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 800	0367				port		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		LOC	AL (0712	IBEW CO	PE								
Street Address:	217 SASSAF	RAS LAN	E														
City: BEAVER								State:	PA			Zip Code: 15009-0000					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA' ELECTION	y pre	≣- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2016					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candid	ate:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	
								MO DAY YEAR			AR		10000				
								11		8	2016		(SEE IN	ISTRUCTI	ONS FOR (CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł	_	_	МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
			5 17	2	016	T	0	9		19	2016						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			16,	112.96						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	· I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			16,1	112.96						
D. Total Expenditures (From Schedule III)							\$			3,8	325.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line (C)			\$			12,2	87.96						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	()	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule IV)			\$				0.00			1			
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is	s a Committee re	ort, trea	surer sign l	here.	If th	is is	a Can	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and complete) that this report, in ete.	cluding th	e attached scl	nedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true	
Sworn to and subs	cribed before me th	is	20							S	Signature	of Perso	n Submit	ting Rep	oort		
							-					Prin	ted Name	<u> </u>			
My Commission 5	Signat	ure					_										
My Commission Ex	MO	D	AY	YR			_		Are	ea Cod	le	Ema [®] Davtim	e Telepi	none Nu	mber		
Part II- If this is	a report of a car					e C	andid:	ate shall				, -	- 1				_
	that to the best of					•			_		y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	1
,	ribed before me this	.											.f.C==d:d				ı
	day of		20				_					ignature o	, canula	ate			
							_					Printe	d Name				
My Commission Exp	Signature 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	g Period		
LOCAL 0712 IBEW COPE	From:	<u>5/17/201</u>	<u>6</u> To:	9/19/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

			to \$250.00 in the reporting period.						
Nume of Fining Comm	intec of cumulate			om:	То:				
		L			DATE			AMOUNT	
Full Name of Contribut	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	!	I	!		<u> </u>			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 Candi	date		Re _l Fro	oorting P m:	eriod	To	o:	
					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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	ne of Filing Committee or Candidate			orting Pe	riod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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 Per	iod	
LOCAL 0712 IBEW COPE	From:	<u>5/17/2016</u> To:	9/19/2016
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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						\$	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 Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	tion		•	
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	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting P	eriod		
LOCAL 0712 IBEW COPE	From	<u>5/17/2016</u>	То:	9/19/2016

		DATE				AMOUNT
		мо	DAY	YEAR		
W37		5	17	2016	\$	3.00
State OH	Zip Code (Plus 4) 43216	Description of Expenditure Bank service charge				
		МО	DAY	YEAR		
Mailing Address 623 Frankfort Road			31	2016	\$	10.00
State PA	Zip Code (Plus 4) 15061	Description of Expenditure Notary Fee Reimbursement				
		мо	DAY	YEAR		
Mailing Address P.O. Box 1558 EA1W37			15	2016	\$	3.00
State OH	Zip Code (Plus 4) 43216	Description of Expenditure Bank service charge				
		МО	DAY	YEAR		
Mailing Address 3660 Clearview Drive			28	2016	\$	300.00
State PA	Zip Code (Plus 4) 16148	Description of Expenditure 10 tickets to fundraiser				
		МО	DAY	YEAR		
Mailing Address 162 Cedar Ridge Drive			28	2016	\$	300.00
State PA	Zip Code (Plus 4)	Description of Expenditure 2 tickets to fundraising reception				
	State OH State PA W37 State OH Ve State PA	State Zip Code (Plus 4)	State	MO DAY State Zip Code (Plus 4) Description of Exp Bank service char MO DAY MO DAY State Zip Code (Plus 4) Description of Exp Notary Fee Reimb MO DAY MO DAY MO DAY MO DAY MO DAY State Zip Code (Plus 4) Description of Exp Notary Fee Reimb MO DAY W37 State Zip Code (Plus 4) Description of Exp Bank service char MO DAY We G Zip Code (Plus 4) Description of Exp Bank service char MO DAY We G Zip Code (Plus 4) Description of Exp 10 tickets to fund MO DAY we G Zip Code (Plus 4) Description of Exp 10 tickets to fund MO DAY we G Zip Code (Plus 4) Description of Exp 10 tickets to fund MO DAY mive G Zip Code (Plus 4) Description of Exp 10 tickets to fund	MO	MO

To Whom Paid MO DAY YEAR					
Huntington Bank	R				
Mailing Address P.O. Box 1558 EA1W37 7 15 201	16	\$	3.00		
City Columbus State OH State 2ip Code (Plus 4) 43216 Description of Expenditor Bank service charge	Description of Expenditure Bank service charge				
To Whom Paid Amadio for Commissioner MO DAY YEAR	R				
Mailing Address 263 Patton Drive 7 25 201	16	\$	350.00		
	Description of Expenditure 2 tickets to fundraising event				
To Whom Paid Erie Crawford CLC MO DAY YEAR	R				
Mailing Address 32 W. 8th St. Suite 604 7 25 201	16	\$	50.00		
	Description of Expenditure 4 Tickets to legislative picnic				
Description of Expenditu	picnic				
PA 16501 4 Tickets to legislative p	picnic R	\$	500.00		
To Whom Paid Friends of Jared Gibbons PA 16501 4 Tickets to legislative p MO DAY YEAR	picnic R 16				
To Whom Paid Friends of Jared Gibbons Mo DAY YEAR Mailing Address 930 Bridge Street City Ellwood City State PA 16501 4 Tickets to legislative part of the pa	picnic R 16 sure nily picnic				
To Whom Paid Friends of Jared Gibbons Mo DAY YEAR To Whom Paid Friends of Jared Gibbons Mailing Address 930 Bridge Street City Ellwood City State PA 2ip Code (Plus 4) Description of Expenditor 8 tickets to annual family 16117 To Whom Paid To Whom Paid	picnic R 16 4 ture tily picnic				
To Whom Paid Friends of Jared Gibbons Mailing Address 930 Bridge Street City Ellwood City State PA 16501 To Whom Paid PA 16117 To Whom Paid PA AFL-CIO COPE MO DAY YEAR PAID TO WHOM Paid PA AFL-CIO COPE	picnic R 16 sure nily picnic R 16 sure	ic fundra	iser		
To Whom Paid Friends of Jared Gibbons Mailing Address 930 Bridge Street City Ellwood City To Whom Paid PA To Whom Paid PA AFL-CIO COPE Mailing Address 600 N. 2nd Street State Zip Code (Plus 4) 16117 MO DAY YEAR PA AFL-CIO COPE Mo DAY YEAR PA AFL-CIO COPE To Whom Paid PA AFL-CIO COPE Mailing Address 600 N. 2nd Street To Whom Paid PA AFL-CIO COPE Mailing Address 600 N. 2nd Street To Whom Paid PA AFL-CIO COPE To Whom Paid PA AFL-CIO COPE Mo DAY YEAR PA AFL-CIO COPE To Whom Paid PA AFL-CIO C	picnic R 16 sure 16 sure undraise	ic fundra	iser		
To Whom Paid Friends of Jared Gibbons Mo DAY YEAR Mailing Address 930 Bridge Street City Ellwood City State PA 16501 To Whom Paid PA AFL-CIO COPE Mailing Address 600 N. 2nd Street City Harrisburg State PA 25 201 To Whom Paid PA AFL-CIO COPE Mo DAY YEAR Zip Code (Plus 4) 16117 Description of Expendite 8 tickets to annual family To Whom Paid PA AFL-CIO COPE Mo DAY YEAR To Whom Paid PA 17101 Description of Expendite 17101 Description of Expendite 17101 To Whom Paid PA 17101 To Whom Paid	picnic R 16 sure iily picnic R 16 sure undraise	ic fundra	iser		

							PAGE	13	
To Whom Paid Chris Sainato for State Representative				мо	DAY	YEAR			
Mailing Address 607 Barker Avenue			8	10	2016	\$	250.00		
City New Cas	tle	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
New Cas	New Castle PA 16101			10 tickets to annual pinic fundraiser					
To Whom Paid Huntington Bank			МО	DAY	YEAR				
Mailing Address P.O. Box 1558 EA1W37			8	15	2016	\$	3.00		
City Columbu	c	State	Zip Code (Plus 4)	Description of Expenditure					
Coldina	3	ОН	43216	Bank service charge					
To Whom Paid Beaver County Democratic Committee			МО	DAY	YEAR				
Mailing Address	3645 Broadhead Road			8	22	2016	\$	100.00	
City Monaca		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
rionaca		PA	15061	Contribution					
To Whom Paid Judy Hines for S	tate Representative			МО	DAY	YEAR			
Mailing Address 891 Old Mercer Road			8	22	2016	\$	250.00		
City Mercer		State	Zip Code (Plus 4)	Descrip	tion of Ext	enditure			
ricical		PA	16137	Description of Expenditure Contribution					
To Whom Paid The Committee to Elect Connie Tuccinard Javens Treasurer			МО	DAY	YEAR				
Mailing Address	1120 Don Street			9	7	2016	\$	125.00	
City Monaca		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	15061	Contribution					
To Whom Paid Friends of Jim Marshall			МО	DAY	YEAR				
Mailing Address P.O. Box 262			9	7	2016	\$	200.00		
City Beaver State Zip Code (Plus 4)			Descrin	tion of Exp	enditure				
PA 15009				ution to fu					

To Whom Paid Political Labor Action Now			МО	DAY	YEAR		
Mailing Address 904 N. 2nd Street			9	7	2016	\$	1,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Contribution				
To Whom Paid Huntington Bank				DAY	YEAR		
Mailing Address P.O. Box 1558 EA1W37			9	15	2016	\$	3.00
City Columbus	State OH	Zip Code (Plus 4) 43216		otion of Exp ervice char			
Enter Grand Total of Evnendi	tures on Page 1. Po	nort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	3,825.00	