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 8000	367				port ed B		CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:	•	LOC	CAL C	712	IBEW CC)PE								
Street Address:	217 SASSAFR	AS LAN	E														
City:	BEAVER							State:	PA			Zip Cod	le: 15	5009-C	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3.		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 2015					IG METH				PAPER		/	DISKE	TTE	
Name of Office S	ought by Candida	te:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	Coun	
								МО	DAY	YE	AR	Number	code			couc	
								11		3	2015	 	(SEE IN	STRUCTI	ONS FOR O	ODES)	1
	Receipts and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	trom:		1 2	2	015	T	0	3	3	30	2015						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			11,7	99.21						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			4,2	233.22						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			16,0	32.43						
D. Total Expend	ditures (From Sch	edule II	I)				\$			2,6	96.50						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			13,3	35.93						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sc	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV))			\$				0.00			1			
				AFF	ΊD	AVI	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign h	ere. 1	If th	nis is	a Can	didate r	eport, o	candio	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, inc ete.	uding the	e attached scho	edules	s file	ed on p	paper (or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Re	oort		_
	Signatu	re					-					Prin	ted Name	•			_
My Commission Ex	cpires						_					Ema	il				
	мо	D	AY	YR					Ar	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	ee, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belie	f this	poli	itical	commi	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this								-		s	ignature o	of Candid	ate			-
-	day of						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema	il				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
LOCAL 0712 IBEW COPE	From:	1/2/201	<u>5</u> To:	3/30/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	3,983.22
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)	\$	250.00
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			\$	4,233.22

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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

PAGE TOTAL
\$ 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 Candid	ate		Rep Fro	oorting P	eriod	To	o:	
					DATE		AN	4OUNT
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				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Candidate	Report	ing Perio	od			
LOCAL 0712 IBEW COPE	From:		1/2/201	<u>.5</u> To :	<u>3/30/2</u>	<u>2015</u>
		D	ATE		AMOUN ⁻	Г
Full Name						
Our Voices Matter PAC		МО	DAY	YEAR		
Mailing Address P.O. Box 1781					\$	250.00

Zip Code (Plus 4)

15203

2

28

2015

Receipt Description Void old outstanding check dated 10/29/14

City

Pittsburgh

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

State

PΑ

PAGE TOTAL \$ 250.00

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		
LOCAL 0712 IBEW COPE	From:	<u>1/2/2015</u> To:	<u>3/30/2015</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)	\$	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 Candida	te		Reporting	g Period			
			From:			To:	
				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 Sci Section 2.	nedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
occuon 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period				
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Donoutin	an Dorind			
Name of Fining Committee of Ca	nuidate		Keportii	ng Period			
LOCAL 0712 IBEW COPE			From	1/2	<u>2/2015</u>	То:	3/30/2015
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Huntingto Bank							
Mailing Address P.O. Box 15	58 EA1W37		1	15	2015	\$	5.00
City Columbus	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	ОН	43216	Bank S	ervice Cha	rges		
To Whom Paid		·	МО	DAY	YEAR		
Crawford County Democratic Co	Jimmittee 						
Mailing Address P.O. Box 13	16		1	26	2015	\$	225.00
City Meadville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	16335	6 ticket	s to fundr	aiser & fu	ıll page a	d.
To Whom Paid	<u> </u>		МО	DAY	YEAR		
John Kochanowski							
Mailing Address 623 Frankfor							
623 Frankfor	rt Road		1	26	2015	\$	9.00
City Monaca	rt Road State	Zip Code (Plus 4)		26 otion of Exp			9.00
OZS I TATIKIO		Zip Code (Plus 4) 15061	Descrip	otion of Exp	enditure		9.00 OPE report.
O23 Halikidi	State		Descrip	otion of Exp	enditure		
City Monaca	State PA		Descrip Reimbu	otion of Expursement for	enditure or notary		
City Monaca To Whom Paid Committee to Elect Dirk A. Good	State PA dwald, DA		Descrip Reimbu	otion of Expursement for	enditure or notary		
To Whom Paid Committee to Elect Dirk A. Good Mailing Address 143 Lyon Av	State PA dwald, DA		Descrip Reimbu MO	ortion of Expression of Expres	year YEAR	fee for C	OPE report.
City Monaca To Whom Paid Committee to Elect Dirk A. Good Mailing Address 143 Lyon Av	State PA dwald, DA	15061	MO 2 Descrip	DAY	YEAR 2015	fee for C	OPE report.
To Whom Paid Committee to Elect Dirk A. Good Mailing Address 143 Lyon Av City Rochester	State PA dwald, DA venue State	15061 Zip Code (Plus 4)	MO 2 Descrip 3 ticket	DAY 15 btion of Exp rsement for the second secon	YEAR 2015 Denditure aiser.	fee for C	OPE report.
To Whom Paid Committee to Elect Dirk A. Good Mailing Address 143 Lyon Av City Rochester	State PA dwald, DA venue State	15061 Zip Code (Plus 4)	MO 2 Descrip	DAY 15 Dation of Exp	YEAR 2015	fee for C	OPE report.
To Whom Paid Committee to Elect Dirk A. Good Mailing Address 143 Lyon Av City Rochester To Whom Paid	State PA dwald, DA /enue State PA	15061 Zip Code (Plus 4)	MO 2 Descrip 3 ticket	DAY 15 btion of Exp rsement for the second secon	YEAR 2015 Denditure aiser.	fee for C	OPE report.

43216

Bank Service Charge

ОН

								E 12	
To Whom Paid Committee to Elect Dale Fouse Judge					DAY	YEAR			
Mailing Address 2131 Brodhead Road					23	2015	\$	300.00	
City Aliquippa	1	State PA	Zip Code (Plus 4) 15001	1	otion of Exp es to fundra				
To Whom Paid Committee to Elect Nancy Cozzucoli Werme					DAY	YEAR			
Mailing Address 1301 Corporation Street			3	3	2015	\$	250.00		
City Beaver		State PA	Zip Code (Plus 4) 15009	Description of Expenditure 2 tickets to fundraiser					
To Whom Paid Friends for Tracey Antoline-Patton					DAY	YEAR			
Mailing Address	235 Biskup Lane			3	3	2015	\$	300.00	
City Monaca		State PA	Zip Code (Plus 4) 15061	Description of Expenditure 3 tickets to fundraiser					
To Whom Paid Amadio for Commissioner Committee					DAY	YEAR			
Mailing Address 263 Patton Drive			3	23	2015	\$	300.00		
City Aliquippa	3	State PA	Zip Code (Plus 4) 15001	Description of Expenditure 2 tickets to fundraiser					
To Whom Paid Steve Craig for Commissioner					DAY	YEAR			
Mailing Address 3004 N. Mercer St. Ext.			3	23	2015	\$	100.00		
City New Cas	tle	State PA	Zip Code (Plus 4) 16105	Description of Expenditure Contribution					
		<u> </u>							
To Whom Paid Michael McGee			<u> </u>	МО	DAY	YEAR			
	2802 Mercer-West N	Middlesex Rd		мо 3	DAY 23	YEAR 2015	\$	50.00	

To Whom Paid Beaver Lawrence CLC COPE				DAY	YEAR		
Mailing Address P.O. Box A				23	2015	\$	350.00
City Beaver	State	Zip Code (Plus 4)	Description of Expenditure				
254.5.	PA	15009	Full page ad & 4 tickets to Legislative Banquet				
To Whom Paid Pennsylvania AFL-CIO COPE				DAY	YEAR		
Mailing Address 600 N. 2nd Street				23	2015	\$	500.00
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure Registration for COPE Institute Conference				
-	PA	17101					
To Whom Paid Huntington Bank			МО	DAY	YEAR		
Mailing Address P.O. 1558 EA1W37			3	16	2015	\$	2.50
City Columbus	State	Zip Code (Plus 4)	Description of Expenditure				
	ОН	43216	Bank Service Charge				
	•	•	•				PAGE TOTAL
Enter Grand Total of Expenditure	es on Page 1, Re	eport Cover Page, Item D	•			\$	2,696.50