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 9900	041			Repo Filed			CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:	P	SSU	LOCA	۱L (668 COP	E FUN	D							
Street Address:	2589 INTERS	TATE DI	RIVE														
City:	HARRISBURG							State:	PA			Zip Cod	de: 1	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PE PRIMARY	RE-	2.	30 PRI			POST-	3. X		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	5.	30 ELE		Y F TON	POST-	6.		TERMINA REPORT		Yes	No		√
report type)	ANNUAL REPORT	7.	Year 2014					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	ought by Candida	te:						DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Cour	
	,							МО	DAY	YI	EAR	Number	code			Couc	
								11		4	2014		(SEE IN	ISTRUCTI	ONS FOR (CODES)
	Receipts and	МО	DAY YE	AR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		5 6	20	14	то		6		9	2014						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			25,	248.26						
B. Total Moneta	ary Contributions	And Rec	eipts (From Scl	hed	lule I)		\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			25,	248.26						
D. Total Expend	ditures (From Sch	edule II	I)				\$			1,0	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			24,2	248.26						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	dule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
			AF	FI	DAV	IT S	SE(CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign here	e. If	fthis	is a C	an	didate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, incete.	luding the	attached schedu	les	filed o	n pape	er c	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me this day of	5	20							\$	Signature	of Perso	n Submit	ting Re	oort		_
	Signatu	re				_						Prin	ted Nam	e			_
My Commission Ex	rpires					_						Ema	il				
	МО	D	AY Y	/R					Ar	ea Co	de	Daytim	e Telepi	hone Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Con	nmi	ittee,	Cand	ida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief th	nis p	oolitica	l com	nmi	ttee has n	ot viola	ted ar	ny provis	ions of th	e act of J	une 3,1	937 (P.L	. 133	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	late			-
						_						Printe	d Name				-
My Commission Exp	Signature					_						Ema	il				-
, ээлинээни схр						_											_
	МО	D	AY	YR		_			Area	Code		Da	aytime 1	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSSU LOCAL 668 COPE FUND	From:	5/6/201	<u>4</u> То:	6/9/2014
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) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

Name of Filing Committe	e or Candidate		Reporting	Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing	Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4))				

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

0.00

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 C	andidate		Rep Fro	oorting P m:	eriod	To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$0.00

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	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 or C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTA	ıL
		· • • • • • • • • • • • • • • • • • • •					\$ C	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		
PSSU LOCAL 668 COPE FUND	From:	<u>5/6/2014</u> To:	6/9/2014
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)	\$	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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

	ing Period		
PSSU LOCAL 668 COPE FUND From	5/6/2014	То:	6/9/2014

				DATE			AMOUNT				
To Whom Paid COMMITTEE TO ELECT MIKE STACK				DAY	YEAR						
Mailing Address PO BOX 292				4	2014	\$	1,000.00				
City NEWTOWN	State PA	Zip Code (Plus 4) 18940	1 '	otion of Exp	penditure						
Enter Grand Total of Expendite	\$	PAGE TOTAL 1,000.00									