#### **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 9900	041			Rep File			CA	NDI	DATE		COM	AITTEE	<b>Y</b>	LUB	D1131		
Name of Filing C	ommittee, Candid	ate or L	obbyist:		PSSU	J LC	CAL	668 (	СОР	E FUNI	)							
Street Address:	2589 INTERS	TATE DI	RIVE															
City:	HARRISBURG							State	e:	PA			Zip Co	de: 17	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA PRIMA		P	OST-	3.		AMENDN REPORT		Yes	No	· •	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	OST-	6. <b>X</b>		TERMINA REPORT		Yes	No	` \	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2015					NG ME					PAPER		$  \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	DISKE	TTE	
Name of Office S	ought by Candida	te:	•					DAT	ΈO	F ELE	CTIO	N	District Number	Office Code	Pa	rty Code	County	,
								МО		DAY	YE	AR						
			_						11		3	2015		(SEE IN	STRUCT	IONS FOR	CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО		DAY		EAR	FC	R OFFI	CE USE	ONLY		
			10 20	2	015	T	<b>)</b>		11	7	23	2015						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				30,1	175.47						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				30,	175.47						
D. Total Expend	ditures (From Scho	edule II	I)				\$				2,0	00.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				28,1	.75.47						
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	VIT	SE	CTI	NC									
I swear (or affirm)	that this report, incl	*	_							-		_		f my kno	wledge	and beli	ef , true	1
correct and comple	ete. cribed before me this	i										``	of Perso	- C. bit	tina Da			
	day of		_ 20								3	oignature	or Perso	n Submit	ting Ke	port		
	Signatu	re					-						Prin	ted Name	В			
My Commission Ex							-		,				Ema					
Dank III. ISAN Ia Ia	MO		AY	YR		. 0-		- • •	II		ea Cod	ie	Daytin	ie Teleph	none Nu	ımber		닠
I swear (or affirm)	a report of a cand					•						y provis	ions of th	e act of J	une 3,1	.937 (P.L	1333,	1
No 320) as amende Sworn to and subsc	ed. ribed before me this																	
	day of		20									S	ignature (	of Candid	ate			
							•						Printe	d Name				
My Commission Exp	Signature ires												Ema	il				
	мо	D	AY	YR						Area	Code		D	aytime T	elepho	ne 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:	10/20/201	<u>5</u> To:	11/23/2015						
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 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	J Period	(3)	\$	0.00						
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)										
TOTAL for the Reporting	g Period	(4)	\$	0.00						
			1							
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			\$	0.00						

#### **PART A**

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

\$50.01 TO \$250.00

	his Part to itemize on with an aggregate val									
Name of Filing Comm	ittee or Candidate		Re	Reporting Period						
		From:			То	:				
					DATE			AMOUNT		
Full Name of Contribution	ng Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
	•					-	Г	PAGE 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 of Canadate				eporting Period om: To:				
					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	ame of Filing Committee or Candidate			Period								
			From:			То:						
				DA	TE		А	MOUNT				
Full Name of Contributing Committee				мо	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Cod	e (Plus 4)									
								PAGE TOTAL				
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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.)

Reporting Period						
NT						
0.00						
us 4)						
<b>TOTAL</b> 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			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·					•	
Enter Grand Total of Part E	on Schedule I. Detailed	d Summary Page	Section	4			F	PAGE TOTAL
- Contract C	Journal 1, Betailet	a sammary rage,		••			\$	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 Peri	od									
PSSU LOCAL 668 COPE FUND	From:	<u>10/20/2015</u> <b>To:</b>	11/23/2015								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	. 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 PART 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 Candidat					Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code(Plus 4)		Description of Contribution		
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

		I						
Name of Filing Committee or Candidat	e		Reporti	ng Period				
PSSU LOCAL 668 COPE FUND			From	rom <u>10/20/2015</u> <b>To:</b> <u>11</u>				
				DATE			AMOUNT	
To Whom Paid THE DAVE CODER CAMPAIGN COMMIT	TEE		МО	DAY	YEAR			
Mailing Address 5 EAST HIGH ST.			10 20 2015 \$				500.00	
City WAYNESBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	15370	CONTRIBUTION					
To Whom Paid SENATE DEMOCRATIC CAMPAIGN COI	MMITTEE		МО	DAY	YEAR			
Mailing Address P.O. BOX 59358			10	20	2015	\$	1,000.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	19102	1	IBUTION				
To Whom Paid FRIENDS OF PATTY KIM		•	мо	DAY	YEAR			
Mailing Address FEDERAL SQUARE	Mailing Address FEDERAL SQUARE STATION P.O. BOX 555			20	2015	\$	500.00	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure			
	PA	17108	1 -	IBUTION				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

\$ 2,000.00