

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.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2014		FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE	<input checked="" type="checkbox"/>	
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	
				4	1	2014		5	5	2014		
A. Amount Brought Forward From Last Report						\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 12,600.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 12,600.00						
D. Total Expenditures (From Schedule III)						\$ 7,594.09						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 5,005.91						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 4,400.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 385.84						

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>4/1/2014</u> To: <u>5/5/2014</u>

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)	\$ 300.00
TOTAL for the Reporting Period (2)	\$ 300.00

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)	\$ 12,300.00
TOTAL for the Reporting Period (3)	\$ 12,300.00

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.)	\$ 12,600.00
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Name of Filing Committee or Candidate	Reporting Period From: To:
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	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 CRIS DUSH CAMPAIGN COMMITTEE				Reporting Period From: <u>4/1/2014</u> To: <u>5/5/2014</u>			
				DATE		AMOUNT	
Full Name of Contributor P. JANE MCKILLIP				MO	DAY	YEAR	\$ 200.00
Mailing Address				4	14	2014	
City SUMMERVILLE	State PA	Zip Code (Plus 4) 15864					
Full Name of Contributor DEBRA A. MONKS				MO	DAY	YEAR	\$ 200.00
Mailing Address				4	29	2014	
City CORSICA	State PA	Zip Code (Plus 4) 15829					
Full Name of Contributor IRA SUNDERLAND				MO	DAY	YEAR	\$ 100.00
Mailing Address				4	30	2014	
City	State	Zip Code (Plus 4)					
Full Name of Contributor TAWNIA NORRIS				MO	DAY	YEAR	\$ 100.00
Mailing Address				4	28	2014	
City	State	Zip Code (Plus 4)					
Full Name of Contributor JEAN DUSH CASH TICKETS REPUBLICAN DINNER				MO	DAY	YEAR	\$ 240.00
Mailing Address				4	30	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Full Name of Contributor DIANE BUCK				MO	DAY	YEAR	\$ 100.00
Mailing Address				2	5	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Full Name of Contributor ANDREA SHAFFER				MO	DAY	YEAR	\$ 100.00
Mailing Address				2	9	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					

Full Name of Contributor ROBERT & PAM COOPER			MO	DAY	YEAR	\$ 100.00
Mailing Address			3	8	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825				

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

PAGE TOTAL
\$ 1,140.00

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>4/1/2014</u> To: <u>5/5/2014</u>

DATE				AMOUNT
Full Name of Contributing Committee				
FAMILY PAC				\$ 1,000.00
Mailing Address				
City	State	Zip Code (Plus 4)		
PITTSBURGH	PA	15222	4 4 2014	

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>4/1/2014</u> To: <u>5/5/2014</u>
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				DATE			AMOUNT
Full Name of Contributor ROBERT NICHOLS				MO	DAY	YEAR	\$ 500.00
Mailing Address				4	22	2014	
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 DEBRA BROWNLEE				MO	DAY	YEAR	\$ 500.00
Mailing Address				4	18	2014	
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
Full Name of Contributor DEBRA BROWNLEE				MO	DAY	YEAR	\$ 500.00
Mailing Address				5	5	2014	
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
Full Name of Contributor BENJAMIN ELKIN				MO	DAY	YEAR	\$ 500.00
Mailing Address				4	23	2014	
City MARION CENTER	State PA	Zip Code (Plus 4) 15759					
Employer Name SELF EMPLOYED				Occupation SELF EMP.			
Employer Mailing Address/Principal Place of Business			City MARION CENTER		State PA		Zip Code (Plus 4)

Full Name of Contributor JOE BARBER				MO 4	DAY 28	YEAR 2014	\$ 1,500.00
Mailing Address							
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Employer Name SELF EMP. BARBER TRUCKING				Occupation SELF EMP.			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor PATRICIA LEACH				MO 4	DAY 26	YEAR 2014	\$ 500.00
Mailing Address							
City MARION CENTER	State PA	Zip Code (Plus 4) 15759					
Employer Name				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
Full Name of Contributor TANIS PENDLETON				MO 4	DAY 14	YEAR 2014	\$ 1,000.00
Mailing Address							
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Employer Name BROOKVILLE HOSPITAL				Occupation ANESTHEOLOGIST			
Employer Mailing Address/Principal Place of Business			City BROOKVILLE	State PA	Zip Code (Plus 4) 15825		
Full Name of Contributor MARK TONELL				MO 2	DAY 3	YEAR 2014	\$ 300.00
Mailing Address							
City REYNOLDSVILLE	State PA	Zip Code (Plus 4) 15851					
Employer Name SELF				Occupation JEWELER			
Employer Mailing Address/Principal Place of Business			City BROOKVILLE	State PA	Zip Code (Plus 4) 15825		
Full Name of Contributor RALEIGH ROBERTSON				MO 2	DAY 10	YEAR 2014	\$ 2,500.00
Mailing Address							
City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242					
Employer Name SELF				Occupation OIL AND GAS PRODUCER			
Employer Mailing Address/Principal Place of Business			City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242		
Full Name of Contributor VALERIE ROBERTSON				MO 2	DAY 10	YEAR 2014	\$ 2,500.00
Mailing Address							
City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242					
Employer Name R.B. ROBERTSON AND SON GAS AND OIL COMPANY L.P.				Occupation OFFICE MANAGER			
Employer Mailing Address/Principal Place of Business			City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242		

Full Name of Contributor JOHN WILLIAMS				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				2	10	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Employer Name SELF				Occupation SANITATION COMPANY OWNER			
Employer Mailing Address/Principal Place of Business			City REYNOLSVILLE	State PA	Zip Code (Plus 4) 15851		

Full Name of Contributor ROBERT ROBERTSON				MO	DAY	YEAR	\$ 2,000.00
Mailing Address				2	14	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Employer Name SELF				Occupation OIL AND GAS PRODUCER			
Employer Mailing Address/Principal Place of Business			City NEW BETHLEHEM	State PA	Zip Code (Plus 4) 16242		

Full Name of Contributor JOHN WAGNER				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				2	12	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825					
Employer Name SELF				Occupation PHYSICIAN			
Employer Mailing Address/Principal Place of Business			City BROOKVILLE	State PA	Zip Code (Plus 4) 15825		

Full Name of Contributor PATRICIA LEACH				MO	DAY	YEAR	\$ 500.00
Mailing Address				2	12	2014	
City MARION CENTER	State PA	Zip Code (Plus 4) 15759					
Employer Name NONE				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Full Name of Contributor PATRICIA LEACH				MO	DAY	YEAR	\$ 500.00
Mailing Address				3	5	2014	
City MARION CENTER	State PA	Zip Code (Plus 4) 15759					
Employer Name NONE				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Full Name of Contributor JAMES AND TONI AMEY				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				2	19	2014	
City CANFIELD	State OH	Zip Code (Plus 4) 44406					
Employer Name RETIRED				Occupation RETIRED (BOTH)			
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

\$ 17,300.00

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>4/1/2014</u> To: <u>5/5/2014</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 CRIS DUSH CAMPAIGN COMMITTEE	Reporting Period From: <u>4/1/2014</u> To: <u>5/5/2014</u>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
JOHN WAGNER			2	3	2014	
Mailing Address						
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825				
Description of Contribution: UTILITIES FOR CAMPAIGN HEADQUARTERS						
Full Name of Contributor			MO	DAY	YEAR	\$ 200.00
JOHN WAGNER			3	3	2014	
Mailing Address						
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825				
Description of Contribution: UTILITIES FOR CAMPAIGN HEADQUARTERS						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 400.00

**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>4/1/2014</u> To: <u>5/5/2014</u>

				DATE		AMOUNT		
Full Name of Contributor JOHN WAGNER				MO	DAY	YEAR	\$ 2,000.00	
Mailing Address				2	3	2014		
City	BROOKVILLE	State	PA	Zip Code(Plus 4)		15825		
Employer of Contributor				SELF EMP.		Occupation		PHYSICIAN
Employer Mailing Address/Principal Place of Business			City	BROOKVILLE	State	Zip Code(Plus 4)	Description of Contribution	CAMPAIGN OFFICE SUITE
Full Name of Contributor JOHN WAGNER				MO	DAY	YEAR	\$ 2,000.00	
Mailing Address				3	3	2014		
City	BROOKVILLE	State	PA	Zip Code(Plus 4)		15825		
Employer of Contributor				SELF EMP.		Occupation		PHYSICIAN
Employer Mailing Address/Principal Place of Business			City	BROOKVILLE	State	Zip Code(Plus 4)	Description of Contribution	CAMPAIGN OFFICE SUITE
Full Name of Contributor JOHN WAGNER				MO	DAY	YEAR	\$ 2,000.00	
Mailing Address				2	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 HEADQU
Full Name of Contributor JOHN WAGNER				MO	DAY	YEAR	\$ 2,000.00	
Mailing Address				3	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 HEADQU

Full Name of Contributor JOHN WAGNER			MO	DAY	YEAR	\$ 200.00
Mailing Address			2	28	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 HEADQUARTE	

Full Name of Contributor JOHN WAGNER			MO	DAY	YEAR	\$ 200.00
Mailing Address			3	31	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 HEADQUARTE	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 8,400.00
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CRIS DUSH CAMPAIGN COMMITTEE	From <u>4/1/2014</u> To: <u>5/5/2014</u>

				DATE		AMOUNT	
To Whom Paid				MO	DAY	YEAR	
SARVEY NOTARY SERVICE							
Mailing Address				4	4	2014	\$ 18.00
City	BROOKVILLE	State	PA	Zip Code (Plus 4)		Description of Expenditure	
				15825		NOTARY WORK	
To Whom Paid				MO	DAY	YEAR	
WINDSTREAM							
Mailing Address				4	11	2014	\$ 259.00
City	LOUISVILLE	State	KY	Zip Code (Plus 4)		Description of Expenditure	
				40290		PHONE & INTERNET	
To Whom Paid				MO	DAY	YEAR	
RENDA RADIO							
Mailing Address				4	14	2014	\$ 260.00
City	PUNXSUTAWNEY	State	PA	Zip Code (Plus 4)		Description of Expenditure	
				15767		RADIO ADS	
To Whom Paid				MO	DAY	YEAR	
RENDA RADIO BROADCASTING							
Mailing Address				4	14	2014	\$ 322.00
City	PITTSBURGH	State	PA	Zip Code (Plus 4)		Description of Expenditure	
				15220		RADIO ADS	
To Whom Paid				MO	DAY	YEAR	
THE BROOKVILLE MIRROR							
Mailing Address				4	19	2014	\$ 135.00
City	BROOKVILLE	State	PA	Zip Code (Plus 4)		Description of Expenditure	
				15825		PRINT AD	
To Whom Paid				MO	DAY	YEAR	
THE BROOKVILLE MIRROR							
Mailing Address				4	19	2014	\$ 250.00
City	BROOKVILLE	State	PA	Zip Code (Plus 4)		Description of Expenditure	
				15825			

To Whom Paid			MO	DAY	YEAR	\$ 900.00
ARISTOTLE						
Mailing Address			4	19	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure			
			CAMPAIGN SOFTWARE			
To Whom Paid			MO	DAY	YEAR	\$ 2,490.33
BATTAGLIA PRINTING						
Mailing Address			4	28	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure			
BROOKVILLE	PA	15825				
To Whom Paid			MO	DAY	YEAR	\$ 430.00
INDIANA CO. REPUB. COMMITTEE						
Mailing Address			4	30	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure			
INDIANA	PA	15701	REPUB. DINNER			
To Whom Paid			MO	DAY	YEAR	\$ 30.00
INDIANA CO. REPUB COMM.						
Mailing Address			4	30	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure			
INDIANA	PA	15701				
To Whom Paid			MO	DAY	YEAR	\$ 689.00
REDA RADIO						
Mailing Address			5	6	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure			
PUNXSUTAWNEY	PA	15767	RADIO ADS			
To Whom Paid			MO	DAY	YEAR	\$ 1,137.50
REDA RADIO						
Mailing Address			5	6	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure			
PITTSBURGH	PA	15220				
To Whom Paid			MO	DAY	YEAR	\$ 900.00
ARISTOTLE						
Mailing Address			2	14	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure			
SAN DIEGO	CA	92123	CAMPAIGN SOFTWARE			
To Whom Paid			MO	DAY	YEAR	\$ 159.00
BATTAGLIA PRINTING COMPANY						
Mailing Address			3	3	2014	
City	State	Zip Code (Plus 4)	Description of Expenditure			
BROOKVILLE	PA	15825	FLYERS			

To Whom Paid THE MIRRORS			MO	DAY	YEAR	\$ 375.00
Mailing Address			3	3	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure NEWSPAPER ADS			
To Whom Paid RENDA BROADCASTING			MO	DAY	YEAR	\$ 504.00
Mailing Address			2	27	2014	
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure RADIO AD			
To Whom Paid R & I MEDIA			MO	DAY	YEAR	\$ 1,225.00
Mailing Address			3	24	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure BILLBOARDS			
To Whom Paid ADVERTISING BY SCHUCKERS			MO	DAY	YEAR	\$ 1,158.58
Mailing Address			3	3	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure MAGNETIC ADS			
To Whom Paid INDIANA GAZETTE			MO	DAY	YEAR	\$ 254.70
Mailing Address			2	27	2014	
City INDIANA	State PA	Zip Code (Plus 4) 15701	Description of Expenditure NEWSPAPER AD			
To Whom Paid SOLLENBERGERS			MO	DAY	YEAR	\$ 15.00
Mailing Address			3	10	2014	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure NOTARY AND COPY SERVICES			
To Whom Paid LORI LAYS			MO	DAY	YEAR	\$ 464.00
Mailing Address			3	25	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure REIMB. FOR BINGO DOBBERS			
To Whom Paid JACKIE WILLIAMS			MO	DAY	YEAR	\$ 2,062.50
Mailing Address			3	25	2014	
City RIDGWAY	State PA	Zip Code (Plus 4) 15853	Description of Expenditure MARKETING SERV.			

To Whom Paid BAHAGLIA PRINTING			MO	DAY	YEAR	\$ 435.00
Mailing Address			3	25	2014	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure BROCHURES			

To Whom Paid WAL MART			MO	DAY	YEAR	\$ 41.31
Mailing Address			3	12	2014	
City CLARION	State PA	Zip Code (Plus 4)	Description of Expenditure PRINTER CASSETT			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 14,514.92

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	Reporting Period
CRIS DUSH CAMPAIGN COMMITTEE	From: <u>4/1/2014</u> To: <u>5/5/2014</u>

				DATE		Outstanding Balance of Debt	
Name of Creditor CRIS DUSH				MO	DAY	YEAR	\$ 149.00
Mailing Address				4	29	2014	
City	BROOKVILLE	State	PA	Zip Code (Plus 4)	15825	Description of Debt CAMPAIGN BUTTONS ON PERSONAL CARD 33 GRAPHICS	
Name of Creditor CRIS DUSH				MO	DAY	YEAR	\$ 1,463.15
Mailing Address				4	21	2014	
City	BROOKVILLE	State	PA	Zip Code (Plus 4)	15825	Description of Debt CAMPAIGN MATERIALS ADS	
Name of Creditor CRIS DUSH				MO	DAY	YEAR	\$ 387.00
Mailing Address				4	21	2014	
City	BROOKVILLE	State	PA	Zip Code (Plus 4)	15825	Description of Debt AD STRATTON BROADCAST WITH PERS. CK. RADIO AD	
Name of Creditor PATRICIA LEACH				MO	DAY	YEAR	\$ 66.78
Mailing Address				3	1	2014	
City	MARION CENTER	State	PA	Zip Code (Plus 4)	15759	Description of Debt MEET & GREET AT HOMEMADE RESTAURANT, HOME PA	
Name of Creditor PATRICIA LEACH				MO	DAY	YEAR	\$ 143.63
Mailing Address				3	6	2014	
City	MARION CENTER	State	PA	Zip Code (Plus 4)	15759	Description of Debt MEET & GREET AT PARDEE'S RESTAURANT, COOKPORT, PA	

Name of Creditor PATRICIA LEACH			MO	DAY	YEAR	\$ 175.43
Mailing Address			2	28	2014	
City MARION CENTER	State PA	Zip Code (Plus 4) 15759	Description of Debt PRINTING 2 SIDED COLOR FLYERS AND COPIES OF NEWSPAPER AD MESSAGE FOR RAYNE AND GREEN TOWNSHIP RESIDENTS			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 2,384.99