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	0041				port ed B		CAI	NDI	DATE		COM	AITTEE	Y	LUB	БТІЗІ		
Name of Filing C	Committee, Candid	date or L	obbyist:		PSS	SU LO	OCAL	668 (СОР	E FUNI)							
Street Address:																		
City:	HARRISBURG	i						State	e:	PA			Zip Cod	de: 17	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		P	POST-	3.		AMENDM REPORT		Yes	N	O	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	! -	5.	30 DA		P	POST-	6.		TERMIN/ REPORT		Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 2016					NG ME CHEC					PAPER		\	DISK	ETTE	
Name of Office S	- Sought by Candida	ate:						DAT	ΕO	F ELE	CTIC	N	District Number	Office Code	Pa	rty Code	Code	
								МО		DAY	YI	AR		·	·			
									11		8	2016		(SEE IN	STRUCT	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAR	2			МО		DAY	YI	EAR	FC	R OFFI	CE USI	ONLY		
Expenditures	from:		3 8	3 2	016	Т	0		4		.1	2016						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				21,6	519.55						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$				51,6	585.77						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				73,3	305.32						
D. Total Expen	ditures (From Sch	edule II	I)				\$				5,3	360.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				67,9	45.32						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	[)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)			\$					0.00			•			
DADT I ISAL'.								CTIC				d-4						
	s a Committee report, income	-	_									_		f my kno	wledge	and bel	ief , tr	ue
•	cribed before me thi	is										Signature	of Perso	n Suhmit	tina Re	nort		_
	day of		_ 20				_											
	Signati	ıre					-						Prin	ted Name	•			
My Commission Ex	· —						_		•				Ema	il				
	МО		AY	YR							a Coo	le	Daytim	ie Teleph	one Nu	ımber		닉
	a report of a can					•												
No 320) as amende		•	edge and bei	ier tnis	pom	ticai	comm	ittee n	as n	ot viola	ed an	y provis	ions of th	e act or J	une 3,1	1937 (P.	L. 133	
Sworn to and subsc	ribed before me this day of	•	20									S	ignature (of Candid	ate			
							- -						Printe	d Name				_
My Commission Exp	Signature pires												Ema	il				-
	мо	D	AY	YR			-			Area	Code		D	aytime T	elepho	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PSSU LOCAL 668 COPE FUND	From:	3/8/201	<u>б</u> То:	4/11/2016
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)			\$	51,685.77
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	51,685.77
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			\$	51,685.77

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or	Candidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	nmittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

0.00

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.

(EXCIU	de contributions fr	om political comn	11116	ees re	portea	in Part	A)	
Name of Filing Committe	e or Candidate		Rep	oorting P	Period			
			Fro	m:		To	o:	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	•)					
						•		PAGE TOTAL

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

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 Per	iod		
PSSU LOCAL 668 COPE FUND	From:	<u>3/8/2016</u>	То:	4/11/2016

DATE AMOUNT

Full Na	Full Name of Contributing Committee			мо	DAY	YEAR		
SERVI	CE EMPLOYEES INTERNATIONAL (JNION COPE FUND		10		ILAK	\$ 51,68	35.77
Mailing	g Address			3	18	2016	,	
City	WASHINGTON	State	Zip Code (Plus 4)	,	10	2010		
		DC	20036					

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

PAGE TOTAL \$ 51,685.77

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:		1	o:			
					D	ATE			АМО	UNT	
Full Name of Contributor					МО	DAY	YEAR	ł	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City		•	State		Ziı	p Code (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umm	ary Page,	Section	on 3.				PAG	E TOTAL	
								\$		0.0	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 Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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:	3/8/2016 To:	<u>4/11/2016</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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name	of Filing Committee or Ca	ndidate		Reportir	ng Period			
PSSU	LOCAL 668 COPE FUND			From	<u>3/8</u>	<u>3/2016</u>	То:	4/11/2016
					DATE			AMOUNT
To Wh	om Paid			МО	DAY	YEAR		
FRIEN	IDS OF TOM CALTAGIRON	E					1	
Mailin	g Address			3	8	2016	\$	500.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		PA	17108	CONTRI	BUTION			
	nom Paid S COUNTY DEMOCRATIC (COMMITTEE		мо	DAY	YEAR		
Mailin	g Address			3	15	2016	\$	110.00
City	READING	State	Zip Code (Plus 4)	Descript	l tion of Exp	 enditure		
•		PA	19601		AGE AD IN		OGRAM B	OOK
To Wh	om Paid	<u> </u>	<u> </u>	МО	DAY	YEAR		
PA AF	L-CIO COPE			1-10	DAI	ILAK		
Mailin	g Address			3	15	2016	\$	2,750.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		PA	17101	TABLE A		PAGE AD	FOR COP	E DINNER AT
To W	om Paid			МО	DAY	YEAR		
DEPAS	SQUALE FOR PENNSYLVAN	NIA						
Mailin	g Address			3	28	2016	\$	500.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•	
		PA	17108	CONTRI	BUTION			
To Wh	om Paid			МО	DAY	YEAR		
	SYLVANIANS FOR REPRES	ENTATIVE COHEN					_	
PENN:								
	g Address			3	31	2016	\$	500.00
		State	Zip Code (Plus 4)		31			500.00
Mailin	g Address	State PA	Zip Code (Plus 4) 19115	Descript				500.00
Mailin City	g Address			Descript	Lion of Exp BUTION			500.00
Mailin City To Wh	g Address PHILADELPHIA			Descript CONTRI	l tion of Exp	enditure		
Mailin City To Wh	g Address PHILADELPHIA nom Paid			Descript CONTRI	Lion of Exp BUTION	enditure		1,000.00
Mailin City To Wh	g Address PHILADELPHIA nom Paid IDS OF ROB TEPLITZ			Descript CONTRI MO	BUTION DAY	YEAR 2016	\$	
Mailin City To Wh FRIEN Mailin	g Address PHILADELPHIA nom Paid IDS OF ROB TEPLITZ g Address	PA	19115	Descript CONTRI MO 4 Descript	BUTION DAY	YEAR 2016	\$	
Mailin City To Wh FRIEN Mailin City	g Address PHILADELPHIA nom Paid IDS OF ROB TEPLITZ g Address	PA State PA	19115 Zip Code (Plus 4) 17106	MO Descript A Descript CONTRI	BUTION DAY 11 tion of Exp	YEAR 2016	\$	