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	99000	041			Rep File			CANI	DIE	DATE		COM	4ITTEE	✓ [LOB	BYIST		
Name of Filing C	committee	, Candida	ate or Lo	obbyist:		PSS	U L	DCAL	668 CC	OPE	FUNI)							
Street Address:																			
City:	HARR	ISBURG							State:		PA			Zip Cod	le: 17	110			
TYPE OF REPORT	6TH TUES PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	OST-	3. X		AMENDM REPORT?		Yes		lo	√
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	- [5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	lo	\
report type)	ANNUAL	REPORT	7.	Year 2017					NG MET CHECK					PAPER		\	DISK	ETTE	
Name of Office S	ought by	Candidat	e:						DATE	OF	F ELE	CTIC	N	District Number	Office Code	Pa	rty Cod	e Cour	
									МО		DAY	YI	EAR						
									1	11		7	2017		(SEE INS	TRUCT	ONS FO	R CODES)
Summary of		and	МО	DAY	YEAR	l			МО		DAY	Y	EAR	FO	R OFFIC	E USI	ONL	′	
Expenditures	from:			5 2	2	017	Т	0		6		5	2017						
A. Amount Bro	ught Forw	ard From	ı Last R	eport				\$	_			36,	381.79						
B. Total Moneta	ary Contri	butions A	And Rec	eipts (Fron	n Sche	dule	I)	\$				56,	756.71						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				93,	138.50						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				7,5	535.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				85,6	503.50						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obl	igations	(From S	Schedule IV	/)			\$					0.00		•				
					AFF	IDA	\VI	T SE	CTIO	N									
PART I - If this is		-	•	-									_						
I swear (or affirm) correct and complete		eport, incli	uding the	attached sc	hedules	s filed	on	paper	or by ele	ectr	onic m	edium	i, are to t	the best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo day of	re me this		20						-		5	Signature	of Persor	n Submitt	ing Re	port		_
		Signatur	'e					- -		-				Print	ed Name				_
My Commission Ex	cpires	0.9	_							-				Emai	ı				-
	Ī	10	D/	AY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	e, C	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ief this	polit	ical	comm	ittee has	s no	t viola	ted ar	ny provis	ions of the	e act of Ju	ine 3,1	.937 (P	.L. 133	з,
Sworn to and subsc		e me this											s	ignature o	f Candida	ite			- $ $
	day of							-						Printe	d Name				_
	s	ignature						-		_									_
My Commission Exp	ires													Emai	I				
	_	мо	D	AY	YR			•		•	Area	Code		Da	ytime Te	lepho	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PSSU LOCAL 668 COPE FUND	From:	5/2/201	<u>7</u> To:	6/5/2017
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	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	56,756.71
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	56,756.71
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			\$	56,756.71

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 Ca	ndidate	F	Reporting	Period			
		F	From:		То	•	
				DATE			AMOUNT
Full Name of Contributing Commit	tee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Commit	ee or Candidate			Rep	orting P	eriod			
				Froi	m:		To):	
			•			DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
				- 1					
Mailing Address				╛				\$	0.00
Mailing Address City	State	Z	Zip Code (Plus 4)					\$	0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Per	iod		
PSSU LOCAL 668 COPE FUND	From:	<u>5/2/2017</u>	То:	6/5/2017

DATE

Full Name of Contributing Committee

SERVICE EMPLOYEES INTERNATIONAL UNION COPE FUND

Mailing Address

City WASHINGTON

State

To DAY

YEAR

5 19 2017

20036

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

DC

PAGE TOTAL \$ 56,756.71

AMOUNT

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			
			Fron	n:		т	o:	
				D/	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	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		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	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 Peri	od	
PSSU LOCAL 668 COPE FUND	From:	<u>5/2/2017</u> To:	6/5/2017
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	T F)		
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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
PSSU LOCAL 668 COPE FUND	From	5/2/2017	То:	<u>6/5/2017</u>

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF DIANE BOWMAN			М		I Z/IIX		
Mailing Address			5	10	2017	\$	500.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
<u> </u>	PA	17110	CONTRI	BUTION			
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF PATTY KIM			1-10				
Mailing Address			5	10	2017	\$	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17112	CONTRI	BUTION			
To Whom Paid			мо	DAY	YEAR		
PENNSYLVANIA DEMOCRATIC PARTY			М		IZAK		
Mailing Address			5	10	2017	\$	2,500.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
l .	PA	19110	SPONS	OR FOR 20	17 SUMM	IER DINNEI	R
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF THOMAS MURT			1-10		I Z A II X		
Mailing Address			5	17	2017	\$	300.00
City HATBORO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	19040	CONTRI	BUTION			
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF MARK LONGIETTI			1-10				
Mailing Address			5	23	2017	\$	250.00
City HERMITAGE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
City HERMITAGE	State PA	Zip Code (Plus 4) 16148	1	BUTION	enditure		
To Whom Paid		' ' '	CONTRI	BUTION			
		' ' '	1	-	enditure YEAR		
To Whom Paid		' ' '	CONTRI	BUTION		. \$	2,655.35
To Whom Paid SEIU LOCAL 668 - PSSU		' ' '	MO 5	DAY	YEAR 2017	\$	2,655.35

To Whom Paid							
SEIU LOCAL 668 - PSSU			МО	DAY	YEAR		
Mailing Address			5	23	2017	\$	29.65
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17110	CONFERENCE LINE - SOUTH CENTRAL CAUCUS OF THE PA DEMS				
To Whom Paid			мо	DAY	YEAR		
FRIENDS FOR JUDY SCHWANK			MO	DAI	ILAK		
Mailing Address			5	30	2017	\$	300.00
City READING	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19612	CONTRIBUTION				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	7,535.00