

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-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	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			
		6	10	2014		9	15	2014				
A. Amount Brought Forward From Last Report						\$ 1,035.13						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,650.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 3,685.13						
D. Total Expenditures (From Schedule III)						\$ 760.38						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 2,924.75						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 6,600.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 928.83						

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>6/10/2014</u> To: <u>9/15/2014</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)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 350.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 1,300.00
TOTAL for the Reporting Period (3)	\$ 2,300.00

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.)	\$ 2,700.00
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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>6/10/2014</u> To: <u>9/15/2014</u>
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DATE					AMOUNT		
Full Name of Contributor MARK TONELL				MO	DAY	YEAR	\$ 50.00
Mailing Address 537 VOTECH RD				6	12	2014	
City REYNOLDSVILLE	State PA	Zip Code (Plus 4) 15851					
Full Name of Contributor R.D. COOPER				MO	DAY	YEAR	\$ 100.00
Mailing Address 226 BEACH AVE				7	19	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Full Name of Contributor PATRICIA LEACH				MO	DAY	YEAR	\$ 200.00
Mailing Address 532 PFEIFF RD.				6	12	2014	
City MARION CENTER	State PA	Zip Code (Plus 4) 15759					

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

PAGE TOTAL
\$ 350.00

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
CRIS DUSH CAMPAIGN COMMITTEE	From: <u>6/10/2014</u> To: <u>9/15/2014</u>

				DATE			AMOUNT					
Full Name of Contributing Committee					MO	DAY	YEAR	\$	1,000.00			
STUDENTS FIRST PAC												
Mailing Address					6	17	2014					
PO BOX 416												
City			WYNNEWOOD		State		PA		Zip Code (Plus 4)		19096	

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

PAGE TOTAL
\$ 1,000.00

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>6/10/2014</u> To: <u>9/15/2014</u>
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				DATE			AMOUNT
Full Name of Contributor CANDICE POWELL				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1740 RINGGOLD TIMBLIN RD				7	29	2014	
City TIMBLIN	State PA	Zip Code (Plus 4) 15767					
Employer Name POWELL ASSOC.				Occupation OWNER			
Employer Mailing Address/Principal Place of Business			City PUNXSUTAWNEY		State PA		Zip Code (Plus 4)
Full Name of Contributor JAMES LAUGHNER DO				MO	DAY	YEAR	\$ 300.00
Mailing Address 100 FREAS LANE				8	20	2014	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767					
Employer Name PUNXSUTAWNEY HOSPITAL				Occupation DOCTOR			
Employer Mailing Address/Principal Place of Business			City PUNXSUTAWNEY		State PA		Zip Code (Plus 4)

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

PAGE TOTAL
\$ 1,300.00

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>6/10/2014</u> To: <u>9/15/2014</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)	\$ 600.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 6,000.00
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.)			\$ 6,600.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate CRIS DUSH CAMPAIGN COMMITTEE	Reporting Period From: <u>6/10/2014</u> To: <u>9/15/2014</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
JOHN WAGNER							
Mailing Address 19 WESTERN AVENUE							
City BROOKVILLE	State	Zip Code (Plus 4)		7	1	2014	
	PA	15825					
Description of Contribution: CAMPAIGN OFFICE UTILITIES							
Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
JOHN WAGNER							
Mailing Address 19 WESTERN AVENUE							
City BROOKVILLE	State	Zip Code (Plus 4)		8	1	2014	
	PA	15825					
Description of Contribution: CAMPAIGN OFFICE UTILITIES							
Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
JOHN WAGNER							
Mailing Address 19 WESTERN AVENUE							
City BROOKVILLE	State	Zip Code (Plus 4)		9	1	2014	
	PA	15825					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 600.00

**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>6/10/2014</u> To: <u>9/15/2014</u>

					DATE		AMOUNT	
Full Name of Contributor JOHN WAGNER					MO	DAY	YEAR	\$ 2,000.00
Mailing Address 19 WESTERN AVENUE					7	1	2014	
City BROOKVILLE		State PA	Zip Code(Plus 4) 15825					
Employer of Contributor SELF					Occupation		PHYSICIAN	
Employer Mailing Address/Principal Place of Business ANKLE & FOOT ASSOC. 78 S. WHITE ST.			City BROOKVILLE	State	Zip Code(Plus 4)		Description of Contribution OFFICE SUITE CAMPAIGN HEADQUARTERS	
Full Name of Contributor JOHN WAGNER					MO	DAY	YEAR	\$ 2,000.00
Mailing Address 19 WESTERN AVENUE					8	1	2014	
City BROOKVILLE		State PA	Zip Code(Plus 4) 15825					
Employer of Contributor SELF					Occupation		PHYSICIAN	
Employer Mailing Address/Principal Place of Business ANKLE & FOOT ASSOC. 78 S. WHITE ST.			City BROOKVILLE	State	Zip Code(Plus 4)		Description of Contribution OFFICE SUITE CAMPAIGN HEADQUARTERS	
Full Name of Contributor JOHN WAGNER					MO	DAY	YEAR	\$ 2,000.00
Mailing Address 19 WESTERN AVENUE					9	1	2014	
City BROOKVILLE		State PA	Zip Code(Plus 4) 15825					
Employer of Contributor SELF					Occupation		PHYSICIAN	
Employer Mailing Address/Principal Place of Business ANKLE & FOOT ASSOC. 78 S. WHITE ST.			City BROOKVILLE	State	Zip Code(Plus 4)		Description of Contribution OFFICE SUITE CAMPAIGN HEADQUARTERS	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								PAGE TOTAL 6,000.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CRIS DUSH CAMPAIGN COMMITTEE	From <u>6/10/2014</u> To: <u>9/15/2014</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
BROOKVILLE MIRROR				
Mailing Address MAIN STREET	6	13	2014	\$ 120.00
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure ADVERTISEMENT	
To Whom Paid	MO	DAY	YEAR	
WINDSTREAM				
Mailing Address PO BOX 9001908	6	13	2014	\$ 393.18
City LOUISVILLE	State KY	Zip Code (Plus 4) 40290	Description of Expenditure PHONE & INTERNET	
To Whom Paid	MO	DAY	YEAR	
POSTMASTER				
Mailing Address SOUTH WHITE STREET				\$ 23.20
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure MAIL FINANCE REPORT	
To Whom Paid	MO	DAY	YEAR	
HOMETOWN PUNXSUTAWNEY				
Mailing Address	6	17	2014	\$ 224.00
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure ADVERTISEMENT	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 760.38

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	Reporting Period
CRIS DUSH CAMPAIGN COMMITTEE	From: <u>6/10/2014</u> To: <u>9/15/2014</u>

			DATE			Outstanding Balance of Debt
Name of Creditor BATTAGLIA PRINTING			MO	DAY	YEAR	\$ 928.83
Mailing Address ROUTE 28 NORTH			9	1	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Debt AD LITERATURE			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 928.83