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 :	ion 20	0120363			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST	
Name of Filing (Committee, Can	didate or L	obbyist:			-	CRIS DU	SH						
Street Address:														
City:	SUMMERVI	LLE					State:	PA		Zip Co	de: 15	864		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY				AY F ARY	POST-	3.	AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				AY F TION	POST- 6	5.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPO	RT 7. X	Year 2016				FILING METHOD					\checkmark	DISKE	TTE
Name of Office	L Sought by Candi	idate:	•		!!		DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEAR			REP		
				-			11	8	3 2016		(SEE INS	STRUCTIO	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		11 29	20	016 T	0	12	3	1 2016	5				
A. Amount Bro	ught Forward F	rom Last F	leport			\$			3,228.68	-				
B. Total Monet	ary Contributio	ns And Red	eipts (Fron	1 Sched	dule I)	\$			0.00	_				
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			3,228.68					
D. Total Expen	ditures (From S	chedule II	I)			\$			60.00					
E. Ending Cash	Balance (Subti	ract Line D	From Line	C)		\$			3,168.68	-				
	Kind Contributi		•		e II)	\$			0.00	-				
G. Unpaid Deb	ts And Obligatio	ons (From	Schedule IV	')		\$			0.00					
				AFF	IDAVI	r se	CTION							
PART I - If this i I swear (or affirm		• •						• •		-	of my know	vledae	and heli	ef true
correct and compl	ete.	2		incutico		Jupei	or by ciect			the best o		neuge		
Sworn to and sub	day of	this	20						Signatur	e of Perso	on Submitt	ing Rep	ort	
		ature	_			_				Prin	ited Name			
My Commission E	-					_				Ema	il			
	мо	D	AY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authorized	Comm	ittee, Ca	andid	ate shall	sign hei	·e.					
I swear (or affirm) No 320) as amend		of my knowl	edge and beli	ef this	political	comm	ittee has n	ot violate	d any provis	sions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subse	cribed before me t day of	his	20						5	Signature	of Candida	ite		
		20 Printed Name												
	. Signatu	re				•		Email						
My Commission Ex	oires 										···			
MO DAY YR								Area C	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF CRIS DUSH 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: T			0:			
					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 Candidate Repo					Reporting Period					
			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		A	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:			То:			
				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#	AGE TOTAL 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 Candidate			Reporting Period						
			From:			То:			
				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

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d									
FRIENDS OF CRIS DUSH	From:	<u>11/29/2016</u> то:	<u>12/31/2016</u>								
I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 R			Reporting Period						
				From:			То:		
		DATE		AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						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		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	e of Business	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.					PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Nam	Name of Filing Committee or Candidate				Reporting Period				
FRIENDS OF CRIS DUSH					<u>11/29</u>	<u>9/2016</u>	То:	<u>12/31/2016</u>	
					DATE		AMOUNT		
To Whom Paid					DAY	YEAR			
JEFFE	RSON CO. NEIGHBORS & amp; Th	HE PUNXSUTAWNEY S	SPIRIT						
Mailii	ng Address			12	10	2016	\$	60.00	
City	PUNXSUTAWNEY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		РА	15767	ADVER	FISING				
								PAGE TOTAL	
Ente	r Grand Total of Expenditures			\$	60.00				