# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	i <b>on</b> 9900	041			Repo Filed			CANDI	DATE		COM	AITTEE	✓	LOBI	BYIST		
Name of Filing (	Committee, Candid	ate or Lo	obbyist:		PSSU I	_OC	AL (	668 COP	E FUN	D							
Street Address:	2589 INTERS	TATE DR	RIVE														
City:	HARRISBURG							State:	PA			Zip Co	<b>de:</b> 17	110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DA IMA		POST-	3. <b>X</b>		AMENDN REPORT		Yes	No	, v	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.		DA ECT	Y F TON	POST-	6.		TERMIN/ REPORT		Yes	No	·     •	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018					IG METHO				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	L Sought by Candida	te:						DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Count	,
								мо	DAY	YE	AR						
								11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YI	EAR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:		5 1	2	018	ТО		6		4	2018						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			63,6	533.85						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)		\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)								63,6	533.85								
D. Total Expenditures (From Schedule III)						\$			7,5	515.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			56,1	18.85	-					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	IDAV	IT S	SE	CTION									
	s a Committee rep	•	-						• •		_						
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	e attached sc	hedules	s filed or	ı pap	oer o	or by elect	ronic m	edium	, are to i	the best o	f my knov	vledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of	5	20							s	lignature	e of Perso	n Submitt	ing Rep	oort		
		re				_						Prin	ted Name				•
My Commission E	-	-										Ema	il				
	мо	D/	AY	YR					Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee,	Cano	dida	ate shall	sign he	ere.							
No 320) as amend		ny knowle	edge and beli	ef this	politica	l cor	mmi	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	. 1333,	
Sworn to and subso	ribed before me this day of		20								s	ignature (	of Candida	ite			
												Printe	d Name				
My Commission Exp	Signature											Ema	il				
	мо		AY	YR		_			Area	Code			aytime Te	lephon	e Numł	er	
		10		T R								5	.,				

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PSSU LOCAL 668 COPE FUND From: <u>5/1/2018</u> **To:** 6/4/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidat	Name of Filing Committee or Candidate			porting I	Period			
Fro				From: To:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

PAGE 3

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. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candidat	e			orting P	eriod	_		
			Fro	m:		Тс	):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
PAGE TOTAL								
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00								

# 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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

# PART D **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	Reporting Period	
	From:	То:

			D	ATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip Code (	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Page, Sectio	on 3.		\$		<b>бе тота</b> L 0.00

# PART E **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	ting Perio	od					
			From: To:					1		
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description					1	1				
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL	
Linter Granu Total of Part E		i Suillilai y Page,	Section	-			\$		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	<b>Reporting Period</b>		
PSSU LOCAL 668 COPE FUND	From:	<u>5/1/2018</u> <b>то:</b>	<u>6/4/2018</u>
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	TF)		
TOTAL for the Reporting Pe	riod (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 Candidate			Reporting Period					
			From:			То:		
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

### SCHEDULE II PART G **IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00**

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting I	Period				
					Fro	om:		То:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	City State Zip Code(Plus 4)										
Employer of Contributor	1		1		Occupation						
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det				taile	ed				PAGE TOTAL		
Summary Page, Section 3.										0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
PSSU LOCAL 668 COPE FUND			From	<u>5/</u>	<u>1/2018</u>	То:	<u>6/4/2018</u>	
				DATE			AMOUNT	
To Whom Paid MAUCK FOR SENATE			мо	DAY	YEAR			
Mailing Address 1114 WEST KING S	FREET		5	1	2018	\$	1,000.00	
City YORK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17404		<b>ition of Exp</b> IBUTION	penditure	5		
To Whom Paid KYLE MULLINS FOR STATE REPRESENT.	ATIVE		мо	DAY	YEAR			
Mailing Address P.O. BOX 72			5	1	2018	\$	500.00	
CityPECKVILLEStateZip Code (Plus 4)PA18452			-	Description of Expenditure CONTRIBUTION				
To Whom Paid SEIU PA STATE COUNCIL			мо	DAY	YEAR			
Mailing Address 1500 N. 2ND ST. SE	COND FLOOR, SUITE	11	5	1	2018	\$	1,000.00	
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102	Description of Expenditure MAILER FOR CONOR LAMB					
To Whom Paid LINDSEY WILLIAMS FOR PA			мо	DAY	YEAR			
Mailing Address P.O. BOX 97024			5	1	2018	\$	1,000.00	
City PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15229		<b>otion of Exp</b> IBUTION	benditure	3		
To Whom Paid ELECT JOE HOHENSTEIN			мо	DAY	YEAR			
Mailing Address 1528 PRATT ST	Mailing Address 1528 PRATT ST			3	2018	\$	500.00	
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19124		<b>ition of Exp</b> IBUTION	benditure			

							AGE IZ
To Whom Paid THE COMMITTEE TO ELECT CLARK MITCHELL				DAY	YEAR		
Mailing Address 17 SOUTH COLLEGE STREET			5	3	2018	\$	1,500.00
City WASHINGTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15301	Description of Expenditure CONTRIBUTION				
To Whom Paid CHRIS RABB FOR STATE REPRESENTATIVE			мо	DAY	YEAR		
Mailing Address 314 WADSWORTH AVE			5	3	2018	\$	1,500.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19119	Description of Expenditure CONTRIBUTION				
To Whom Paid LINDSEY WILLIAMS FOR PA			мо	DAY	YEAR		
Mailing Address P.O. BOX 97024			5	3	2018	\$	500.00
City PITTSBURGH	<b>State</b> PA	Zip Code (Plus 4) 15229	Description of Expenditure CONTRIBUTION				
To Whom Paid PSSU COPE FUND COLLECTION ACCOUNT				DAY	YEAR		
Mailing Address 2589 INTERSTATE DRIVE			5	14	2018	\$	15.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110	Description of Expenditure REIMBURSEMENT FOR WIRE FEES				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	<b>PAGE TOTAL</b> 7,515.00