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 8200	581				port ed B		CANDI	DATE		СОМ	ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:		LOC	CAL (0098	IBEW CC	PE (PF	IILA)							
Street Address:	1719 SPRING	GARDE	N ST														
City:	PHILADELPHI	4						State:	PA			Zip Cod	le: 19	9130			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA		POST-	3.		AMENDM REPORT		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	ND FRIDAY PRE- 5. 30 EL				NY ΓΙΟΝ	POST- 6.			TERMINATION Yes			No		/
report type)	ANNUAL REPORT	7.	Year 2000						G METHOD HECK ONE				PAPER DISKETTE				
Name of Office S	ought by Candida	te:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО	DAY	YE	AR	Number	coue	<u> </u>		code	
								11		7	2000		(SEE IN	STRUCTI	ONS FOR C	ODES))
•	Receipts and	МО	DAY Y	'EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	rrom:		1 1		1	_ T	0	2	2	14	2000						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			10,5	25.35						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$			50,0	00.00						
C. Total Funds Available (Sum Of Lines A and B)						\$			60,5	525.35							
D. Total Expenditures (From Schedule III)						\$			16,7	71.53							
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			43,7	53.82]					
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	edu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			50,0	00.00						
			ļ	AFF	ΊDΑ	AVI	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign he	ere. I	[f th	nis is	a Car	ndidate r	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, incl ete.	uding the	e attached sche	dules	file	ed on	paper (or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ie.
Sworn to and subs	cribed before me this day of	3	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					- -					Prin	ted Name	e			_
My Commission Ex	rpires						_					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 cand	lidate's	authorized Co	omn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowl	edge and belief	this	poli	itical	comm	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, commission Exp							_										
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
LOCAL 0098 IBEW COPE (PHILA)	From:	To:	2/14/2000
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g 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	g 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	g Period (3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	g Period (4)	\$	50,000.00
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		\$	50,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporti				
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	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.

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 Filling Committee of Candidate			Reporting Period From: To:					
			Fro	m:		10):	
					DATE		AMOUNT	
Full Name of Contributor				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.

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 Candidate Rep				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					Reporting Period					
			Fror	om: To:						
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupation						
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	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 Candidate	Reporting Period		
LOCAL 0098 IBEW COPE (PHILA)	From:	То:	2/14/2000

			D	ATE		AMOUNT
Full Name FIRST UNION NATIONAL BANK - PA	МО	DAY	YEAR			
Mailing Address 123 SOUTH BRO		10	2000	\$ 50,000.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19109		13	2000	
Receipt Description LINE OF CR	EDIT - OPENED 1	/13/2000				

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

PAGE TOTAL 50,000.00

\$

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 0098 IBEW COPE (PHILA)	From:	To:	<u>2/14/2000</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 Candidat	Name of Filing Committee or Candidate Ro				Reporting Period					
	Fro					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 Candidate					Reporting Period						
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor					Occupation						
Employer Mailing Address/Principal Place of Business City State					Zip 4)	Zip Code(Plus 4)		Description of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.									PAGE TOTAL 0.00		

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
LOCAL 0098 IBEW COPE (PHILA)			From			То:	2/14/2000		
				DATE			AMOUNT		
To Whom Paid JOHN STREET FOR MAYOR			МО	DAY	YEAR				
Mailing Address 1321 ARCH STREET -2ND FLOOR			1	21	2000	\$	10,000.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure FUND RAISER						
To Whom Paid DEMOCRATIC CAMPAIGN COMMITTEE OF PHILADELPHIA			МО	DAY	YEAR				
Mailing Address 1421 WALNUT STREET			2	4	2000	\$	2,500.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure JEFF-JACK DAY CELEBRATION						
To Whom Paid FRIENDS TO ELECT MIKE MCGEEHAN			МО	DAY	YEAR				
Mailing Address 4401 COTTMAN AVENUE			2	4	2000	\$	1,000.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19136	Description of Expenditure FUND RAISER						
To Whom Paid COMMITTEE TO RE-ELECT WILLIAM W RIEGER			МО	DAY	YEAR				
Mailing Address 1141 RISING SUN AVENUE			2	4	2000	\$	500.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19140	Description of Expenditure FUND RAISER						
To Whom Paid SALVATORE FOR SENATE			мо	DAY	YEAR				

Zip Code (Plus 4)

19115

Mailing Address

PHILADELPHIA

City

1154 NORWALK ROAD

State

PΑ

2,500.00

2000

Description of Expenditure

FUND RAISER

							PAGE 12		
To Whom Paid FIRST UNION NATIONAL BANK-PA 1222			мо	DAY	YEAR				
Mailing Address 123 SOUTH BROAD STREET -15TH FLOOR			2	7	2000	\$	271.53		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19109	Description of Expenditure INTEREST ON LINE OF CREDIT						
Enter Grand Total of Ex	openditures on Page 1, R	eport Cover Page, Item D				\$	16,771.53		

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							
LOCAL 0098 IBEW COPE (PHILA)			From: T			То:		2/14/2000		
					DATE				standing ince of Debt	
Name of Creditor FIRST UNION NATIONAL BANK -PA 1222				МО	DAY	DAY YEAR				
Mailing Address 123 SOUTH BROAD STREET 15TH FLOOR					13 2000		0 ,	\$	50,000.00	
City PHILADELPHIA	State	Zip Code (Pl	us 4)	Description of Debt						
PA 19109 LINE OF CREE					F CREDIT (DIT (875% ANNUAL INTEREST				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL			
						\$	50,000.			