

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:												
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 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 CRIS DUSH CAMPAIGN COMMITTEE				Reporting Period 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			5	12	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825				

Full Name of Contributor ROBERT BICKLE			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	15	2014	
City REYNOLDSVILLE	State PA	Zip Code (Plus 4) 15851				

Full Name of Contributor DAVID HARBISON			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	15	2014	
City FALLS CREEK	State PA	Zip Code (Plus 4) 15840				

Full Name of Contributor WILLIAM WISE			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	14	2014	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767				

Full Name of Contributor GORDON FRANO			MO	DAY	YEAR	\$ 200.00
Mailing Address			5	14	2014	
City BROCKWAY	State PA	Zip Code (Plus 4) 15824				

Full Name of Contributor CHARLES BROWNLEE			MO	DAY	YEAR	\$ 200.00
Mailing Address			5	6	2014	
City REYNOLDSVILLE	State PA	Zip Code (Plus 4) 15851				

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

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
CECIL STEEL FAMILY TRUST				5	12	2014	
Mailing Address							
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				DAY		
City REYNOLDSVILLE	State PA	Zip Code (Plus 4) 15851	YEAR			
				5	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				DAY		
City SUMMERVILLE	State PA	Zip Code (Plus 4) 15864	YEAR			
				5	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				DAY		
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	YEAR			
				5	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				DAY		
City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242	YEAR			
				5	7	2014
Employer Name R.B. ROBERTSON & SONS				Occupation SELF EMPLOYED		
Employer Mailing Address/Principal Place of Business			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						
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		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						
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						
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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

			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 RECEIVED - 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				4	3	2014	
City	BROOKVILLE	State	PA	Zip Code(Plus 4)		15825	
Employer of Contributor				SELF		Occupation	PHYSICIAN
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution OFFICE SUITE FOR CAMPAIGN HDQT.	
Full Name of Contributor JOHN WAGNER				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				5	3	2014	
City	BROOKVILLE	State	PA	Zip Code(Plus 4)		15825	
Employer of Contributor				SELF		Occupation	PHYSICIAN
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution OFFICE SUITE FOR CAMPAIGN HDQT.	
Full Name of Contributor JOHN WAGNER				MO	DAY	YEAR	\$ 200.00
Mailing Address				4	3	2014	
City	BROOKVILLE	State	PA	Zip Code(Plus 4)		15825	
Employer of Contributor				SELF		Occupation	PHYSICIAN
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution UTILITIES AT CAMPAIGN HEADQUARTERS	
Full Name of Contributor JOHN WAGNER				MO	DAY	YEAR	\$ 200.00
Mailing Address				5	3	2014	
City	BROOKVILLE	State	PA	Zip Code(Plus 4)		15825	
Employer of Contributor				SELF		Occupation	PHYSICIAN
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution 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	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	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				\$ 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				\$ 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	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	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			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						
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			5	10	2014	
Mailing Address						
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure ADVERTISING			
To Whom Paid			MO	DAY	YEAR	\$ 10.00
SARVEY NOTARY			5	14	2014	
Mailing Address						
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure NOTARY FEE			
To Whom Paid			MO	DAY	YEAR	\$ 666.00
MEGA ROCK			5	14	2014	
Mailing Address						
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						
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						
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			5	12	2014	
Mailing Address						
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			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				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				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				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