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			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	ate or L	obbyist:		PSS	U LO	OCAL	668 COP	E FUNI	D							
Street Address:	2589 INTERS	TATE DE	RIVE														
City:	HARRISBURG							State:	PA			Zip Cod	ie: 1	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	- [5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2016					NG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•					DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County	
								МО	DAY	YI	AR		10000				
								11		8	2016		(SEE IN	ISTRUCTI	ONS FOR (ODES)	_
Summary of Expenditures	Receipts and	МО	DAY	YEAR	l e		_	МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
			1 1	2	016	Т	0	3		7	2016						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			26,9	925.47						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$			26,9	925.47						
D. Total Expen	ditures (From Sch	edule II	I)				\$			5,3	305.92						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (C)			\$			21,6	19.55						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Se	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1			
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	here.	[f thi	is is	a Car	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached scl	hedule	filed	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 this day of	5	20							5	ignature	of Perso	n Submit	ting Rep	oort		
	Signatu	re	_				- -					Prin	ted Nam	e			
My Commission Ex	-											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 can	didate's	authorized	Comn	nitte	e, C	andid	ate shall	sign he	ere.							1
I swear (or affirm) No 320) as amende	that to the best of r	ny knowle	edge and beli	ef this	polit	ical	comm	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 this										s	ignature o	of Candid	ate			
	day of 						-					Printe	d Name				
	Signature						-										
My Commission Exp	_											Ema	il				
	МО	D	AY	YR			•		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:	1/1/201	<u>6</u> To:	3/7/2016
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)			\$	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 ar 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

	s Part to itemize on th an aggregate val	-			-			
Name of Filing Committee	e or Candidate		Rep	oorting	Period			
			Fro	m:		То	:	
					DATE			AMOUNT
Full Name of Contributing C	Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	+)					
		-					$\overline{}$	DAGE 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 or Cand	idate		Re	porting P	eriod			
			Fro	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			Reporting	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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n: To:				
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE 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	ing Perio	od			
			From:			To:		
				D	ATE		ı	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	l Summary Page.	Section	4.			Р	PAGE TOTAL
		, · u					\$	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		
PSSU LOCAL 668 COPE FUND	From:	<u>1/1/2016</u> To:	<u>3/7/2016</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 Candid	ate		Reportin	g Period			
			From:			To:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period			
PSSU LOCAL 668 COPE FUND			From	<u>1/</u>	1/2016	То:	3/7/2016
				DATE			AMOUNT
To Whom Paid FRIENDS OF MARY JO DALEY			МО	DAY	YEAR		
Mailing Address PO BOX 752			2	12	2016	\$	1,000.00
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428		ption of Exp	penditure		
To Whom Paid KEVIN SCHREIBER FOR YORK			МО	DAY	YEAR		
Mailing Address PO BOX 2201			2	29	2016	\$	1,000.00
City YORK	State PA	Zip Code (Plus 4) 17405		ption of Exp	penditure		
To Whom Paid PSSU COPE FUND COLLECTIONS	ACCOUNT		мо	DAY	YEAR		
Mailing Address 2589 INTERS	TATE DRIVE		3	3	2016	\$	3,305.92
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	TRANS	ption of Exp FER TO CC ING ACCO	VER SHO		N COLLECTIONS
Enter Grand Total of Expendi	huves en Dage 1. De	enant Cawar Baga Itam I	_ !				PAGE TOTAL

5,305.92