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			Rep File			CAND	NDIDATE COMMITTEE V LOBBYIST											
Name of Filing C	Committee, Candid	ate or L	obbyist:		LOC	AL (712	IBEW C	OPE											
Street Address:	217 SASSAFR	AS LAN	E																	
City:	BEAVER							State:	PΑ	١			Zip Cod	le: 15	5009-0	000				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		POS	T- 3	3.		AMENDMENT REPORT?		Yes	No	•	/		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pri	E- !	5. X	30 DA		POS	POST- 6.			TERMINA REPORT?		Yes	No	•	/		
report type)	ANNUAL REPORT	7.	Year 2015					NG METH CHECK (PAPER			DISKE	TTE			
Name of Office S	- Sought by Candida	te:						DATE	OF E	LEC	TIO	N	District Number	Office Code	Par	ty Code	Coun			
								МО	DA	λY	YE	AR		10000						
								1	1	3	3	2015		(SEE IN	STRUCTIO	ONS FOR O	ODES)			
	Receipts and	МО	DAY	YEAR	1			МО	DA	AY	YE	AR	FO	R OFFI	CE USE	ONLY				
Expenditures	s trom:		9 15	2	015	T	0	1	0	19	9	2015								
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				16,0	60.80	1							
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,828						28.56														
C. Total Funds	Available (Sum Of	Lines A	and B)				\$:	17,8	89.36								
D. Total Expenditures (From Schedule III)					\$				4,3	65.00										
E. Ending Cash Balance (Subtract Line D From Line C)					\$			1	13,5	24.36										
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$					0.00								
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00								
				AFF	IDA	١٧٧	T SE	CTION												
	s a Committee rep	•							-	•										
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sc	hedule	s filed	d on	paper	or by ele	troni	ic med	lium,	are to t	he best o	f my knov	wledge	and belie	ef , tru	ıe.		
Sworn to and subs	cribed before me this day of	i	20								Si	gnature	of Perso	n Submit	ting Rep	ort		_		
	Signatu	ra					- -						Prin	ted Name	•			_		
My Commission Ex	_								Email							-				
	мо	D	AY	YR						Area	Code	е	Daytim	e Teleph	one Nu	mber				
Part II- If this is	a report of a cand	didate's	authorized	Comn	nitte	e, C	andid	ate shal	l sig	n her	here.									
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not v	iolate	d any	/ provisi	ons of the	e act of J	une 3,19	937 (P.L	. 1333	s,		
Sworn to and subsc	ribed before me this											Si	gnature o	of Candid	ate			-		
	day of						-		_				Printe	d Name				-		
	Signature						-				_							_		
My Commission Exp	_												Ema	il						
	МО	D	AY	YR	2		•		A	rea Co	ode		Da	aytime T	elephon	e Numb	er	·		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
LOCAL 0712 IBEW COPE	From:	9/15/201	<u>5</u> To:	10/19/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	1,828.56
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)	\$	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			\$	1,828.56

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		Reporting 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 Canadate			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 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	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 Per	iod						
LOCAL 0712 IBEW COPE	From:	<u>9/15/2015</u> To:	10/19/2015					
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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	:e		Reporting	g Period			
			From:			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					Rej	porting P	eriod			
					Fro	m:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
LOCAL 0712 IBEW COPE			From	9/1!	5/201 <u>5</u>	То:	10/19/2015	
			DATE AMOU					
To Whom Paid Huntington Bank			мо	DAY	YEAR			
Mailing Address P.O. Box 1	1558 EA1W37		9	15	2015	\$	2.50	
City Columbus	State OH	Zip Code (Plus 4) 43216		otion of Experience of Experie				
To Whom Paid Kress for Sheriff			МО	DAY	YEAR			
Mailing Address 111 Meng	el Avenue		10	2	2015	\$	300.00	
City Aliquippa	State PA	Zip Code (Plus 4) 15001	Description of Expenditure Contribution					
To Whom Paid Vogel for Senate			МО	DAY	YEAR			
Mailing Address P.O. Box 2	23		10	2	2015	\$	150.00	
City Beaver	State PA	Zip Code (Plus 4) 15009		Description of Expenditure 2 tickets to fundraiser				
To Whom Paid Crawford County Democratic	Committee		мо	DAY	YEAR			
Mailing Address P.O. Box 1	1316		10	2	2015	\$	235.00	
City Meadville State Zip Code (Plus 4) PA 16335				otion of Expoution	penditure			
To Whom Paid The Committee to Elect Conn	ie Tuccinard Javens	•	МО	DAY	YEAR			
Mailing Address 1120 Don	iling Address 1120 Don Street			2	2015	\$	125.00	

Zip Code (Plus 4)

15061

Description of Expenditure

Contribution

State

PΑ

City

Monaca

						P/	AGE 12
To Whom Paid Committee to Elect Ken Am	mann		МО	DAY	YEAR		
Mailing Address 575 Mer	cer Road		10	2	2015	\$	200.00
City Greenville	State PA	Zip Code (Plus 4) 16125	Descrip Contrib	otion of Exp oution	penditure		
To Whom Paid Huntington Bank			МО	DAY	YEAR		
Mailing Address P.O. Box	1558 EA1W37		10	15	2015	\$	2.50
City Columbus	State OH	Zip Code (Plus 4) 43216	1	otion of Exp ervice char			
To Whom Paid Committee to Elect Bob Koo	chems District Attorney		МО	DAY	YEAR		
Mailing Address 1188 Ce	nter Town Road		10	19	2015	\$	100.00
City Grove City	Grove City State PA Zip Code (Plus 4) 16127				penditure		
To Whom Paid Bob DelSignore for Lawrence	e County Commissioner		МО	DAY	YEAR		
Mailing Address 481 E. M	laitland Lane		10	19	2015	\$	100.00
City New Castle	State PA	Zip Code (Plus 4) 16105	Description of Expenditure Contribution				
To Whom Paid Political Labor Action Now			МО	DAY	YEAR		
Mailing Address 904 N. 2	and Street		10	19	2015	\$	500.00
City Harrisburg State Zip Code (Plus 4) PA 17102				otion of Expoution	penditure		
To Whom Paid Kevin Dougherty for PA				DAY	YEAR		
Mailing Address 8566 Bustleton Avenue			10	19	2015	\$	1,000.00
CityPhiladelphiaStateZip Code (Plus 4)PA19152				1			

							15
To Whom Paid Committee to Elect Amodie Judge				DAY	YEAR		
Mailing Address 102 Clen-Moore Blvd			10	19	2015	\$	250.00
City New Castle	State PA	Zip Code (Plus 4) 16105	Description of Expenditure Contribution				
To Whom Paid Committee to Elect Tim Fulkerson			МО	DAY	YEAR		
Mailing Address 416 Boyles Ave			10	19	2015	\$	200.00
City New Castle	State PA	Zip Code (Plus 4) 16101	Description of Expenditure Contribution				
To Whom Paid Mercer County Democrat Committee			МО	DAY	YEAR		
Mailing Address P.O. Box 49			10	19	2015	\$	200.00
City Sharon	State PA	Zip Code (Plus 4) 16146	Description of Expenditure 10 Tickets to fundraiser				
To Whom Paid Beaver County Democratic Party			мо	DAY	YEAR		
Mailing Address 1000 Third Street, Suite #4			10	19	2015	\$	1,000.00
City Beaver	State PA	Zip Code (Plus 4) 15009	Description of Expenditure Contribution				
Enter Crand Total of Francisco	anditures on Dago 1. Da	most Cover Dage Item D					PAGE TOTAL
Enter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D	•			\$	4,365.00