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 2012	0363			Repor		CAI	NDI	DATE		COM	AITTEE	Y	LUBE	1131	
Name of Filing C	Committee, Candid	ate or L	obbyist:		FRIENI	DS OF	CRIS	DU:	SH							
Street Address:																
City:	SUMMERVILL	E					State	e:	PA			Zip Co	de: 15	864		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		F	POST-	3. X		No	\			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		F	POST-	6.		TERMIN/ REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7.	Year 2016				NG ME					PAPER		\checkmark	DISKE	ΓΤΕ
Name of Office S	Sought by Candida	te:	•				DAT	ΕO	F ELE	стіо	N	District Number	Office Code	Part	ty Code	County Code
							МО		DAY	YE	EAR		•	REP		
								11		8	2016		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YI	EAR	FC	R OFFI	E USE	ONLY	
Expenditures	5 Trom:		4 12	2 20	016	ТО		5	:	16	2016					
A. Amount Bro	ught Forward Froi	n Last R	eport			\$				3,8	346.12					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$					0.00					
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$				3,8	346.12					
D. Total Expen	ditures (From Sch	edule II	I)			\$				2	251.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				3,5	95.12					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$	1				0.00			'		
				AFF	IDAV	IT SE	CTIC	NC								
	s a Committee rep	-	_								_		f my kno	wledne :	and helic	of true
correct and comple		idding til	attached se	incuares	inea o	т рарсі	o. by c			saram	, are to	ine best o	i iiiy kilo	wieuge t	ina bene	ir, true
Sworn to and subs	cribed before me this day of	5	20			_				S	Signature	of Perso	n Submit	ing Rep	ort	
	Signatu	re				_						Prin	ted Name			
My Commission Ex	cpires											Ema	il			
	МО	D.	AY	YR					Are	a Cod	le	Daytin	e Teleph	one Nu	nber	=
	a report of a can				•				_							
No 320) as amende		ny knowl	edge and beli	ief this	politica	l comm	ittee h	as n	ot viola	ed an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature (of Candida	ate		
						_						Printe	ed Name			
My Commission Exp	Signature pires					_						Ema	il			—
	мо	D	AY	YR		_			Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF CRIS DUSH	From:	4/12/201	<u>б</u> То:	<u>5/16/2016</u>
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

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		Reporting	Period			
			From:		То	!	
		•		DATE			AMOUNT
Full Name of Contributing Co	ommittee		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.

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 Can	didate			Rep	orting P	eriod			
				Fro	m:		To):	
			·			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	Period				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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				Repo	orting Pe	riod				
				Fron	n:		т	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR		\$	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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 Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	Section	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 Perio	od	
FRIENDS OF CRIS DUSH	From:	4/12/2016 To :	5/16/2016
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	l .	
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 Ca						Reporting 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:	•		•								
					Г						
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		PAGE TOTAL				
						\$	0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

\$

251.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
FRIENDS OF CRIS DUSH			From <u>4/12/2016</u> To: <u>5/16</u>					
	DATE AMO							
To Whom Paid			МО	DAY	YEAR			
HOMETOWN PUNXSUTAWNEY								
Mailing Address				6	2016	\$	151.00	
City PUNXSUTAWNEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	15767	ADVER ³	TISING SPI	RING SPC	ORTS		
To Whom Paid			МО	DAY	YEAR			
PUNXSUTAWNEY GROUND HO	G FESTIVAL		MO	DAI	ILAN			
Mailing Address			5	9	2016	\$	100.00	
City PUNXSUTAWNEY State Zip Code (Plus 4)				tion of Exp	enditure			
	PA	15767	ADVER.	TISING SPO	ONS			
							PAGE TOTAL	

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