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 9900	041			Repor		CA	NDI	DATE		COM	MITTEE	Y	LUB	D1131	
Name of Filing C	Committee, Candid	ate or L	obbyist:		PSSU L	OCAL	668	СОР	E FUNI)	•					
Street Address:																
City:	HARRISBURG						State	e:	PA			Zip Co	de: 17	7110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D/ PRIM		F	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		F	POST-	6. X		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2017				NG MI CHEC					PAPER		\	DISKE	TTE
Name of Office S	- Sought by Candida	te:					DAT	ΈO	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	County Code
							МО		DAY	YE	AR					
								11		7	2017		(SEE IN	STRUCTI	ONS FOR O	CODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		10 24	20	017	ГО		11	2	27	2017					
A. Amount Bro	ught Forward Fror	n Last R	eport		·	\$			•	72,0	021.85					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$					0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				72,0)21.85					
D. Total Expend	ditures (From Sch	edule II	I)			\$;			1,7	700.00					
E. Ending Cash	Balance (Subtrac	Line D	From Line	C)		\$	<u> </u>			70,3	21.85					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$	1				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)		\$	1				0.00			'		
					IDAV:											
	s a Committee rep) that this report, incl	-	_								_		f my kno	wledge	and belie	ef , true
•	ete. scribed before me this	.									ianatur	of Perso	n Gubmit	ting Bo	nort	
	day of		_ 20			_					ngnature	e or Perso	ii Subiiiic	tilly Ke	port	
	Signatu	re				_						Prin	ted Name	е		
My Commission Ex	·					_						Ema	il			
	МО		AY	YR						a Cod	le	Daytin	ie Teleph	none Nu	mber	
	a report of a cand				•											4000
No 320) as amende	that to the best of ned. cribed before me this	iy knowi	eage and bei	ier this	politica	comm	littee i	ias n	ot viola	ea an	y provis	ions or th	e act or J	une 3,1	937 (P.L	. 1333,
Sworn to and Subsc	day of		20								s	ignature (of Candid	ate		
						_						Printe	d Name			
My Commission Exp	Signature pires											Ema	il			—
	МО	D	AY	YR		_			Area	Code		D	aytime T	elephoi	ne 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:	10/24/20:	<u>17</u> To:	11/27/2017
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)			\$	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

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 Commit	tee or Candidate			Rep	orting I	Period			
				Fror	m:		То	:	
			-			DATE			AMOUNT
Full Name of Contributin	g Committee				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 Commi	ttee or Candidate	R	Reporting F	Period			
		F	rom:		To):	
		•		DATE			AMOUNT
Full Name of Contributo	r		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
			1	1			

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	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00
Mailing Address							~	0.00
City	State	Zip Cod	e (Plus 4)					
	•						•	PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary 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				Repo	orting Pe	riod			
				Fron	n:		т	o:	
					D.	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip C	Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business	C	City		•	State		Zip (Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umma	ry 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		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 Per	iod	
PSSU LOCAL 668 COPE FUND	From:	<u>10/24/2017</u> To:	11/27/2017
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	ımary 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	orting	Period			
			Fro	m:		To:		
					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	State	e Zip	Code(Plus 4)	Descri	ption of C	ontribution
Enter Grand Total of Part G on Scho	edule II. In-Kin	d Contributions D	etaile	ed .				PAGE TOTAL
Summary Page, Section 3.								0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reportin	g Period		
PSSU LOCAL 668 COPE FUND	From	10/24/2017	То:	11/27/2017
		DATE		AMOUNT

				DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR				
COMMITTEE TO ELECT JUDG	E SERRATELLI								
Mailing Address			11	2	2017	\$	250.00		
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17110	CONTRI	BUTION					
To Whom Paid			МО	DAY	YEAR				
SUPPORTERS FOR CAROL-HI	ILL EVANS		1-10		ILAK				
Mailing Address			11	22	2017	\$	250.00		
City YORK State Zip Code (Plus 4)			Description of Expenditure						
PA 17403				BUTION					
To Whom Paid			МО	DAY	YEAR				
COMMITTEE TO ELECT KRUE	GER-BRANEKY								
Mailing Address			11	22	2017	\$	600.00		
City SWARTHMORE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19081	CONTRIBUTION						
To Whom Paid			мо	DAY	YEAR				
FRIENDS OF THOMAS MURT			1-10		ILAK				
Mailing Address			11	22	2017	\$	600.00		
City HATBORO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA 19040			BUTION					
						PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	1,700.00		