### **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 :	<b>on</b> 99				port		CANDI	DATE		СОМ	<b>4ITTEE</b>	✓	LOBI	BYIST		
Name of Filing C	Committee, Cand	lidate or L	obbyist:		PSS	U LO	OCAL	668 COP	E FUN	D						
Street Address:	2589 INTER	RSTATE D	RIVE													
City:	HARRISBUF	RG						State:	PA			Zip Cod	ie: 17	7110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pri	≣-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2015					NG METHO				PAPER		<b>/</b>	DISKE	TTE
Name of Office S	- Sought by Candi	date:			_			DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR		10000			
								11		3	2015		(SEE IN	ISTRUCTI	ONS FOR O	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
			3 31	2	015	I	0	5		4	2015					
A. Amount Bro	ught Forward F	om Last F	Report				\$			8,4	163.14					
B. Total Monet	ary Contributior	s And Red	eipts (From	Sche	dule	: I)	\$			63,6	517.33					
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B) \$ 72,080.4								080.47							
D. Total Expen	ditures (From S	chedule II	II)				\$			2	255.00					
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)			\$			71,8	25.47					
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	()	\$				0.00					
G. Unpaid Debt	s And Obligatio	ns (From	Schedule IV	)			\$				0.00			'		
				AFF	ID/	\VI	T SE	CTION								
PART I - If this is		•	=======================================													
I swear (or affirm) correct and comple		ncluding th	e attached scl	hedule	s file	d on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me	:his	20							S	ignature	of Perso	n Submit	ting Rep	ort	
			_				- -					Prin	ted Nam	e		
My Commission Ex	-	iture										Ema	il			_
	мо	D	AY	YR			_		Are	ea Cod	le	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me tl	nis									s	ignature o	of Candid	ate		
	day of		_ 20				-					Printe	d Name			
	Signatu	·e					-									
My Commission Exp	_	-									_	Ema	il			
	МО	D	AY	YR	ł		•		Area	Code		Da	aytime T	elephor	e 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:	3/31/201	<u>5</u> To:	<u>5/4/2015</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)			\$	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)			\$	63,617.33
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	63,617.33
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	63,617.33

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE 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 Filling Committee of Candidate				Reporting Period From: 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 Candidate	Reporting Pe	eriod		
PSSU LOCAL 668 COPE FUND	From:	3/31/2015	То:	5/4/2015

DATE AMOUNT

Full Name of Contributing Committee SERVICE EMPLOYEES INTERNATIONAL	МО	DAY	YEAR			
Mailing Address 1800 MASSACHUSETTS AVE NW						<b>\$</b> 63,617.33
City WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20036	5	1	2015	

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

**PAGE TOTAL**63,617.33

### 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	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Pe	riod	
PSSU LOCAL 668 COPE FUND	From:	3/31/2015 <b>To</b> :	<u>5/4/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	OR	
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						<b>\$</b>	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			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reportir	ng Period			
PSSU LOCAL 668 COPE FUND			From	<u>3/3:</u>	<u>1/2015</u>	То:	<u>5/4/2015</u>
				DATE			AMOUNT
To Whom Paid BERKS COUNTY DEMOCRATIC	COMMITTEE		МО	DAY	YEAR		
Mailing Address 434 WALNU	JT STREET		4	2	2015	\$ \$	110.00
City READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19601	1	otion of Exp			.ET
To Whom Paid BETHLEHEM CITY DEMOCRATI	C COMMITTEE		МО	DAY	YEAR		
Mailing Address PO BOX 17	92		4	23	2015	\$	145.00
City BETHLEHEM	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure		
	PA	18016		「& 1/ SON-JACK			H ANNUAL
Enter Grand Total of Expend						r	PAGE TOTAL

255.00