### **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 990	0041				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		PSS	SU LO	DCAL	668 COP	E FUN	D						
Street Address:	2589 INTERS	STATE DI	RIVE													
City:	HARRISBURG	3						State:	PA			Zip Cod	le: 17	7110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	-	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	<b>=</b> -	5.	30 DA	'	POST-	6.		TERMINA REPORT?		Yes	No	<b>~</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2016					IG METH				PAPER	<b>V</b>	DISKE	TTE	
Name of Office S	Sought by Candida	ate:						DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
	,							МО	DAY	YE	AR	Number	code			code
								11		8	2016		(SEE IN	STRUCTI	ONS FOR O	ODES)
	Receipts and	МО	DAY	YEAR	<b>R</b>			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	irom:		3 8	2	016	<b>T</b>	0	4		11	2016					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			21,6	19.55					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			51,6	85.77					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			73,3	05.32					
D. Total Expend	ditures (From Sch	nedule II	I)				\$			5,3	60.00					
E. Ending Cash	Balance (Subtra	t Line D	From Line C	<b>E)</b>			\$			67,9	45.32					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	)			\$				0.00			1		
				AFF	ID	AVI	ΓSE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign h	nere.	If th	nis is	a Car	ndidate r	eport, d	candio	late sig	ın here.				
I swear (or affirm) correct and comple	) that this report, inc ete.	cluding the	attached sch	edule	s file	ed 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 th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signate	ure					-					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	мо	D	AY	YR					Ar	ea Cod	е	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	ef this	poli	itical	comm	ittee has r	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this	i									Si	ignature o	of Candid	ate		
	day of —— ————						-					Printe	d Name			
	Signature						-									
My Commission Exp	ires											Ema	il			
	МО	D	AY	YR	l		•		Area	Code		Da	aytime T	elephor	ne Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
PSSU LOCAL 668 COPE FUND	From:	<u>3/8/201</u>	<u>.6</u> To:	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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	51,685.77

#### **PART A**

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

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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

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 Candidat	e		Rep	orting P	eriod			
			Fro	m:		To	):	
					DATE		AM	OUNT
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 Per	iod		
PSSU LOCAL 668 COPE FUND	From:	3/8/2016	То:	4/11/2016

DATE AMOUNT

Full Name of Contributing Committee SERVICE EMPLOYEES INTERNATIONAL	UNION COPE FUND		МО	DAY	YEAR	
Mailing Address 1800 MASSACHUSET	TS AVE NW		_			<b>\$</b> 51,685.77
City WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20036	3	18	2016	

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 Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To	<b>)</b> :	
			_		D	ATE		А	MOUNT
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/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE 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	ting 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. Detailer	l Summary Page	Section	4				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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 <b>To:</b>	<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,		\$	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 Candidate	Reporting Period	
	From:	То:

						DATE		4	AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4	)					
Employer of Contributor					Occupa	tion		l	
Employer Mailing Address/P Business	rincipal Place of	City	Stat	•	Zip 4)	Code(Plus	Descri	ption of C	ontribution
Enter Grand Total of Par Summary Page, Section		, In-Kind	Contributions I	etail	ed			1	PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
PSSU LOCAL 668 COPE FUND			From	<u>3/8</u>	<u>3/2016</u>	То:	4/11/2016	
				DATE			AMOUNT	
To Whom Paid FRIENDS OF TOM CALTAGIRON	IE		мо	DAY	YEAR			
Mailing Address PO BOX 391			3	8	2016	\$	500.00	
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	Description of Expenditure CONTRIBUTION					
To Whom Paid BERKS COUNTY DEMOCRATIC COMMITTEE			МО	DAY	YEAR			
Mailing Address 434 WALNUT STREET			3	15	2016	\$	110.00	
<b>City</b> READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19601	Description of Expenditure HALF PAGE AD IN 2016 PROGRAM BOOK					
<b>To Whom Paid</b> PA AFL-CIO COPE	·		мо	DAY	YEAR			
Mailing Address 600 N. 2ND STREET			3	15	2016	\$	2,750.00	
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17101	Description of Expenditure  TABLE AND HALF PAGE AD FOR COPE DINNER AT CONVENTION					
<b>To Whom Paid</b> DEPASQUALE FOR PENNSYLVA	NIA		мо	DAY	YEAR			
Mailing Address					25:5	1		

Mailing Address 600 N. 2ND STREET			3	15	2016	\$	2,750.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17101	TABLE AND HALF PAGE AD FOR COPE DINNE CONVENTION				DINNER AT
To Whom Paid DEPASQUALE FOR PENNSYLVANIA			мо	DAY	YEAR		
Mailing Address PO BOX 391			3	28	2016	\$	500.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure CONTRIBUTION				
	PA	17108					
To Whom Paid PENNSYLVANIANS FOR REPRESENTATIVE COHEN			МО	DAY	YEAR		
Mailing Address 105 CLIFFWOOD ROAD			3	31	2016	\$	500.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19115	CONTRIBUTION				

							FAGL 12
To Whom Paid FRIENDS OF ROB TEPLITZ  Mailing Address PO BOX 60007			мо	DAY	YEAR		
			4	11	2016	\$	1,000.0
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17106	Description of Expenditure CONTRIBUTION				
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D.				\$	<b>PAGE TOTAL</b> 5,360.00