### **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 2012	0363			Rep File			CANDI	DATE	COMMITTEE							
Name of Filing C	Committee, Candid	ate or L	obbyist:	Ī	FRIE	ND	S OF	CRIS DU	SH C/C	) PAM	IELA D	. AMES					
Street Address:																	
City:	BROOKVILLE							State:	PA			Zip Cod	<b>le:</b> 15	.5825			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	RE-	2	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDMENT REPORT?		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINATION REPORT?		Yes	No	•	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	ty
								МО	DAY	YE	AR		1	REP			
								11		6	2018		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY YE	AR				МО	DAY	YE	EAR FOR OFFICE USE ONLY						
Expenditures			5 1	20	)18	Т	0	6		4	2018						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			1,8	27.02						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	hec	dule	I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			1,8	27.02						
D. Total Expend	ditures (From Sch	edule II	I)				\$			2	88.70						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			1,5	38.32						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)	)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			А	FF)	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f thi	is is	a Can	didate re	eport, o	andi	late sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sched	ules	filed	d on	paper (	or by elect	ronic m	edium	are to t	he best o	f my kno	wledge a	and belie	ef , tru	ie,
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	re					- -					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				_
	МО	D	AY	ΥR					Arc	ea Cod	е	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief t	this	politi	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333	,
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate			-
-	day of						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema	II				
	мо	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numb	er	٠

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Detailed Sammary Lag	-			
Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF CRIS DUSH C/O PAMELA D. AMES	From:	<u>5/1/201</u>	<u>8</u> To:	6/4/2018
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 or Candida	te	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.

### 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 Commit	tee or Candidate		Reporting	Period			
			From:		To	<b>)</b> :	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
						<b> </b>	0.00
Mailing Address						I ♥	0.00
Mailing Address City	State	Zip Code (Plus 4)	1			, ¥	0.00

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		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
<u> </u>	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
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	2			Rep	orting Pe	riod			
				Fron	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	<b>(4)</b>					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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	_						$\neg$	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	•	
			<b>.</b>	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	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 Period							
FRIENDS OF CRIS DUSH C/O PAMELA D. AMES	From:	<u>5/1/2018</u> <b>To:</b>	6/4/2018					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, 1		\$	0.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			To	:	
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary 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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
FRIENDS OF CRIS DUSH C/O PAMELA D. AMES	From	5/1/2018	То:	6/4/2018

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
USPS			140		ILAK		
Mailing Address			5	2	2018	\$	24.70
City BROOKVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	15825	OVERNI	GHT POST	AGE		
To Whom Paid			мо	DAY	YEAR		
OX HILL COMMUNITY AG FAIR	२		140		ILAK		
Mailing Address			5	12	2018	\$	100.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			DONAT	ION			
To Whom Paid			МО	DAY	YEAR		
PUNXSUTAWNEY CHAMBER OF COMMERCE			1-10		ILAK		
Mailing Address		5	23	2018	\$	55.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			DUES				
To Whom Paid			мо	DAY	YEAR		
JEFFERSONIAN DEMOCRAT			1-10		ILAK		
Mailing Address			5	23	2018	\$	69.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
			ADVERT	TISING			
To Whom Paid			МО	DAY	YEAR		
EXCELLENCE IN PUBLIC SERV	ICE		МО	DAT	TEAR		
Mailing Address			5	25	2018	\$	40.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
			RESERV	ATION FO	R GRAD	DINNER	
							PAGE TOTAL
Enter Grand Total of Expen	iditures on Page 1, Re	eport Cover Page, Item D	).			\$	288.70