

# Campaign Finance Report

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

Filer Identification Number : 9900041		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: PSSU LOCAL 668 COPE FUND											
Street Address: 2589 INTERSTATE DRIVE											
City: HARRISBURG				State: PA		Zip Code: 17110					
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2017	FILING METHOD ( ) CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		9	19	2017		10	23	2017			
A. Amount Brought Forward From Last Report					\$ 75,798.97						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 197.88						
C. Total Funds Available (Sum Of Lines A and B)					\$ 75,996.85						
D. Total Expenditures (From Schedule III)					\$ 3,975.00						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 72,021.85						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
PSSU LOCAL 668 COPE FUND	From: <u>9/19/2017</u> To: <u>10/23/2017</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 197.88

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 197.88
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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributing Committee				MO	DAY	YEAR
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
						<div>PAGE TOTAL</div> <div>\$ 0.00</div>
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						

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	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
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 Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

<b>PAGE TOTAL</b>
\$ 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.**

<b>Name of Filing Committee or Candidate</b>  PSSU LOCAL 668 COPE FUND	<b>Reporting Period</b>  <b>From:</b> <u>9/19/2017</u> <b>To:</b> <u>10/23/2017</u>
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				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$ 197.88	
GREATER WESTMORELAND LABOR COUNCIL SPECIAL EVENTS C/O HARRIET ELLENBERGER								
Mailing Address 170 HOLLY PL								
City MOUNT PLEASANT		State PA	Zip Code (Plus 4) 15666	9	29	2017		
Receipt Description REFUND A PORTION OF THE 2017 LABOR DAY CELEBRATION SPONSORSHIP								

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

PAGE TOTAL	
\$	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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
PSSU LOCAL 668 COPE FUND		From: <u>9/19/2017</u> To: <u>10/23/2017</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: <span style="float: right;">To:</span>

				DATE			AMOUNT
Full Name of Contributor				MO	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.							<b>PAGE TOTAL</b> \$ 0.00



# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
PSSU LOCAL 668 COPE FUND	From <u>9/19/2017</u> To: <u>10/23/2017</u>

DATE				AMOUNT		
To Whom Paid DAUPHIN COUNTY DEMOCRATS			MO	DAY	YEAR	\$ 350.00
Mailing Address 4811 JONESTOWN RD. SUITE 233			9	21	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17109	Description of Expenditure 1 TABLE AND FULL PAGE AD FOR 2017 BANQUET			
To Whom Paid WESTMORELAND COUNTY DEMOCRATIC COMMITTEE			MO	DAY	YEAR	\$ 1,000.00
Mailing Address P.O. BOX 266			9	21	2017	
City GREENSBURG	State PA	Zip Code (Plus 4) 15601	Description of Expenditure SPONSOR AND PROGRAM AD FOR 2017 FALL DINNER			
To Whom Paid FRIENDS OF MARK ROZZI			MO	DAY	YEAR	\$ 500.00
Mailing Address 4320 DANOR DRIVE			10	6	2017	
City READING	State PA	Zip Code (Plus 4) 19605	Description of Expenditure CONTRIBUTION			
To Whom Paid BERKS COUNTY DEMOCRATIC COMMITTEE			MO	DAY	YEAR	\$ 625.00
Mailing Address 434 WALNUT STREET			10	11	2017	
City READING	State PA	Zip Code (Plus 4) 19601	Description of Expenditure 1 TABLE AND FULL PAGE AD FOR 2017 FALL DINNER			
To Whom Paid FRIENDS TO ELECT CHRISTINE M. TARTAGLIONE			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 28566			10	11	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149	Description of Expenditure CONTRIBUTION			

<b>To Whom Paid</b> FRIENDS OF RACHEL SHAW			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 30 CLOPPER ST			10	20	2017	
<b>City</b> GREENSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15601	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>To Whom Paid</b> FRIENDS OF PATTY KIM			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 4424 RATHLIN COURT			10	23	2017	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 3,975.00

