### **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			Rep File	port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	,	PSS	U LC	CAL	668 COP	E FUNI	D							_
Street Address:																	
City:	HARRISBURG							State:	PA			Zip Cod	ie: 1	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	1	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018					IG METH				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	y
								МО	DAY	YE	AR		10000	•			
			I I					11		6	2018		<u> </u>		ONS FOR C	ODES)	
Summary of Expenditures	Receipts and from:	МО	3 27	<b>YEAR</b>	018	<b>T</b>	0	<b>MO</b> 4	DAY	<b>YI</b> 30	2018	FO	R OFFI	CE USE	ONLY		
A. Amount Bro	ught Forward Froi	n Last R					\$		· ·		788.85						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			63,7	788.85						
D. Total Expend	ditures (From Sch	edule II	I)				\$			1	.55.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	)			\$			63,6	33.85						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sc	hedu	le II	<b>(</b> )	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			'			_
				AFF	IDA	۱۷۲	ΓSE	CTION									
	s a Committee rep	•	-														П
I swear (or affirm) correct and complete	) that this report, inc ete.	luding the	attached sch	edules	filed	d on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	à,
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	oort		•
	Signatu	re	_				-					Prin	ted Nam	e			-
My Commission Ex	cpires						_					Ema	il				•
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (	Comm	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belie	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this day of		20								Si	ignature o	of Candid	ate			۱.
							-					Printe	d Name				٠
My Commission Exp	Signature						-					Ema	il				.
	МО	D	AY	YR					Area	Code		Di	aytime 1	elephon	ie 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:	<u>3/27/201</u>	<u>.8</u> To:	4/30/2018
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 Committee	Name of Filing Committee or Candidate					Reporting Period					
				From:		То	:				
			<b>'</b>		DATE			AMOUNT			
Full Name of Contributing (	Committee			МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	S	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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.

Name of Filing Comn	nittee or Candidate	Re	eporting F	Period			
From: To:							
				DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						l	
			<u> </u>				PAGE TOTAL

9/13/2025 10:59:50 AM

#### **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	ame of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		А	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00		
Mailing Address							7		0.00		
City	State	Zip Cod	e (Plus 4)								
								PAGE TO	TAL		
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			Rep	orting Pe	riod			
			Fror	n:		To	<b>:</b>	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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 of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (	Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Section	4			PAGE TOTAL
cincer Granu Total of Part I	on Schedule 1, Detailed	Summary Page,	Section	<b>⊶.</b>			\$ 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:	3/27/2018 <b>To</b> :	4/30/2018
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 Candi	Reportin						
	From:		To:	То:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>7</b> \$	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	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					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee	or Candidate		Reportir	ng Period			
PSSU LOCAL 668 COPE FU	JND		From	<u>3/27</u>	7/2018	То:	4/30/2018
		<u>l</u>		DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
DELAWARE COUNTY COPE			1.10				
Mailing Address			3	29	2018	\$	100.00
City BOOTHWYN	Descrip	tion of Exp	enditure				
PA 19061				TS TO BRI	EAKFAST	WITH TH	E CANDIDATES
To Whom Paid			МО	DAY	YEAR		
PSSU COPE FUND COLLEC	TION ACCOUNT						
Mailing Address			4	17	2018	\$	30.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17110	REIMBU	JRSEMENT	FOR WIR	RE FEES	
To Whom Paid			МО	DAY	YEAR		
DELAWARE COUNTY AFL-0	CIO COUNCIL		MO	DAI	ILAN		
Mailing Address			4	18	2018	\$	25.00
City BOOTHWYN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19061	1 TICKE	T TO BREA	AKFAST V	VITH THE	CANDIDATES
							PAGE TOTAL

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

155.00