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 990	0041			Repo Filed		:	CAND	IDATE		СОМ	4ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candi	date or L	obbyist:	P	PSSU	LOC	AL (668 COI	PE FUN	D						
Street Address:	2589 INTERS	STATE DI	RIVE													
City:	HARRISBURG	3						State:	PA			Zip Cod	le: 1	7110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PF PRIMARY	RE-	2.)		D DA'		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	5.		DA LECT		POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPOR	7.	Year 2017					IG METH CHECK C				PAPER		/	DISKE	TTE
Name of Office S	Sought by Candid	ate:	•			_		DATE (OF ELE	CTIC)N	District Number	Office Code	Par	ty Code	County Code
	,							МО	DAY	Υ	EAR	Number	Code			Code
								11	L	7	2017		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY YEA	AR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	, ii oili:		3 28	20	17	то		Ţ	5	1	2017					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			40,	336.79					
B. Total Monet	ary Contributions	And Rec	eipts (From Sch	ned	lule I		\$				0.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 40,336.79																
D. Total Expend	ditures (From Sc	nedule II	I)				\$			3,9	955.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			36,3	881.79					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	lule	e II)		\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			•		
			AF	FI	DAV	ΊΤ	SE	CTION								
PART I - If this is			_								_					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached schedu	les	filed o	n pa	per c	or by elec	tronic m	ediun	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me th	is	20							:	Signature	of Perso	n Submit	tting Rep	ort	
	Signat	ure				_						Prin	ted Nam	e		
My Commission Ex	-	uic										Ema	il			
	МО	D	AY Y	'R					Ar	ea Co	de	Daytim	e Telep	hone Nu	mber	
Part II- If this is	a report of a car	didate's	authorized Con	nmi	ittee,	Can	dida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief th	nis p	politica	ıl co	mmi	ittee has	not viola	ited ai	ny provis	ions of th	e act of I	lune 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this	•									s	ignature o	of Candid	late		
	day of —— ————											Di	d Ne			
	Signature					_						Printe	d Name			
My Commission Exp	_											Ema	il			
	МО	D	AY Y	ΥR		_			Area	Code		Da	aytime 1	Telephon	e Numbe	er

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) 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	(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 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

Name of Filing Commi	ttee or Candidate		Reporting	Period			
			From: To			o:	
		I		DATE			AMOUNT
Full Name of Contributin	g Committee		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

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 o	r Candidate		Reporting Period From: To:					
			l		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.

Name of Filing Committee or Candi	date		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			Rep	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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammary rage,	500.011				\$	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 Pe	riod							
PSSU LOCAL 668 COPE FUND	From:	3/28/2017 To:	<u>5/1/2017</u>						
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
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 Candid	ate		Reporting	g 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:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
PSSU LOCAL 668 COPE FUND	From	<u>3/28</u>	<u>3/2017</u>	To:	5/1/2017	
		DATE			AMOUNT	
To Whom Paid	мо	DAY	YEAR			

				DATE		AMOUNT
To Whom Paid FRIENDS OF SCOTT CONKLIN			мо	DAY	YEAR	
Mailing Address 339 KEPP ROAD			4	4	2017	\$ 1,000.00
City PHILIPSBURG	State PA	Zip Code (Plus 4) 16866		otion of Exp	penditure	
To Whom Paid BERKS COUNTY DEMOCRATIC COMMIT	TEE		МО	DAY	YEAR	
Mailing Address 434 WALNUT STREE	ĒΤ		4	11	2017	\$ 1,000.00
City READING	City READING PA To Whom Paid			otion of Exp AGE AND T CONTRIBL	ABLE TO	ING FLING
To Whom Paid COMMITTEE TO ELECT KRUEGER-BRANEKY			мо	DAY	YEAR	
Mailing Address PO BOX 22		4	11	2017	\$ 500.00	
City SWARTHMORE	State PA	Zip Code (Plus 4) 19081		otion of Exp	penditure	
To Whom Paid FRIENDS OF ADAM RAVENSTAHL			МО	DAY	YEAR	
Mailing Address 4455 HIGHRIDGE S	Т		4	11	2017	\$ 250.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15214		otion of Exp	penditure	
To Whom Paid COMMITTEE TO ELECT JUDGE SERRATI	ELLI		МО	DAY	YEAR	
Mailing Address 2080 LINGLESTOWN	Mailing Address 2080 LINGLESTOWN RD SUITE 106		4	11	2017	\$ 500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17110		otion of Exp	penditure	

To Whom Paid			мо	DAY	YEAR		
DELAWARE COUNTY CLC COPE							
Mailing Address PO BOX 1822			4	25	2017	\$	275.00
City BOOTHWYN	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19061	11 TICKETS FOR BREAKFAST WITH THE CANDIDATES EVENT				
To Whom Paid ERIE COUNTY DEMOCRATIC PARTY			МО	DAY	YEAR		
Mailing Address 5431 LINDEN AVE			4	28	2017	\$	180.00
City EDINBORO	State	Zip Code (Plus 4)	Description of Expenditure 4 TICKETS TO 2017 SPRING DINNER				
	PA	16412					
To Whom Paid FRIENDS OF CARISSA JOHNSON			МО	DAY	YEAR		
Mailing Address P.O. BOX 13424			4	28	2017	\$	250.00
City READING	State	Zip Code (Plus 4)	Description of Expenditure CONTRIBUTION				
	PA	19612					
							PAGE TOTAL
Enter Grand Total of Expenditures	s on Page 1, R	eport Cover Page, Item D	•			\$	3,955.00