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 :	Filer Identification 9900041 Number :						CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST	
Name of Filing	Committee, Candid	ate or Lo	obbyist:		Filed B PSSU LC	-	668 COP	E FUND						
Street Address:														
City:	HARRISBURG						State:	PA		Zip Co	de: 17	110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-		30 D/ PRIM		POST-	3.	AMENDI REPORT		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5. X	30 D/ ELEC		POST-	5.	TERMINATION REPORT?		Yes	No	~ 🗸
report type)	ANNUAL REPORT	7.	Year 2017				NG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office	Sought by Candida	te:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEAR					
							11		7 2017		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of Expenditures	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Experiature	5 110111.		9 19	20	017 T	0	10	2	3 2017	-				
A. Amount Brought Forward From Last Report						\$			75,798.97	4				
B. Total Monetary Contributions And Receipts (From Schedule I					dule I)	\$		197.88						
C. Total Funds Available (Sum Of Lines A and B)						\$			75,996.85					
D. Total Exper	D. Total Expenditures (From Schedule III)					\$			3,975.00					
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)		\$		-	72,021.85	-				
	-Kind Contributions		•		le II)	\$			0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()		\$			0.00					
				AFF	IDAVI	r se	CTION							
	is a Committee repoint that this report, incl	•	-					• •		-		vledge	and heli	ef true
correct and comp	lete.	2	attached se	liculies		Japei	or by ciect		and in, are to	the best t	, ing knov	neuge		
Sworn to and sub	scribed before me this day of	5	20						Signatur	e of Perso	on Submitt	ing Rep	oort	
	Signatu	re	- <u> </u>			-				Prir	ited Name			
My Commission E	-									Ema	nil			
	мо	DA	Y	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	didate's	authorized	Comm	nittee, Ca	andid	ate shall	sign hei	re.					
I swear (or affirm No 320) as amend) that to the best of n led.	ny knowle	dge and beli	ef this	political	comm	ittee has n	ot violate	ed any provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subs	cribed before me this day of		20						S	Gignature	of Candida	ite		
						-		Printed Name						
Signature My Commission Expires Email						nil								
	мо	D/	۱Y	YR				Area C	ode	D	aytime Te	elephon	ne Numb	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>9/19/201</u>	<u>7</u> To:	<u>10/23/2017</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)	\$	197.88
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			\$	197.88

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:			1		
					DATE AMO				
Full Name of Contributing Committee					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	

Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an ng per	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
	From: To					Тс	o:	
					DATE			AMOUNT
Full Name of Contributor				мо	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	

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
nter 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			Rep	orting Pe	riod			
			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 Perio	d			
PSSU LOCAL 668 COPE FUND			From:		<u>9/19/2017</u> To:			<u>10/23/2017</u>
				D	ATE		AMOUNT	
Full Name GREATER WESTMORELAND LABOR COUNCIL SPECIAL EVENTS C/O HARRIET ELLENBERGER				мо	DAY	YEAR	\$	197.88
Mailing Address				9	29	201	7	
City MOUNT PLEASANT	State PA	Zip Code (15666	Plus 4)	9	29	201		
Receipt Description REFUND A PORT	ION OF THE 2017 LAE	BOR DAY CE	LEBRATI	ON SPON	SORSHIP	-		
		_		_				PAGE TOTAL
Enter Grand Total of Part E on Schedu	le I, Detailed Summ	ary Page,	Section	4.			\$	197.88

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>9/19/2017</u> то:	<u>10/23/2017</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	ſF)		
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$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)						
Description of Contribution:						-		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page Section 2.							PAGE TOTA	<u>، ۱</u>
						\$		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			Reporti	ng Period				
PSSU	LOCAL 668 COPE FUND			From	<u>9/19</u>	9/2017	То:	<u>10/23/2017</u>	
					DATE			AMOUNT	
To Wh	om Paid			мо	DAY	YEAR			
DAUP	HIN COUNTY DEMOCRATS								
Mailin	g Address			9	21	2017	\$	350.00	
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17109	1 TABLE	e and ful	l page a	DFOR	2017 BANQUET	
-	IOM Paid MORELAND COUNTY DEMOCRATI	C COMMITTEE		мо	DAY	YEAR			
Mailin	g Address			9	21	2017	\$	1,000.00	
City	GREENSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA 15601			SPONSO		.OGRAM /	AD FOR	2017 FALL	
-	To Whom Paid FRIENDS OF MARK ROZZI			мо	DAY	YEAR			
	RIENDS OF MARK ROZZI			10	6	2017	\$	500.00	
Mailin		1				_			
City	READING	State	Zip Code (Plus 4)		tion of Exp	enditure			
		РА	19605	CONTRIBUTION					
-	i om Paid 5 COUNTY DEMOCRATIC COMMIT	TEE		мо	DAY	YEAR			
	g Address			10	11	2017	\$	625.00	
						_			
City	READING	State	Zip Code (Plus 4)		tion of Exp				
		PA	19601	DINNER	E AND FUL R	L PAGE A	D FOR .	2017 FALL	
To Wh	om Paid			мо	DAY	YEAR			
FRIEN	DS TO ELECT CHRISTINE M. TAR	TAGLIONE		но		TEAK			
Mailin	g Address			10	11	2017	\$	500.00	
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		PA	19149	CONTRI	BUTION				
To Wh	om Paid			мо	DAY	YEAR			
FRIEN	RIENDS OF RACHEL SHAW								
Mailin	lailing Address		10	20	2017	\$	500.00		
City	GREENSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	-		
		РА	15601	CONTRIBUTION					

To Wh	om Paid			мо	DAY	YEAR		
FRIEN	DS OF PATTY KIM			MO				
Mailin	g Address			10	23	2017	\$	500.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA 17112 CONTRIBUTION							
Fat er	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
Enter	Grand Total of Expen	\$	3,975.00					