# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	tion 990	0041			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOB	BYIST		
Name of Filing	Committee, Candi	date or L	obbyist:			-	668 COP	E FUND							
Street Address:															
City:	HARRISBURG	3					State: PA Zip Code: 17110								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY				AY F ARY	POST- 3.			AMENDMENT REPORT?		No	· 🗸	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				AY F TION	POST-	5.	TERMIN REPORT		Yes	No	· 🗸	
report type)	ANNUAL REPORT	<b>7</b> . <b>X</b>	<b>Year</b> 2016				FILING METHOD ( ) CHECK ONE					$\checkmark$	DISKE	TTE	
Name of Office	Sought by Candida	ate:					DATE O	F ELEC	TION	District Number		Par	ty Code	County	
							мо	DAY	YEAR			I			
							11		8 2016	5	(SEE INS	STRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY		
Expenditure	s from:		11 29	20	016 <b>T</b>	0	12	3	1 2016	5					
A. Amount Bro	ought Forward Fro	m Last R	eport			\$			44,436.03	3					
B. Total Mone	tary Contributions	And Rec	eipts (Fron	1 Scheo	dule I)	\$	5		0.00	2					
C. Total Funds	s Available (Sum O	of Lines A	and B)			\$	;		44,436.03	3					
D. Total Exper	nditures (From Scl	nedule II	I)			\$	5		2,066.24						
E. Ending Cas	h Balance (Subtra	ct Line D	From Line	C)		\$	;		42,369.79	-					
F. Value Of In	-Kind Contributior	ns Receiv	ed (From S	chedul	e II)	\$	5		0.00	_					
G. Unpaid Deb	ots And Obligation	s (From S	Schedule IV	')		\$	5		0.00						
				AFF:	IDAVI	T SE	CTION								
	is a Committee re		-					• •		-				<i>.</i> .	
correct and comp	1) that this report, ind lete.	cluding the	e attached sc	nedules	filed on	paper	or by elect	ronic me	dium, are to	the best o	от ту кпоч	viedge	and bell	ef , true	
Sworn to and sub	scribed before me th day of	is	20						Signatu	re of Perso	on Submitt	ing Rep	oort		
	Signat	ure				-				Prir	nted Name	1			
My Commission E	-					_				Ema	ail				
	мо	D	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	s a report of a car	didate's	authorized	Comm	ittee, C	andid	late shall	sign he	re.						
I swear (or affirm No 320) as amend	) that to the best of led.	my knowle	edge and beli	ef this	political	comm	nittee has n	ot violate	ed any provi	sions of th	ie act of Ju	ıne 3,1	937 (P.I	1333,	
Sworn to and subs	cribed before me this day of	5	20						5	Signature	of Candida	ite			
20								Print	ed Name						
My Commission Ex	Signature					-				Ema	ail				
	мо	D	AY	YR		-		Area C	ode	D	aytime Te	elephor	e 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>11/29/2016</u> **To:** 12/31/2016 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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: To			<b>D:</b>			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
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. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candida	te		Rep	orting P	eriod					
			From: 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.								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			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	0.00	

### PART D 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				Reporting Period						
From:				m:			To:			
				DATE			AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	<b>AGE TOTAL</b> 0.00		

### PART E **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 Candidat	Name of Filing Committee or Candidate			Reporting Period						
				From: To			:			
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (	Plus 4)							
Receipt Description	•				•					
								PAGE TO	TAL	
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 Period								
PSSU LOCAL 668 COPE FUND	From:	<u>11/29/2016</u> то:	<u>12/31/2016</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR								
TOTAL for the Reporting Pe	riod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)								
TOTAL for the Reporting Pe	riod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	riod (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, I		\$	0.00						

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Ro			Reporting Period						
F				From:			То:		
	DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address		-				<b> </b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:						-			
				_	Г				
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	e,		PAGE TOTA	۱L			
						\$		0.00	

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From:		То:					
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	ation						
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution					
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					<b>PAGE TOTAL</b> 0.00						

# SCHEDULE III STATEMENT OF EXPENDITURES

Name	Name of Filing Committee or Candidate				Reporting Period					
PSSU LOCAL 668 COPE FUND				From	<u>11/29</u>	<u>9/2016</u>	То:	<u>12/31/2016</u>		
					DATE	AMOUNT				
To Whom Paid				мо	DAY	YEAR				
SEIU	LOCAL 668 - PSSU									
Mailin	g Address			11	29	2016	\$	2,066.24		
City	HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure						
		17110	AUTO CALLS FOR GOTV - MESSAGES SETUP FOR TWO PEOPLE							
						PAGE TOTAL				
Enter	Inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	2,066.24		

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