Campaign Finance Report

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

Filer Identifica Number :	tion 9900	041	er Identification 9900041 Imber :							СОМ	MITTEE	✓	LOBI	BYIST		
Name of Filing	Committee, Candid	late or Lo	obbyist:		Filed B	-	668 COP	E FUND)							
Street Address	:															
City:	HARRISBURG	i					State:	PA			Zip Co	de: 17	110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 DA PRIM		POST-	3.		AMENDI REPORT		Yes	N	D	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	Ξ- 5.	30 DA		POST-	6.		TERMIN REPORT		Yes	N	D	\checkmark
report type)	ANNUAL REPORT	7.	Year 2017				NG METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office	Sought by Candida	te:					DATE O	F ELEC	стіо	N	District Office Number Code		Par	ty Code	Coun	
	- <i>i</i>						мо	DAY	YE	AR	Humber	couc			Teone	
							11		7	2017		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY		
Expenditure	Expenditures from: 3 28 2017 TO 5 1 2						2017									
A. Amount Brought Forward From Last Report						\$			40,3	36.79						
B. Total Mone	B. Total Monetary Contributions And Receipts (From Schedule I							0.00								
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)								40,3	36.79						
D. Total Expe	nditures (From Sch	edule II	I)			\$			3,9	55.00						
E. Ending Cas	h Balance (Subtrac	t Line D	From Line	C)		\$			36,3	81.79	-					
F. Value Of In	-Kind Contributions	s Receivo	ed (From S	chedu	le II)	\$				0.00	-					
G. Unpaid Deb	ots And Obligations	(From S	Schedule IV	/)		\$				0.00						_
				AFF	IDAVI	T SE	CTION									
	is a Committee rep	•	-					• •		-						
I swear (or affirm correct and comp	n) that this report, inc llete.	luding the	e attached sc	hedule	s filed on	paper	or by elect	ronic me	edium,	are to t	the best o	f my knov	vledge	and bel	ief , tri	he
Sworn to and sub	oscribed before me this day of	S	20						S	ignature	e of Perso	n Submitt	ing Rep	port		-
	Signatu	ıre				-					Prir	ted Name				-
My Commission I	-	-				_					Ema	il				_
	мо	D	AY	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this i	s a report of a can	didate's	authorized	Comn	nittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend	ı) that to the best of r ded.	ny knowle	edge and beli	ief this	political	comm	ittee has n	ot violat	ted any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 1333	3,
Sworn to and subs	scribed before me this day of		20							s	ignature	of Candida	ite			-
						-		Printed Name						-		
My Commission Ex	Signature					-					Ema	il				-
	мо		AY	YR	2	-		Area	Code		D	aytime Te	lephon	ne Numi	ber	-
MO DAY YR																

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSSU LOCAL 668 COPE FUND	From:	<u>3/28/201</u>	<u>7</u> To:	<u>5/1/2017</u>
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	g 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	g 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 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 Candidat	e		Reporting Period					
			From: To:					
					DATE			AMOUNT
Full Name of Contributing Committee			м	10	DAY	YEAR		
Mailing Address							\$	0.00
City								
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

Use this Part to it \$!	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				
			Fror	m:		Тс):		
					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 TOTA	۹L
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	C	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			Rep	Reporting Period				
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	r
uli 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 Sched	ule 1, Detailed Sumn	nary 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

SE 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 Period		
PSSU LOCAL 668 COPE FUND	From:	<u>3/28/2017</u> To:	<u>5/1/2017</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 Candida	te		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		-		•			
Enter Grand Total of Part F on Scl Section 2.	led Sum	mary Pag	je,		PAGE TOTAL			
						\$	(0.00

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

Name of Filing Committee or Candidate			Re	porting I	Period		
			Fro	om:		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	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Candidate	1		Reporti	ng Period				
PSSU	LOCAL 668 COPE FUND			From	<u>3/28</u>	<u>3/2017</u>	То:	<u>5/1/2017</u>	
•					DATE			AMOUNT	
To Wh	om Paid			мо	DAY	YEAR			
FRIEN	DS OF SCOTT CONKLIN			NO		12/11			
Mailin	g Address			4	4	2017	\$	1,000.00	
City	PHILIPSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		РА	16866	CONTRI	IBUTION				
To Wh	om Paid			мо	DAY	YEAR			
BERKS	S COUNTY DEMOCRATIC COMMIT	TEE							
Mailin	g Address			4	11	2017	\$	1,000.00	
City	READING	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	19601		AGE AND T CONTRIBU		2017 SPF	RING FLING	
To Wh	om Paid			мо	DAY	YEAR			
СОММ	COMMITTEE TO ELECT KRUEGER-BRANEKY			He					
Mailing Address		4	11	2017	\$	500.00			
City	SWARTHMORE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		РА	19081	CONTRIBUTION					
To Wh	om Paid			мо	DAY	YEAR			
FRIEN	DS OF ADAM RAVENSTAHL								
Mailin	g Address			4	11	2017	\$	250.00	
City	PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		РА	15214	CONTRI	IBUTION				
To Wh	om Paid			мо	DAY	YEAR			
СОММ	IITTEE TO ELECT JUDGE SERRAT	ELLI							
Mailin	g Address			4	11	2017	\$	500.00	
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		РА	17110	CONTRI	IBUTION				
To Wh	om Paid			мо	DAY	YEAR			
DELA	WARE COUNTY CLC COPE								
Mailin	g Address			4	25	2017	\$	275.00	
City	BOOTHWYN	State	Zip Code (Plus 4)	Plus 4) Description of Expenditure					
	PA 19061				ETS FOR E		ST WITH	THE	

To Whom Paid			мо	DAY	YEAR		
ERIE COUNTY DEMOCRATIC PARTY			MO		TEAR		
Mailing Address			4	28	2017	\$	180.00
City EDINBORO State Zip Code (Plus 4)			Description of Expenditure				
PA 16412				4 TICKETS TO 2017 SPRING DINNER			
To Whom Paid				DAY	YEAR		
FRIENDS OF CARISSA JOHNSON			мо		TEAR		
Mailing Address			4	28	2017	\$	250.00
City READING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19612	CONTRI	BUTION			
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	3,955.00