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				port ed B		CAND	IDATE		СОМ	4ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		CRIS	S DI	JSH C	AMPAIG	N COM	MITT	EE					
Street Address:	18807 ROUT	322														
City:	BROOKVILLE							State:	PA			Zip Cod	ie: 15	825		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY I PRIMARY	PRE-	. [2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- [5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2014					IG METH CHECK C				PAPER		/	DISKE	ΓΤΕ
Name of Office S	Sought by Candida	ite:	•					DATE (OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR		1	REP		
								11	L	4	2014		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY YI	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		5 6	20	014	Т	0	6	5	9	2014					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			5,6	76.17					
B. Total Monet	ary Contributions	And Rec	eipts (From S	che	dule	ı)	\$			13,8	310.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			19,4	186.17					
D. Total Expen	ditures (From Sch	edule II	I)				\$			18,4	51.04					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			1,0	35.13]				
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II	()	\$			4,4	00.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			7	47.18					
			Д	۱FF	IDA	۱۷۶	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign hei	re. 1	[f thi	is is	a Can	ndidate r	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	lules	filed	d on	paper (or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	ire					- -					Prin	ted Name	<u> </u>		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and belief	this	polit	tical	commi	ittee has i	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subso	ribed before me this		20								s	ignature o	of Candid	ate		
	day of						-					Printe	d Name			
	Signature .						-					Ema	il			
My Commission Exp	ires											Ema				
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CRIS DUSH CAMPAIGN COMMITTEE	From:	<u>5/6/201</u>	<u>4</u> To:	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) 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	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			\$	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 Candida	te		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)

Name of Filing Committee or Candida	te		Rep	orting P	eriod		
CRIS DUSH CAMPAIGN COMMITTEE			Froi	m:	<u>5/6/</u>	2014 T o	<u>6/9/2014</u>
					DATE		AMOUNT
Full Name of Contributor				МО	DAY	YEAR	
PAMELA D. AMES			-				
Mailing Address 315 RHODES LANE				_	12	2014	\$ 150.00
City BROOKVILLE	State PA	Zip Code (Plus 4 15825)	5	12	2014	
Full Name of Contributor				мо	DAY	YEAR	
ROBERT BICKLE			-				
Mailing Address 819 RAYBUCK ROA		Zin Code (Block	$\overline{}$	5	15	2014	\$ 100.00
City REYNOLDSVILLE	State PA	Zip Code (Plus 4 15851)	5	15	2014	
	rA	13031	<u> </u>				<u> </u>
Full Name of Contributor DAVID HARBISON				МО	DAY	YEAR	
Mailing Address 154 BRITTON DRIV	/E						\$ 100.00
City FALLS CREEK	State	Zip Code (Plus 4)	5	15	2014	
	PA	15840					
Full Name of Contributor				МО	DAY	YEAR	
WILLIAM WISE							
Mailing Address 3460 ROUTE 410	<u> </u>	Γ					\$ 100.00
City PUNXSUTAWNEY	State	Zip Code (Plus 4)	5	14	2014	
	PA	15767					
Full Name of Contributor GORDON FRANO				МО	DAY	YEAR	
Mailing Address 292 WOODS ROAD)						\$ 200.00
City BROCKWAY	State	Zip Code (Plus 4)	5	14	2014	
	PA	15824					
Full Name of Contributor				МС	DAY	VEAD	
CHARLES BROWNLEE				МО	DAY	YEAR	
Mailing Address 3275 ALLENS MILL	S ROAD						\$ 200.00
City REYNOLDSVILLE	State	Zip Code (Plus 4)	5	6	2014	
	PA	15851					

Full Name of Contributor			мо	DAY	YEAR	
HOWARD WINKELMAN				571.	12/11	
Mailing Address 842 RAYBU	CK ROAD					\$ 100.00
City REYNOLDSVILLE	State	Zip Code (Plus 4)	5	7	2014	
	PA	15851				
					<u> </u>	
Full Name of Contributor	<u> </u>	-	МО	DAY	VEAD	
Full Name of Contributor CECIL STEEL FAMILY TRUST	<u>'</u>	<u> </u>	мо	DAY	YEAR	
	STREET	•	МО	DAY	YEAR	\$ 100.00
CECIL STEEL FAMILY TRUST	STREET State	Zip Code (Plus 4)	MO 5	DAY 12	YEAR 2014	\$ 100.00

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:			То:			
				DA	TE		ı	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$,	0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	L
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.

Name of Filing Committee or Candidate

(Exclude contributions from political committees reported in Part C.)

Reporting Period

CRIS DUSH CAMPAIGN COMMITTEE			From	n:	<u>5/6/2</u>	<u>014</u> To	:	6/9/2014
				DA	ATE		AM	OUNT
Full Name of Contributor				мо	DAY	YEAR		
JOHN F. WILLIAMS				MO	DAT	TEAK	\$	2,560.00
Mailing Address 411 WILLIAMS ROA	D			5	19	2014	7	
City REYNOLDSVILLE	State	Zip Code (Plus	s 4)		19	2017	Ī	
	PA	15851					1	
Employer Name				Occupat	ion	SELF EM	1PLOYED	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	e (Plus 4)
Full Name of Contributor		•						
P. JANE MCKILLIP				МО	DAY	YEAR	\$	300.00
Mailing Address 227 GALBRAITH RO	AD			5	12	2014	7	
City SUMMERVILLE	State	Zip Code (Plus	5 4)	3	12	2014		
	PA	15864						
Employer Name				Occupat	ion	RETIRE)	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	e (Plus 4)
Employer Mailing Address/Principal Place Full Name of Contributor	e of Business	City						e (Plus 4)
	e of Business	City		мо	State	YEAR	Zip Code	350.00
Full Name of Contributor		City			DAY			
Full Name of Contributor JEAN DUSH		City Zip Code (Plus	5 4)	MO 5		YEAR 2014		
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & Damp; WC	ODS RD.		s 4)		DAY			
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & Damp; WC	ODS RD.	Zip Code (Plus	s 4)		DAY 16		\$	
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & City BROOKVILLE	ODS RD. State	Zip Code (Plus	s 4)	5	DAY 16	2014	\$	
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & DROOKVILLE Employer Name	ODS RD. State	Zip Code (Plus 15825	s 4)	5 Occupat	DAY 16 ion State	2014	\$	350.00
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & DROOKVILLE Employer Name Employer Mailing Address/Principal Place	ODS RD. State	Zip Code (Plus 15825	5 4)	5	DAY 16	2014	\$	350.00
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & DROOKVILLE Employer Name Employer Mailing Address/Principal Place Full Name of Contributor	ODS RD. State	Zip Code (Plus 15825	5 4)	5 Occupat	DAY 16 ion State	2014 RETIRED	\$ Zip Code	350.00 e (Plus 4)
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & DRONS &	ODS RD. State	Zip Code (Plus 15825		5 Occupat	DAY 16 ion State	2014	\$ Zip Code	350.00 e (Plus 4)
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & DRONS &	ODS RD. State PA e of Business	Zip Code (Plus 15825 City		5 Occupat	DAY 16 ion State	2014 RETIRED	\$ Zip Code	350.00 e (Plus 4)
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & DRONS &	ODS RD. State PA e of Business State PA	Zip Code (Plus 15825 City		5 Occupat	DAY 16 ion State DAY 7	2014 RETIRED YEAR 2014	\$ Zip Code	350.00 e (Plus 4) 2,500.00
Full Name of Contributor JEAN DUSH Mailing Address 1 IRONS & DROCKVILLE Employer Name Employer Mailing Address/Principal Place Full Name of Contributor RALEIGH ROBERTSON Mailing Address 9325 ROUTE 861 City NEW BETHLEHEM	State PA State State PA State ONS	Zip Code (Plus 15825 City		Occupate MO 5	DAY 16 ion State DAY 7	2014 RETIRED YEAR 2014	\$ Zip Code	350.00 e (Plus 4) 2,500.00

Full Name of Contributor			мо	DAY	YEAR	2 500 00
VALERIE ROBERTSON			МО	DAI	ILAN	\$ 2,500.00
Mailing Address 9325 ROUTE 861			5	7	2014	
City NEW BETHLEHEM	State	Zip Code (Plus 4)		,	2011	
	PA	16242				
Employer Name R B. ROBERTSON & S	ON		Occupat	tion	OFFICE	MGR
Employer Mailing Address/Principal Pla	ce of Business	City		State		Zip Code (Plus 4)
P.O. BOX 190		NEW BETHLEHE	М	PA		16242
Full Name of Contributor			мо	DAY	YEAR	
DAVID EMERY			МО	DAI	ILAN	\$ 500.00
Mailing Address 1027 SPRING ROAL)		6	9	2014	
City BROOKVILLE	State	Zip Code (Plus 4)				
	PA	15825				
Employer Name			Occupat	ion	RETIREI	D
Employer Mailing Address/Principal Pla	ce of Business	City		State		Zip Code (Plus 4)
Full Name of Contributor			МО	DAY	YEAR	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
JOE BARBER			МО	DAI	ILAK	\$ 4,000.00
Mailing Address 3661 ROUTE 28			5	10	2014	
City BROOKVILLE	State	Zip Code (Plus 4)				
	PA I	15825				
Employer Name			Occupat	tion	SELF EN	1PLOYED
Employer Mailing Address/Principal Pla	ce of Business	City		State		Zip Code (Plus 4)
						PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Su	mmary Page, Section	on 3.		- 1	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE 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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1		<u> </u>			•	
				_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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>5/6/2014</u> To:	<u>6/9/2014</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 Candidate			Reporting	g Period				
			From:			To:		
				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	dule II, In-Kind	d Contributions Deta	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				Per	norti	na P	eriod			
and the second s				\	JOI UII	.iy P	C. 10u			
CRIS DUSH CAMPAIGN COMMITTEE				Fro	m:		<u>5/6/201</u>	<u>.4</u> To:		6/9/2014
							DATE			AMOUNT
Full Name of Contributor					мо		DAY	YEAR		
JOHN WAGNER								· =AIX		2.000.00
Mailing Address 19 WESTERN AVENU	JE					4	3	2014	\$	2,000.00
City BROOKVILLE	State		Zip Code(Plus 4)							
	PA		15825							
Employer of Contributor SELF					Occ	upat	tion Ph	HYSICIAN		
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e i	Zip (Code(Plus 4)	Descri	otion	of Contribution
ANKLE & FOOT ASSOC. 73 SOUTH	WHITE ST.									ITE FOR CAMPAIGN
		I						I HDQT.		
Full Name of Contributor JOHN WAGNER					мо)	DAY	YEAR		
Mailing Address 19 WESTERN AVENU	JE					5	3	2014	\$	2,000.00
	State		Zip Code(Plus 4)							
City BROOKVILLE			` ` ` ´							
	PA		15825							
Employer of Contributor SELF		_			—т	upat		HYSICIAN	<u> </u>	
Employer Mailing Address/Principal Plac		Cit	ty	State	—т		tion Ph Code(Plus 4)	Descri	ption	of Contribution
		Cit	ty	State	—т			Descri	ption E SU	of Contribution
Employer Mailing Address/Principal Plac		Cit	ty	State	e i	Zip (Code(Plus 4)	Descrip OFFICE HDQT.	ption E SU	
Employer Mailing Address/Principal Place ANKLE & Description		Cit	ty	State	—т	Zip (Descri	ption E SUI	ITE FOR CAMPAIGN
Employer Mailing Address/Principal Place ANKLE & Description	WHITE ST.	Cit	ty	State	e i	Zip (Code(Plus 4)	Descrip OFFICE HDQT.	ption E SU	
Employer Mailing Address/Principal Place ANKLE & Description	WHITE ST.	Cit	Zip Code(Plus 4)	State	e i	Zip (DAY	Descrip OFFICE HDQT.	ption E SUI	ITE FOR CAMPAIGN
Employer Mailing Address/Principal Place ANKLE & Description ASSOC. 73 SOUTH Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENUE	JE	Cit		State	e i	Zip (DAY	Descrip OFFICE HDQT.	ption E SUI	ITE FOR CAMPAIGN
Employer Mailing Address/Principal Place ANKLE & Description ASSOC. 73 SOUTH Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENUE	JE State	Cit	Zip Code(Plus 4)	State	мо	Zip (DAY 3	Descrip OFFICE HDQT.	s \$	ITE FOR CAMPAIGN
Employer Mailing Address/Principal Place ANKLE & Description And Angle & Angle	WHITE ST. DE State PA	Cit	Zip Code(Plus 4) 15825	State	МО	4	DAY 3	Descrip OFFICE HDQT. YEAR 2014	s \$	ITE FOR CAMPAIGN
Employer Mailing Address/Principal Place ANKLE & Description And Angle A	WHITE ST. DE State PA		Zip Code(Plus 4) 15825		МО	4	DAY 3	Descrip OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT	\$ \$	200.00 of Contribution AT CAMPAIGN
Employer Mailing Address/Principal Place ANKLE & Description Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENUE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place 73 SOUTH WHITE ST.	WHITE ST. DE State PA		Zip Code(Plus 4) 15825		МО	4	DAY 3	Descrip OFFICE HDQT. YEAR 2014 HYSICIAN Descrip	\$ \$	200.00 of Contribution AT CAMPAIGN
Employer Mailing Address/Principal Place ANKLE & Description And Angles And Angles And Angles	WHITE ST. DE State PA		Zip Code(Plus 4) 15825		МО	2 Zip (DAY 3	Descrip OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT	\$ \$ \$ \$ \$ \$ QUAR	200.00 of Contribution AT CAMPAIGN TERS
Employer Mailing Address/Principal Place ANKLE & Description Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENU City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place 73 SOUTH WHITE ST.	State PA De of Business		Zip Code(Plus 4) 15825		MO Occ	2 Zip (DAY 3 tion Ph	Descrip OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT HEADO	\$ \$	200.00 of Contribution AT CAMPAIGN
Employer Mailing Address/Principal Place ANKLE & Description Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENUE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place 73 SOUTH WHITE ST. Full Name of Contributor JOHN WAGNER	State PA De of Business		Zip Code(Plus 4) 15825		MO Occ	4 4 Zip (DAY 3 tion Ph Code(Plus 4)	Descrip OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT HEADO YEAR	\$ \$ \$ \$ \$ \$ QUAR	200.00 of Contribution AT CAMPAIGN TERS
Employer Mailing Address/Principal Place ANKLE & Description Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENU City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place 73 SOUTH WHITE ST. Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENU	State PA ce of Business		Zip Code(Plus 4) 15825		MO Occ	4 4 Zip (DAY 3 tion Ph Code(Plus 4)	Descrip OFFICE HDQT. YEAR 2014 HYSICIAN Descrip UTILIT HEADO YEAR	\$ \$ \$ \$ \$ \$ QUAR	200.00 of Contribution AT CAMPAIGN TERS
Employer Mailing Address/Principal Place ANKLE & Description Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENU City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place 73 SOUTH WHITE ST. Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENU	State PA DE State State State PA DE State State		Zip Code(Plus 4) 15825 ty Zip Code(Plus 4)		MO Occo	4 4 Zip (DAY 3 tion Pt Code(Plus 4) DAY 3	Descrip OFFICE HDQT. YEAR 2014 PSICIAN Descrip UTILIT HEADO YEAR 2014	\$ \$ \$ \$ \$ \$ \$ \$	200.00 of Contribution AT CAMPAIGN TERS
Employer Mailing Address/Principal Place ANKLE & Description Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENUE City BROOKVILLE Employer of Contributor SELF Employer Mailing Address/Principal Place 73 SOUTH WHITE ST. Full Name of Contributor JOHN WAGNER Mailing Address 19 WESTERN AVENUE City BROOKVILLE	State PA DE State PA DE State PA DE State PA		Zip Code(Plus 4) 15825 Zip Code(Plus 4) 15825		MO Occ	4 4 Zip (DAY 3 tion Pt Code(Plus 4) DAY 3	Descrip OFFICE HDQT. YEAR 2014 HYSICIAN UTILIT HEADO YEAR 2014	\$ \$ \$ \$ \$ \$ \$ \$	200.00 of Contribution AT CAMPAIGN TERS

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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	5/6/2014	То:	6/9/2014

				DATE	AMOUNT				
To Whom Paid			МО	DAY	YEAR				
RENDA RADIO			110						
Mailing Address 904 NORTH N	1AIN STREET		5	12	2014	\$	910.00		
City PUNXSUTAWNEY	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	15767	RADIO AD						
To Whom Paid			МО	DAY	YEAR				
RENDA BROADCASTING			1-10						
Mailing Address 900 PARISH S	ST. 4TH FLOOR		5	13	2014	\$	1,190.00		
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
	PA	15220	RADIO	AD					
To Whom Paid			МО	DAY	YEAR				
CRIS DUSH			110						
Mailing Address 18807 ROUTE	∄ 322					\$	1,463.15		
City BROOKVILLE State Zip Code (Plus 4)			Descrip	Description of Expenditure					
PA 15825				YARD SIGNS					
To Whom Paid			МО	DAY	YEAR				
CRIS DUSH			110						
Mailing Address 18807 ROUTE	∄ 322					\$	387.00		
City BROOKVILLE	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
	PA	15825	GRAHO	N YARD SI	GNS				
To Whom Paid			МО	DAY	YEAR				
WOWQ FIRST MEDIA RADIO									
Mailing Address 801 EAST DU	BOIS AVE		5	15	2014	\$	1,122.00		
City DUBOIS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	15801	RADIO AD						
To Whom Paid			МО	DAY	YEAR				
STRATTON BROADCAST									
Mailing Address PICKERING S	т.		5	16	2014	\$	144.00		
City BROOKVILLE State Zip Code (Plus 4)			Description of Expenditure						
	PA	15825	RADIO	ADS					

								OL 13
To Whom Paid				мо	DAY	YEAR		
Q102 WOWQ FM								
Mailing Addres	ss 801 EAST DUBOIS	SAVE		5 16 2014 \$				
City DUBO	UBOIS State Zip Code (Plus 4)				tion of Exp	enditure		
		PA	15801	RADIO	ADS			
To Whom Paid	l			мо	DAY	YEAR		
RENDA RADIO)			МО		ILAK		
Mailing Addre	ss 904 NORTH MAIN	ST.					\$	45.00
City PUNXS	SUTAWNEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15767	RADIO	ADS			
To Whom Paid	ĺ			мо	DAY	YEAR		
RENDA RADIO)			МО	DAI	ILAK		
Mailing Addre	ss 904 NORTH MAIN	STREET		5	10	2014	\$	1,137.50
City PUNXS	SUTAWNEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15767	ADVERT	ΓISING			
To Whom Paid	ı			мо	DAY	YEAR		
SARVEY NOTA	ARY			МО		ILAK		
Mailing Addre	ss ALLEGHENY BOUL	EVARD		5	14	2014	\$	10.00
City BROO	KVILLE	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	15825	NOTARY FEE				
To Whom Paid	i			мо	DAY	YEAR		
MEGA ROCK				140		ILAK		
Mailing Addres	ss PICKERING STREE	ΞT		5	14	2014	\$	666.00
City BROO	KVILLE	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	15825	RADIO ADS				
To Whom Paid	ı			мо	DAY	YEAR		
THE MIRROR				1-10		1 Z/ux		
Mailing Addre	ss MAIN STREET						\$	1,083.00
City BROO	KVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15825	ADVERT	ΓISE			
To Whom Paid	ı			мо	DAY	YEAR		
CRIS DUSH				МО	DAT	TEAR		
Mailing Addres	ss 18807 ROUTE 322	!					\$	149.00
City BROOKVILLE State Zip Code (Plus 4)				Descrip	tion of Exp	enditure		
PA 15825 S&S GRAPHIC				APHICS				
To Whom Paid				MO	DAY	YEAR		
PUNXSUTAWNEY SPIRIT			МО		ILAK			
Mailing Addres	ss 510 PINE STREET	PO BOX 444		5 12 2014 \$				250.00
City PUNXSUTAWNEY State Zip Code (Plus 4)			Descrip	l tion of Exp	enditure	<u> </u>		
		PA	15767	ADVERT	ΓISE			
				-				

To Whom Paid			МО	DAY	YEAR			
PUNXSUTAWNEY SPIRIT			140		ILAK			
Mailing Address 510 PINE STREET PO BOX 444			5	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			1.0					
Mailing Address			5	12	2014	\$	46.61	
City CLARION	State	Zip Code (Plus 4)	4) Description of Expenditure					
PA OFFICE EXP.								
							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	over 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 Repo			Reportii	rting Period				
CRIS DUSH CAMPAIGN COMMITTEE From:				<u>5/6/2014</u>	To:		6/9/2014	
	•				DATE			tstanding lance of Debt
Name of Creditor				мо	DAY	YEAR		
HOMETOWN PUNXSUTAWNEY				140				
Mailing Address 129 ASPEN R	ROAD			5	15	2014	\$	224.00
City PUNXSUTAWNEY State Zip Code (Plus 4)				Description of Debt				
	PA	15767		PRINT A	ADS			
Name of Creditor WINDSTREAM				мо	DAY	YEAR		
Mailing Address P.O. BOX 9001908				5	30	2014	\$	393.18
City LOUISVILLE State Zip Code (Plus 4)			Description of Debt					
	KY	40290		TELEPH	ONE AND I	INTERN	ET	
Name of Creditor BROOKVILLE MIRROR				МО	DAY	YEAR		
Mailing Address MAIN STREET			5	25	2014	\$	120.00	
City BROOKVILLE State Zip Code (Plus 4) Description of Debt				t				
	PA 15825 PRINT ADS							
					PAGE TOTAL			
Enter Grand Total of Unpai	id Debts on Page 1,	Report Cover Pa	ge, Item	G.			\$	737.18