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 :			Repoi Filed		•	CANDI	DATE		СОМ	4ITTEE	✓	LOBE	SYIST			
Name of Filing C	Committee, Candi	late or L	obbyist:	P	SSU L	OCAL	. 66	8 SEIL	J COPE	FUN	ID					
Street Address:																
City:	HARRISBURG	6					St	ate:	PA			Zip Code: 17110-9602				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	30 D PRIM			POST-	3.		AMENDM REPORT		Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PF ELECTION	RE-	5.	30 D			POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7. X	Year 2003					METHO				PAPER		/	DISKE	ГТЕ
Name of Office S	Sought by Candida	nte:	•				D	ATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
							M	0	DAY	ΥI	EAR		1			
								11		4	2003		(SEE IN	NSTRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY YEA	R			M	0	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		1 1		1	ГО		12		31	2003					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$	5			7,0	059.40					
B. Total Monet	ary Contributions	And Rec	eipts (From Sch	ed	ule I)	\$	\$			12,	630.69					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5			19,	590.09					
D. Total Expend	ditures (From Sch	edule II	I)			\$	\$			7,6	550.96					
E. Ending Cash	Balance (Subtra	t Line D	From Line C)			\$	5			12,0	39.13					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	ule	II)	\$	5				0.00					
G. Unpaid Debt	s And Obligation	(From	Schedule IV)			\$	5				0.00			•		
			AF	FΙ	DAV:	IT SE	ЕСТ	ION								
PART I - If this is	s a Committee rep	ort, trea	surer sign here.	. If	this i	s a Ca	ndi	date re	port, c	candi	date sig	ın here.				
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	e attached schedul	es 1	filed or	paper	or b	y electi	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me th day of	s	20							5	Signature	of Perso	n Submit	tting Rep	ort	
	Signat	ıre				<u> </u>						Prin	ted Nam	e		
My Commission Ex	_											Ema	il			
	мо	D	AY YI	R					Are	ea Co	ie	Daytim	e Telep	hone Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Com	mi	ittee,	Candio	date	shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief th	is p	oolitica	comn	nitte	e has n	ot viola	ted ar	ıy provis	ions of th	e act of I	June 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	late		
	day of —— ————					_						Drinta	d Name			
	Signature					_							- Hame			
My Commission Exp	-											Ema	il			
	МО	D	AY Y	R		_			Area	Code		Da	aytime 1	Γelephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
PSSU LOCAL 668 SEIU COPE FUND	From:	То:	12/31/2003
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	12,630.69
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	g Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	12,630.69

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 Candid	ate	R	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing 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.

0.00

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.

Name of Filips Commit	the au Candidate		Reporting	Period			
Name of Filing Commi	ttee or Candidate		From:		To	o:	
				DATE			AMOUNT
Full Name of Contributor	r		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.

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Þ	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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			
			Fro	m:		To) :	
				D	ATE		AI	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Period		
PSSU LOCAL 668 SEIU COPE FUND	From:	То:	12/31/2003
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 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	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 Cand	ame of Filing Committee or Candidate Rep					Reporting 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 on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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	e of Filing Committee or Can	didate		Reporti	ng Period			
PSSL	J LOCAL 668 SEIU COPE FU	ND		From			То:	12/31/2003
					DATE			AMOUNT
To Wi	nom Paid			мо	DAY	YEAR		
SEIU	COPE							
Mailin	g Address			12	4	2003	\$	371.75
City	WASHINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
		DC	20005	COPE C	ONTRIBUT	IONS		
To WI	nom Paid			МО	DAY	YEAR		
Mailin	ng Address			12	4	2003	\$	6,015.40
City	WASHINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		DC	20005	COPE C	ONTRIBUT	IONS		
To W	nom Paid			мо	DAY	YEAR		
SEIU	COPE			1-10		12/110		
Mailin	g Address			12	11	2003	\$	917.65
City	WASHINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		DC	20005	COPE C	ONTRIBUT	IONS		
To Wi	nom Paid			мо	DAY	YEAR		
SEIU	COPE			1-10				
Mailin	ng Address			12	18	2003	\$	346.16
City	WASHINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
		DC	20005	COPE C	ONTRIBUT	IONS		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

7,650.96

\$