

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		20120363		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CRIS DUSH												
Street Address:												
City: SUMMERVILLE						State: PA			Zip Code: 15864			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2015	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR				
						11	3	2015				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	24	2015		12	31	2015				
A. Amount Brought Forward From Last Report						\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 6,195.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 6,195.00						
D. Total Expenditures (From Schedule III)						\$ 742.83						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 5,452.17						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 75.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 380.80						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CRIS DUSH	From: <u>11/24/2015</u> To: <u>12/31/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 2,857.00

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)	\$ 1,357.00
TOTAL for the Reporting Period (2)	\$ 1,357.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 800.00
TOTAL for the Reporting Period (3)	\$ 1,800.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 6,014.00
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PART B

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 Candidate FRIENDS OF CRIS DUSH				Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>			
				DATE		AMOUNT	
Full Name of Contributor JOYCE BROWNLEE				MO	DAY	YEAR	\$ 80.00
Mailing Address				10	2	2015	
City REYNOLDSVILLE	State PA	Zip Code (Plus 4) 15851					
Full Name of Contributor FRANCIS GEIST				MO	DAY	YEAR	\$ 100.00
Mailing Address				9	22	2015	
City WORTHVILLE	State PA	Zip Code (Plus 4) 15784					
Full Name of Contributor ROSE BURKETT				MO	DAY	YEAR	\$ 75.00
Mailing Address				10	13	2015	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767					
Full Name of Contributor GEORGE CHERION				MO	DAY	YEAR	\$ 75.00
Mailing Address				10	3	2015	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767					
Full Name of Contributor KAY ROYBUCK				MO	DAY	YEAR	\$ 100.00
Mailing Address				9	28	2015	
City REYNOLDSVILLE ROAD	State PA	Zip Code (Plus 4) 15851					
Full Name of Contributor JAMES A. MCKILLIP				MO	DAY	YEAR	\$ 85.00
Mailing Address				10	6	2015	
City SUMMERVILLE	State PA	Zip Code (Plus 4) 15864					
Full Name of Contributor ROBERT PASCUZZO				MO	DAY	YEAR	\$ 250.00
Mailing Address				9	30	2015	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767					

Full Name of Contributor TIM CHAMBERS			MO	DAY	YEAR	\$ 150.00
Mailing Address			10	17	2015	
City SMICKSBURG	State PA	Zip Code (Plus 4) 16256				
Full Name of Contributor GERALD D. BARKMAN			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	16	2015	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767				
Full Name of Contributor MABEL D. DUNKLE			MO	DAY	YEAR	\$ 59.00
Mailing Address			10	17	2015	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825				
Full Name of Contributor JOHN WILLIAMS			MO	DAY	YEAR	\$ 128.00
Mailing Address			10	17	2015	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825				
Full Name of Contributor EDWARD J. MCGINNIS			MO	DAY	YEAR	\$ 155.00
Mailing Address			10	17	2015	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767				

PAGE TOTAL

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

\$ 1,357.00

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 FRIENDS OF CRIS DUSH	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>
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			DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,000.00
FRIENDS OF JOE SOARNATI							
Mailing Address				10	1	2015	
City	BROCKWAY	State	Zip Code (Plus 4)				
		PA	15824				

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

PAGE TOTAL
\$ 1,000.00

PART D
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 FRIENDS OF CRIS DUSH	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>
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			DATE	AMOUNT
Full Name of Contributor LENNEA DARRIN			MO	DAY
Mailing Address			YEAR	\$
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	10	8 2015
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)

Full Name of Contributor PATRICIA LEACH			MO	DAY	YEAR	\$
Mailing Address			10	17	2015	300.00
City MARION CENTER	State PA	Zip Code (Plus 4) 15759				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 800.00

PART E 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 FRIENDS OF CRIS DUSH	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>
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				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

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

PAGE TOTAL
\$ 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 Period	
FRIENDS OF CRIS DUSH		From: <u>11/24/2015</u> To: <u>12/31/2015</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						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: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	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	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CRIS DUSH	From <u>11/24/2015</u> To: <u>12/31/2015</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
LORI WAGNER				
Mailing Address	10	26	2015	\$ 170.22
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure	
			SUPPLIES FOR PIG ROAST EVENT	
To Whom Paid	MO	DAY	YEAR	
CORSICO VOLUNTEER FIRE DEPARTMENT				
Mailing Address	10	26	2015	\$ 100.00
City CORSICA	State PA	Zip Code (Plus 4) 15825	Description of Expenditure	
			USE OF FIREBALL FOR EVENT (DONATION)	
To Whom Paid	MO	DAY	YEAR	
POSTMASTER				
Mailing Address	10	27	2015	\$ 9.80
City CORSICA	State PA	Zip Code (Plus 4) 15825	Description of Expenditure	
			POSTAGE	
To Whom Paid	MO	DAY	YEAR	
THE BROOKVILLE MIRROR				
Mailing Address	11	8	2015	\$ 125.00
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure	
			ADVERTISNG VICTORION CHRISTMASS	
To Whom Paid	MO	DAY	YEAR	
THE PUNXSUTAWNEY SPIRIT				
Mailing Address	12	8	2015	\$ 60.00
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure	
			ADVERTISNG	
To Whom Paid	MO	DAY	YEAR	
PAGGLIO PRINTING				
Mailing Address	12	2	2015	\$ 146.81
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure	
			PIG ROAST TICKETS	

To Whom Paid MARILYN MCGINNIS			MO	DAY	YEAR	\$ 56.00
Mailing Address			12	6	2015	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure PIG ROAST TICKETS			

To Whom Paid THE BROOKVILLE MIRROR			MO	DAY	YEAR	\$ 75.00
Mailing Address			12	6	2015	
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure ADVERTISING VICTORION CHRISTMASS			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 742.83

SCHEDULE IV

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 FRIENDS OF CRIS DUSH	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>
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				DATE	Outstanding Balance of Debt		
Name of Creditor				MO	DAY	YEAR	\$ 75.00
THE BROOKVILLE MIRROR				12	11	2015	
Mailing Address				12	11	2015	
City	BROOKVILLE	State	PA	Zip Code (Plus 4)	15825	Description of Debt	
						ADVERTISING VICTORIAN CHRISTMASS	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 75.00