### **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 99	00041			Rep File	ported B		CAN	DII	DATE		COMM	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	Committee, Can	didate or I	Lobbyist:		PSS	U L	OCAL	668 C	OPE	FUNI	)							
Street Address:																		
City:	HARRISBU	RG						State:		PA			Zip Cod	l <b>e:</b> 17	110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		P	OST-	3. <b>X</b>		AMENDMENT REPORT?		Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE	E- !	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2018	3				NG MET		_			PAPER	<b>√</b>	DISK	ETTE		
Name of Office S	Sought by Candi	date:	-					DATE	01	F ELE	СТІС	N	District Number	Office Code	Pai	ty Cod	Code	
								МО		DAY	YI	AR		10000	I		1	
									11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		5 1	L 2	018	Т	0		6		4	2018						
A. Amount Bro	ught Forward F	rom Last I	Report				\$				63,6	533.85						
B. Total Moneta	ary Contribution	ns And Re	ceipts (Fror	n Sche	dule	ı)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$				63,6	533.85						
D. Total Expenditures (From Schedule III) \$ 7,515.00																		
E. Ending Cash Balance (Subtract Line D From Line C)						\$				56,1	18.85							
F. Value Of In-	Kind Contribution	ons Receiv	ved (From S	Schedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Schedule I	V)			\$					0.00		,				
				AFF	IDA	١٧٢	T SE	CTIO	N									
PART I - If this is		-	_															
I swear (or affirm) correct and comple		including to	ie attached so	cneaure	s filed	a on	paper	or by ele	ectr	onic me	earum	, are to t	ne best of	тту кпоч	vieage	and be	iler , tr	ue
Sworn to and subs	cribed before me	this	20						•		S	Signature	of Persor	n Submitt	ing Re	oort		
	Signa	ature					-		-				Print	ted Name				-
My Commission Ex	cpires						_		-				Emai	I				
	МО		DAY	YR						Are	ea Coo	le	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a ca	andidate's	authorized	l Comn	nitte	e, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge and bel	lief this	polit	tical	comm	ittee ha	s no	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me tl day of	nis	20									S	ignature o	f Candida	ite			- J
							-						Printe	d Name				-
	Signatu	re					-		_									_
My Commission Exp	pires												Emai	ı				
	мо		DAY	YR	t .		-			Area	Code		Da	ytime Te	elephor	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PSSU LOCAL 668 COPE FUND	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	J 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 Candidate			Re	porting I	Period			
				Fro	om:		To	ŧ	
			•			DATE			AMOUNT
Full Name of Contributing C	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.

### **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 Com	mittee or Candidate		Rep	orting P	eriod			
			Froi	m:		To	<b>)</b> :	
		I			DATE			AMOUNT
Full Name of Contribut	tor			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	,	•						PAGE TOTAL

9/13/2025 12:40:30 PM

#### **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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>*</b>	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detailed	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			
			Fron	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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 Period		
PSSU LOCAL 668 COPE FUND	From:	<u>5/1/2018</u> <b>To:</b>	6/4/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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, 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		Reportin	g 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				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	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	p Code(Plus 4)	Descr	ipti	on of Contribution	1
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (	Contributions D	etaile	ed				PAGE TOTA	,L
Summary Page, Section 3.									0	.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
PSSU LOCAL 668 COPE FUND	From	5/1/2018	То:	6/4/2018			

					DATE			AMOUNT
To Whom Paid				МО	DAY	YEAR		
MAUCK FOR SENATE				М		TEAK		
Mailing Address				5	1	2018	\$	1,000.00
City YORK	State	e	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA		17404	CONTRI	BUTION			
To Whom Paid				мо	DAY	YEAR		
KYLE MULLINS FOR STA	ATE REPRESENTATIVE			МО		ILAK		
Mailing Address				5	1	2018	\$	500.00
City PECKVILLE	State	e	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA		18452	CONTRI	BUTION			
To Whom Paid				мо	DAY	YEAR		
SEIU PA STATE COUNC	IL			МО		ILAK		
Mailing Address				5	1	2018	\$	1,000.00
City HARRISBURG	State	e	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA		17102	MAILER FOR CONOR LAMB				
To Whom Paid				мо	DAY	YEAR		
LINDSEY WILLIAMS FO	R PA			МО	DAT	TEAR		
Mailing Address				5	1	2018	\$	1,000.00
City PITTSBURGH	State	e	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA		15229	CONTRIBUTION				
To Whom Paid				мо	DAY	YEAR		
ELECT JOE HOHENSTEI	N			МО	DAT	TEAR		
Mailing Address				5	3	2018	\$	500.00
City PHILADELPHIA	State	e	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA		19124	CONTRI	BUTION			
To Whom Paid				мо	DAY	YEAR		<u> </u>
THE COMMITTEE TO EL	ECT CLARK MITCHELL	<u>-</u>		MO	DAT	TEAR		
Mailing Address				5	3	2018	\$	1,500.00
City WASHINGTON State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	<u> </u>		
	PA 15301				BUTION			
			•	•				

To Whom Paid					DAY	YEAR				
CHRIS RABB FOR STATE REPRESENTATIVE						ILAK				
Mailing Address					3	2018	\$	1,500.00		
City PHILADEL	PHIA	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	19119	CONTRIBUTION						
To Whom Paid					DAY	YEAR				
LINDSEY WILLIAMS FOR PA						I = Aux				
Mailing Address					3	2018	\$	500.00		
City PITTSBUR	GH	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	15229	CONTRIBUTION						
To Whom Paid					DAY	YEAR				
PSSU COPE FUND COLLECTION ACCOUNT				МО		ILAK				
Mailing Address				5	14	2018	\$	15.00		
City HARRISBURG State Zip Code (Plus 4) Des						Description of Expenditure				
		PA	17110	REIMBURSEMENT FOR WIR			E FEES			
								PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	7,515.00		