSUTAWNEY SPIRIT						
Mailing Address 510 PINE STREET PO BOX 444			5	12	2014	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure ADVERTISE			

To Whom Paid PUNXSUTAWNEY SPIRIT			MO	DAY	YEAR	\$ 1,137.24
Mailing Address 510 PINE STREET PO BOX 444			5	12	2014	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure			
To Whom Paid WAL MART			MO	DAY	YEAR	\$ 46.61
Mailing Address			5	12	2014	
City CLARION	State PA	Zip Code (Plus 4)	Description of Expenditure OFFICE EXP.			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 9,961.50

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 CRIS DUSH CAMPAIGN COMMITTEE	Reporting Period From: <u>5/6/2014</u> To: <u>6/9/2014</u>
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				DATE	Outstanding Balance of Debt	
Name of Creditor HOMETOWN PUNXSUTAWNEY			MO	DAY	YEAR	\$ 224.00
Mailing Address 129 ASPEN ROAD			5	15	2014	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Debt PRINT ADS			
Name of Creditor WINDSTREAM			MO	DAY	YEAR	\$ 393.18
Mailing Address P.O. BOX 9001908			5	30	2014	
City LOUISVILLE	State KY	Zip Code (Plus 4) 40290	Description of Debt TELEPHONE AND INTERNET			
Name of Creditor BROOKVILLE MIRROR			MO	DAY	YEAR	\$ 120.00
Mailing Address MAIN STREET			5	25	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Debt PRINT ADS			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 737.18