### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on                          | 20120     | 363      |                |              |          | Repor<br>Filed | -            | CA         | NDI    | DATE     |        | СОМ         | 1ITTEE             | <b>✓</b>       | LOB      | BYIST   |           |          |
|--|-----------------------------|-----------|----------|----------------|--------------|----------|----------------|--------------|------------|--------|----------|--------|-------------|--------------------|----------------|----------|---------|-----------|----------|
| Name of Filing C                         | ommittee, Ca                | andida    | te or Lo | bbyis          | t:           | F        | RIENE          | OS OF        | CRIS       | DUS    | SH C/O   | ) PAI  | MELA D      | . AMES             |                |          |         |           |          |
| Street Address:                          | 314 RHO                     | DES L     | .N       |                |              |          |                |              |            |        |          |        |             |                    |                |          |         |           |          |
| City:                                    | BROOKV                      | ILLE      |          |                |              |          |                |              | Stat       | e:     | PA       |        |             | Zip Cod            | le: 15         | 825      |         |           |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY  |           | 1.       | 2ND F<br>PRIMA | RIDAY<br>ARY | PRE-     | 2.             | 30 D<br>PRIM |            | Р      | OST-     | 3.     |             | AMENDM<br>REPORT?  | Yes            |          | 0       | <b>\</b>  |          |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION |           | 4.       | 2ND F<br>ELECT |              | PRE-     | 5. <b>X</b>    | 30 D         | AY<br>TION | Р      | OST-     | 6.     |             | TERMINA<br>REPORT? |                | Yes      | N       | 0         | <b>√</b> |
| report type)                             | ANNUAL REF                  | PORT      | 7.       | Year           | 2018         |          |                |              | NG MI      |        |          |        |             | PAPER              |                | <b>\</b> | DISK    | ETTE      |          |
| Name of Office S                         | ought by Car                | ndidate   | e:       |                |              |          |                |              | DAT        | ΈO     | F ELE    | CTIC   | ON          | District<br>Number | Office<br>Code | Pai      | rty Cod | e Cour    |          |
|  |                             |           |          |                |              |          |                |              | МО         |        | DAY      | Y      | EAR         |                    | •              | REF      | )       |           |          |
|  |                             |           |          |                |              |          |                |              |            | 11     |          | 6      | 2018        |                    | (SEE INS       | STRUCTI  | ONS FOI | CODES     | )        |
| Summary of                               |                             | nd        | МО       | DA             | Y            | YEAR     |                |              | МО         |        | DAY      | Y      | EAR         | FO                 | R OFFIC        | E USE    | ONLY    | 7         |          |
| Expenditures                             |                             |           |          | 9              | 18           | 20       | 18             | ГО           |            | 10     |          | 22     | 2018        |                    |                |          |         |           |          |
| A. Amount Bro                            | ught Forward                | l From    | Last R   | eport          |              |          |                | \$           | i          |        |          | 1,     | 538.32      |                    |                |          |         |           |          |
| B. Total Monet                           | ary Contribut               | ions A    | nd Rec   | eipts (        | From         | Sched    | ule I)         | \$           | 5          |        |          | 18,    | 085.00      |                    |                |          |         |           |          |
| C. Total Funds                           | Available (Su               | ım Of L   | Lines A  | and B          | )            |          |                | \$           | 5          |        |          | 19,    | 623.32      |                    |                |          |         |           |          |
| D. Total Expend                          | ditures (From               | Sche      | dule II  | [)             |              |          |                | \$           | 5          |        |          | 2,     | 824.84      |                    |                |          |         |           |          |
| E. Ending Cash                           | Balance (Sul                | btract    | Line D   | From I         | Line C       | )        |                | \$           | 5          |        |          | 13,    | 798.48      |                    |                |          |         |           |          |
| F. Value Of In-                          | Kind Contribu               | utions    | Receive  | ed (Fr         | om Sc        | hedule   | e II)          | \$           | 5          |        |          | 2,6    | 556.41      |                    |                |          |         |           |          |
| G. Unpaid Debt                           | s And Obliga                | tions (   | From S   | chedu          | ile IV)      |          |                | \$           | 5          |        |          |        | 0.00        |                    |                |          |         |           |          |
|  |                             |           |          |                |              | AFFI     | DAV:           | IT SE        | CTI        | NC     |          |        |             |                    |                |          |         |           |          |
| PART I - If this is                      |                             | =         | •        |                | _            |          |                |              |            |        |          |        | _           |                    |                |          |         |           |          |
| I swear (or affirm) correct and comple   |                             | rt, inclu | ding the | attach         | ed sch       | edules 1 | filed or       | ı paper      | or by      | electi | ronic m  | edium  | ı, are to t | the best of        | my knov        | vledge   | and be  | lief , tr | ue       |
| Sworn to and subs                        | cribed before n<br>day of   | ne this   |          | 20             |              |          |                |              |            |        |          | ,      | Signature   | of Perso           | 1 Submitt      | ing Re   | port    |           |          |
|  | Si                          | gnature   | •        |                |              |          |                | _            |            |        |          |        |             | Prin               | ted Name       | 1        |         |           |          |
| My Commission Ex                         | xpires                      |           |          |                |              |          |                | _            |            | •      |          |        |             | Emai               | il             |          |         |           |          |
|  | мо                          |           | DA       | λY             |              | YR       |                |              |            |        | Ar       | ea Co  | de          | Daytim             | e Teleph       | one Nu   | mber    |           | ᆜ        |
| Part II- If this is                      | a report of a               | candi     | date's   | autho          | rized (      | Commi    | ittee, (       | Candid       | late s     | hall s | sign h   | ere.   |             |                    |                |          |         |           |          |
| I swear (or affirm)<br>No 320) as amende |                             | st of my  | / knowle | dge an         | d belie      | f this p | olitica        | comn         | nittee l   | nas n  | ot viola | ted aı | ny provis   | ions of the        | e act of Ju    | ıne 3,1  | 937 (P  | .L. 133   | 3,       |
| Sworn to and subsc                       | ribed before me             | e this    |          | 20             |              |          |                |              |            |        |          |        | s           | ignature o         | f Candida      | ate      |         |           | _        |
|  |                             |           |          | -              |              |          |                | _            |            |        |          |        |             | Printe             | d Name         |          |         |           | -        |
|  | Signa                       | ature     |          |                |              |          |                | _            |            |        |          |        |             | Ema                | il             |          |         |           | _        |
| My Commission Exp                        | ires                        |           |          |                |              |          |                | _            |            |        |          |        |             | Ema                | ·•             |          |         |           |          |
|  | M                           | 0         | DA       | ΑY             |              | YR       |                | _            |            |        | 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 |                |            |
|--|-----------|----------|----------------|------------|
| FRIENDS OF CRIS DUSH C/O PAMELA D. AMES  | From:     | 9/18/201 | . <u>8</u> To: | 10/22/2018 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |                |            |
| TOTAL for the Reporting  | g Period  | (1)      | \$             | 4,710.00   |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |                |            |
| Contributions Received From Political Committees (Part A)  |           |          | \$             | 2,425.00   |
| All Other Contributions (Part B)   |           |          | \$             | 2,550.00   |
| TOTAL for the Reporting  | g Period  | (2)      | \$             | 4,975.00   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |                |            |
| Contributions Received From Political Committees (Part C)  |           |          | \$             | 3,800.00   |
| All Other Contributions (Part D)   |           |          | \$             | 4,600.00   |
| TOTAL for the Reporting  | g Period  | (3)      | \$             | 8,400.00   |
| 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 |           |          | \$             | 18,085.00  |

#### **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                 |                  | Rep | oorting F | Period  |                 |          |            |
|--|--------------------|------------------|-----|-----------|---------|-----------------|----------|------------|
| FRIENDS OF CRIS DUSH C/O PAMEL                                     | A D. AMES          |                  | Fro | m:        | 9/18/20 | ) <u>18</u> To: | :        | 10/22/2018 |
|  |                    | ·                |     |           | DATE    |                 |          | AMOUNT     |
| Full Name of Contributing Committee NFIB PA POL. ACTION COMM.      |                    |                  |     | МО        | DAY     | YEAR            |          |            |
| Mailing Address 1201 F STREET,                                     | NW                 |                  |     | 6         | 11      | 2018            | \$       | 250.00     |
| City WASHINGTON  | State              | Zip Code (Plus   | 1)  | Ŭ         |         | 2010            |          |            |
|  | DC                 | 20004            |     |           |         |                 |          |            |
| Full Name of Contributing Committee PA COMMITTEE FOR HOUSING AFFOR | DABI F             | ·                |     | мо        | DAY     | YEAR            |          |            |
| Mailing Address 2509 N. FRONT                                      |                    |                  |     | 10        |         | 2010            | \$       | 250.00     |
| City HARRISBURG  | State              | Zip Code (Plus   | 1)  | 10        | 6       | 2018            | '        |            |
| ,  | PA                 | 17110            |     |           |         |                 |          |            |
| Full Name of Contributing Committee PENNSYLVANIA COAL PAC          |                    |                  |     | мо        | DAY     | YEAR            |          |            |
| Mailing Address 212 N. 3RD ST.                                     | STE 102            |                  |     | 10        | 6       | 2018            | \$       | 250.00     |
| City HARRISBURG  | State              | Zip Code (Plus   | 1)  |           | _       |                 |          |            |
|  | PA                 | 17101            |     |           |         |                 |          |            |
| Full Name of Contributing Committee NISOURCE INC. PAC              |                    |                  |     | мо        | DAY     | YEAR            |          |            |
| Mailing Address 290 W. NATION                                      | WIDE BLVD          |                  | _   |           | _       |                 | \$       | 250.00     |
| City COLUMBUS  | State              | Zip Code (Plus 4 | 4)  | 10        | 6       | 2018            | *        |            |
| ,  | ОН                 | 43215            |     |           |         |                 |          |            |
| Full Name of Contributing Committee                                | •                  | <b>-</b>         |     | мо        | DAY     | YEAR            |          |            |
| CRISCI ASSOCIATES PAC  |                    |                  | -   |           |         |                 |          | 350.00     |
| Mailing Address 204 STATE ST.                                      | Ta                 |                  |     | 10        | 6       | 2018            | \$       | 250.00     |
| City HARRISBURG  | <b>State</b><br>PA | Zip Code (Plus 4 | •   |           |         |                 |          |            |
|  |                    |                  |     |           |         |                 |          |            |
| Full Name of Contributing Committee HIGHMARK PAC                   |                    |                  |     | МО        | DAY     | YEAR            |          |            |
| Mailing Address 1800 CENTER S                                      | Т                  |                  |     | 10        | 6       | 2018            | \$       | 100.00     |
| City CAMP HILL   | State              | Zip Code (Plus   | 1)  | 10        |         |                 |          |            |
|  | PA                 | 17089            |     |           |         |                 |          |            |
| Full Name of Contributing Committee GREENLEE PARTNERS STATE PAC    |                    |                  |     | мо        | DAY     | YEAR            |          |            |
| Mailing Address P.O. BOX 291                                       |                    |                  | _   | 10        |         | 2010            | \$       | 100.00     |
| City HARRISBURG  | State              | Zip Code (Plus 4 | 1)  | 10        | 6       | 2018            | <u> </u> |            |
|  | PA                 | 17108            | ·   |           |         |                 |          |            |
|  |                    |                  |     |           |         |                 |          |            |

|   |  |  |   |   |  | PAGE 4                                |
|---|--|--|---|---|--|---------------------------------------|
| ame of Contributing Committee KVILLE FIREMEN'S CLUB |  |  | МО  | DAY   | YEAR   |                                       |
| g Address 202 E. MAIN ST                            |  |  | 10  | 12  | 2010   | <b>\$</b> 100.00                      |
| BROOKVILLE  | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>15825  | 10  | 13  | 2016   |                                       |
| ame of Contributing Committee                       |  |  | мо  | DAY   | YEAR   |                                       |
|   | D  |  |   |   |  | <b>\$</b> 125.00                      |
|   |  | Zip Code (Plus 4)  | 8   | 24  | 2018   | •                                     |
| TWINDON CENTER                                      | PA   | 15759  |   |   |  |                                       |
| ame of Contributing Committee ROTHMAN               |  |  | мо  | DAY   | YEAR   |                                       |
| g Address 3 LEMOYNE DR                              |  |  | 8   | 28  | 2018   | <b>\$</b> 100.00                      |
| LEMOYNE   | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b> 17043   |   |   |  |                                       |
| ame of Contributing Committee                       | •  |  | МО  | DAY   | YEAR   |                                       |
|   |  |  | _   |   |  | <b>\$</b> 200.00                      |
| SUMMERVILLE   | State<br>PA  | <b>Zip Code (Plus 4)</b><br>15864  | 9   | 28  | 2018   |                                       |
| ame of Contributing Committee CIA M. SPENCER        |  |  | мо  | DAY   | YEAR   |                                       |
| g Address 149 SPENCER L                             | N  |  | 10  | 1   | 2019   | <b>\$</b> 100.00                      |
| BROOKVILLE  | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>15825  | 10  | 7   | 2010   |                                       |
| ame of Contributing Committee<br>LD CRYTZER         |  |  | МО  | DAY   | YEAR   |                                       |
| g Address 2030 DAYTON-S                             | MICKSBURG RD   |  | 10  | 4   | 2018   | <b>\$</b> 100.00                      |
| SMICKSBURG  | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>16256  | 13  | ·   |  |                                       |
| ame of Contributing Committee E.M. BEATTY           |  |  | МО  | DAY   | YEAR   |                                       |
| g Address 5349 RT 36                                |  |  | 10  | 4   | 2018   | <b>\$</b> 250.00                      |
| COOLSPRING  | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>15730  | 10  | ,   | 2010   |                                       |
|   | Address 202 E. MAIN ST BROOKVILLE  Tame of Contributing Committee CIA LEACH G Address 532 PFEIFFER R MARION CENTER  TAME OF Contributing Committee ROTHMAN G Address 3 LEMOYNE DR LEMOYNE  TAME OF CONTRIBUTING COMMITTEE | RVILLE FIREMEN'S CLUB  g Address 202 E. MAIN ST.  BROOKVILLE  BROOKVILLE  State PA  Ame of Contributing Committee CIA LEACH  g Address 532 PFEIFFER RD  MARION CENTER  MARION CENTER  State PA  Ame of Contributing Committee ROTHMAN  g Address 3 LEMOYNE DR  LEMOYNE  State PA  Ame of Contributing Committee // LFURLONG g Address 50 BROAD ST.  SUMMERVILLE  State PA  Ame of Contributing Committee CIA M. SPENCER g Address 149 SPENCER LN  BROOKVILLE  BROOKVILLE  State PA  Ame of Contributing Committee CIA M. SPENCER g Address 2030 DAYTON-SMICKSBURG RD  SMICKSBURG  SMICKSBURG  STate PA  Ame of Contributing Committee EM. BEATTY g Address 5349 RT 36  COOLSPRING  State State PA  State PA  State PA  STATE S | Address 202 E. MAIN ST.  BROOKVILLE State PA 15825    PA   15825   PA   16256   PA | MO   Address   202 E. MAIN ST.   10   15825 | KVILLE FIREMEN'S CLUB  3 Address 202 E. MAIN ST.  BROOKVILLE  BROOKVILLE  State PA  15825  MO  DAY  13  13  10  13  13  10  13  13  14  15825  10  DAY  10 | No   No   No   No   No   No   No   No |

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

**PAGE TOTAL** \$ 2,425.00

### 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 Can            | didate        |                   | Reporting P | eriod |                 |           |            |  |
|--|---------------|-------------------|-------------|-------|-----------------|-----------|------------|--|
| FRIENDS OF CRIS DUSH C/O PA                | MELA D. AMES  |                   | From:       | 9/18/ | 2018 <b>T</b> o | 10/22/    | 10/22/2018 |  |
|  |               |                   |             | DATE  |                 | AMOUNT    |            |  |
| Full Name of Contributor                   |               |                   | мо          | DAY   | YEAR            |           |            |  |
| CHAD HORNER                                |               |                   |             |       |                 |           |            |  |
| Mailing Address 217 JOHNSON                | LN            |                   |             |       |                 | \$        | 200.00     |  |
| City OLIVEBURG                             | State         | Zip Code (Plus 4) | 10          | 11    | 2018            |           |            |  |
|  | PA            | 15764             |             |       |                 |           |            |  |
| Full Name of Contributor CANDICE D. POWELL |               |                   | МО          | DAY   | YEAR            |           |            |  |
|  | LD TIMBLIN RD |                   |             |       |                 | <b>\$</b> | 250.00     |  |
| City TIMBLIN                               | State         | Zip Code (Plus 4  | 10          | 11    | 2018            |           |            |  |
|  | PA            | 15778             |             |       |                 |           |            |  |
| Full Name of Contributor                   |               |                   | МО          | DAY   | YEAR            |           |            |  |
| DIANE MAIHLE KIEHL                         |               |                   | MO          | DAT   | TEAR            |           |            |  |
| Mailing Address 628 STANTON                | RD            |                   |             |       |                 | \$        | 75.00      |  |
| City BROOKVILLE                            | State         | Zip Code (Plus 4  | 10          | 13    | 2018            |           |            |  |
|  | PA            | 15825             |             |       |                 |           |            |  |
| Full Name of Contributor                   |               | -                 | мо          | DAY   | YEAR            |           |            |  |
| TANIS PENDLETON                            |               |                   |             |       |                 |           |            |  |
| Mailing Address 314 RHODES L               | _N            |                   |             |       |                 | \$        | 75.00      |  |
| City BROOKVILLE                            | State         | Zip Code (Plus 4) | 10          | 13    | 2018            |           |            |  |
|  | PA            | 15825             |             |       |                 |           |            |  |
| Full Name of Contributor  MARK TONELL      |               |                   | МО          | DAY   | YEAR            |           |            |  |
| Mailing Address 537 VO TECH                | RD            |                   |             |       |                 | \$        | 100.00     |  |
| City REYNOLDSVILLE                         | State         | Zip Code (Plus 4  | 10          | 13    | 2018            |           |            |  |
|  | PA            | 15851             |             |       |                 |           |            |  |
| Full Name of Contributor                   |               |                   | мо          | DAY   | YEAR            |           |            |  |
| SANDRA J. SNYDER                           |               |                   | HO          | DAT   | ILAK            |           |            |  |
| Mailing Address P.O. BOX 5                 |               |                   |             |       |                 | \$        | 250.00     |  |
| City PUNXSUTAWNEY                          | State         | Zip Code (Plus 4  | 10          | 13    | 2018            |           |            |  |
|  | PA            | 15767             |             |       |                 |           |            |  |
|  |               | -                 |             |       |                 | -         |            |  |

| PAUL M. STOLL   Mode        | Full Name of Contributor |                        |                   | МО   | DAY         | YEAR   |                  |
|--|--------------------------|------------------------|-------------------|------|-------------|--------|------------------|
| City   PUNXSUTAWNEY   State   Zip Code (Pius 4)   10   2   2018  | PAUL M. STOLL            |                        |                   | 1.10 | <b>DA</b> 1 | ILAK   |                  |
| PA   | Mailing Address 200      | ROCKLAND AVE           |                   | ]    |             |        | <b>\$</b> 100.00 |
| Full Name of Contributor   KENNETH W. CHANBERS   1020 WINSLOW ST   100.00  | City PUNXSUTAWNEY        | State                  | Zip Code (Plus 4) | 10   | 2           | 2018   |                  |
| Mo   |                          | PA                     | 15767             |      |             |        |                  |
| Mailing Address   1020 WINSLOW ST   100.00   | Full Name of Contributor |                        |                   | мо   | DAY         | YEAR   |                  |
| City   PUNXSUTAWNEY   State   PA   15767   10   2   2018   | KENNETH W. CHAMBERS      |                        |                   | - 10 |             |        |                  |
| PA   | Mailing Address 1020     | WINSLOW ST             | _                 |      |             |        | <b>\$</b> 100.00 |
| Full Name of Contributor   | City PUNXSUTAWNEY        | State                  | Zip Code (Plus 4) | 10   | 2           | 2018   |                  |
| Mo   |                          | PA                     | 15767             |      |             |        |                  |
| Mailing Address  | Full Name of Contributor |                        |                   | МО   | DAY         | YEAR   |                  |
| State   PUNXSUTAWNEY   State   PA  | EDWARD J. MCGINNIS       |                        |                   | - 10 |             |        |                  |
| PA   | Mailing Address P.O.     | BOX 151                | _                 |      |             |        | <b>\$</b> 100.00 |
| Name of Contributor  | City PUNXSUTAWNEY        | State                  | Zip Code (Plus 4) | 10   | 11          | 2018   |                  |
| Mo   |                          | PA                     | 15767             |      |             |        |                  |
| ANN M. SARVEY  Mailing Address   | Full Name of Contributor |                        |                   | МО   | DAY         | YEAR   |                  |
| State  | ANN M. SARVEY            |                        |                   |      | 2           |        |                  |
| PA   | Mailing Address 373      | PROGRESS ST            | _                 | 1    |             |        | <b>\$</b> 100.00 |
| Full Name of Contributor   MARY C. BARKMAN   Mailing Address   647 BUGGY RD   State   PA   15767   PA   15767   PA   10   13   2018   PA   100.00  | City BROOKVILLE          | State                  | Zip Code (Plus 4) | 10   | 11          | 2018   |                  |
| Mailing Address   647 BUGGY RD   State   Zip Code (Plus 4)   10   13   2018     100.00   |                          | PA                     | 15825             |      |             |        |                  |
| MARKY C. BARKMAN   Mailing Address   647 BUGGY RD   State   Zip Code (Plus 4)   10   13   2018   | Full Name of Contributor |                        |                   | МО   | DAY         | YEAR   |                  |
| City   PUNXSUTAWNEY   State   PA   15767   10   13   2018   201       | MARY C. BARKMAN          |                        |                   |      | 2           |        |                  |
| PA   | Mailing Address 647      | BUGGY RD               | _                 |      |             |        | <b>\$</b> 100.00 |
| Mo   | City PUNXSUTAWNEY        | State                  | Zip Code (Plus 4) | 10   | 13          | 2018   |                  |
| Mo   |                          | PA                     | 15767             |      |             |        |                  |
| Mailing Address   459 ALBION RD   State   PA   15767   | Full Name of Contributor |                        |                   | МО   | DAY         | YEAR   |                  |
| City   PUNXSUTAWNEY   State   PA   | JUDY INGROS              |                        |                   |      | 2711        |        |                  |
| PA   15767   MO   DAY   YEAR   | Mailing Address 459      | ALBION RD              | <b>T</b>          |      |             |        | <b>\$</b> 100.00 |
| Mo   | City PUNXSUTAWNEY        | State                  | Zip Code (Plus 4) | 10   | 13          | 2018   |                  |
| Mo DAY   YEAR  |                          | PA                     | 15767             |      |             |        |                  |
| State  | Full Name of Contributor |                        |                   | МО   | DAY         | ΥFΔR   |                  |
| City   BROOKVILLE   State   Zip Code (Plus 4)   10   13   2018   | DEBRA BROWNLEE           |                        |                   |      | 57.1        | 1 2711 |                  |
| PA   15825   | Mailing Address 2641     | HAZEN RICHARDSVILLE RD | _                 |      |             |        | <b>\$</b> 250.00 |
| Full Name of Contributor HEIDI HOAK  Mailing Address 350 BROAD ST  City NEW BETHLEHEM State PA 16242  Full Name of Contributor JEAN HIDINGER  Mo DAY YEAR  \$ 250.00  MO DAY  YEAR  \$ 250.00  \$ 100.00  The contributor PA 16242  Full Name of Contributor JEAN HIDINGER  Mo DAY  YEAR  \$ 100.00  The contributor PA 16242  The contributor | City BROOKVILLE          | State                  | Zip Code (Plus 4) | 10   | 13          | 2018   |                  |
| HEIDI HOAK   |                          | PA                     | 15825             |      |             |        |                  |
| HeIDI HOAK   | Full Name of Contributor |                        |                   | МО   | DAY         | ΥFΔR   |                  |
| City   NEW BETHLEHEM   State   Zip Code (Plus 4)   10   13   2018  | HEIDI HOAK               |                        |                   | 1.10 | JA!         | ILAK   |                  |
| Full Name of Contributor JEAN HIDINGER  Mailing Address 4339 RICHARDSVILLE RD  City BROOKVILLE State Zip Code (Plus 4) 10 19 2018  | Mailing Address 350      | BROAD ST               | _                 |      |             |        | <b>\$</b> 250.00 |
| Full Name of Contributor  JEAN HIDINGER  Mailing Address 4339 RICHARDSVILLE RD  City BROOKVILLE  State  Zip Code (Plus 4)  10  19 2018   | City NEW BETHLEHEM       | State                  | Zip Code (Plus 4) | 10   | 13          | 2018   |                  |
| JEAN HIDINGER  Mo DAY YEAR  Mailing Address 4339 RICHARDSVILLE RD  City BROOKVILLE State Zip Code (Plus 4) 10 19 2018  \$ 100.00   |                          | PA                     | 16242             |      |             |        |                  |
| Mailing Address  | Full Name of Contributor |                        |                   | МО   | DAY         | VEAD   |                  |
| City BROOKVILLE State Zip Code (Plus 4) 10 19 2018   | JEAN HIDINGER            |                        |                   | 140  | DAI         | ILAR   |                  |
|  | Mailing Address 4339     | RICHARDSVILLE RD       |                   |      |             |        | <b>\$</b> 100.00 |
| PA 15825   | City BROOKVILLE          | State                  | Zip Code (Plus 4) | 10   | 19          | 2018   |                  |
|  |                          | PA                     | 15825             |      |             |        |                  |

| Full Name of Contributor   |                  |                                   |          |       |              |              |
|--|------------------|-----------------------------------|----------|-------|--------------|--------------|
| LU-ANN E. GRUBE  |                  |                                   | МО       | DAY   | YEAR         |              |
|  |                  |                                   |          |       |              | 100.00       |
| Mailing Address 222 HUDO0  | 1                |                                   | -        | 2     | 2010         | \$<br>100.00 |
| <b>City</b> PUNXSUTAWNEY   | State            | Zip Code (Plus 4)                 | 10       | 3     | 2018         |              |
|  | PA               | 15767                             |          |       |              |              |
| Full Name of Contributor   |                  |                                   | мо       | DAY   | YEAR         |              |
| MRS PAUL BROWN   |                  |                                   | MO       | DAT   | TEAR         |              |
| Mailing Address 348 WESTE  | RN AVE           |                                   |          |       |              | \$<br>100.00 |
| City BROOKVILLE  | State            | Zip Code (Plus 4)                 | 10       | 3     | 2018         |              |
|  | PA               | 15825                             |          |       |              |              |
| Full Name of Contributor   |                  |                                   | мо       | DAY   | YEAR         |              |
|  |                  |                                   | 1        | -/    | /            |              |
| PATRICIA BERGER  |                  |                                   |          |       |              |              |
|  | LVANIA AVE       |                                   |          |       |              | \$<br>100.00 |
|  | LVANIA AVE State | Zip Code (Plus 4)                 | 10       | 3     | 2018         | \$<br>100.00 |
| Mailing Address 45 PENNSY  |                  | <b>Zip Code (Plus 4)</b><br>15825 | 10       | 3     | 2018         | \$<br>100.00 |
| Mailing Address 45 PENNSY  | State            |                                   |          |       |              | \$<br>100.00 |
| Mailing Address 45 PENNSY  City BROOKVILLE   | State            |                                   | 10<br>MO | DAY 3 | 2018<br>YEAR | \$<br>100.00 |
| Mailing Address 45 PENNSY  City BROOKVILLE  Full Name of Contributor                   | State            |                                   |          |       |              | \$<br>100.00 |
| Mailing Address 45 PENNSY City BROOKVILLE  Full Name of Contributor JOYCELYN E. SILVIS | State            |                                   |          |       |              |              |

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

**PAGE TOTAL \$** 2,550.00

#### **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 Candida                     | ate                    | Report                            | ing Period |         |      |                 |            |
|---|------------------------|-----------------------------------|------------|---------|------|-----------------|------------|
| FRIENDS OF CRIS DUSH C/O PAME                           | LA D. AMES             | From:                             | <u>9/</u>  | 18/2018 | То:  | 10              | )/22/2018  |
|   |                        | <u>'</u>                          | D          | ATE     |      | Α               | MOUNT      |
| Full Name of Contributing Committee GT COMMONWEALTH PAC | e                      |                                   | МО         | DAY     | YEAR | \$              | 2,000.00   |
| Mailing Address P.O. BOX 73                             |                        |                                   | 6          | 25      | 2018 |                 | ,          |
| City SPRING CREEK                                       | State                  | Zip Code (Plus 4)                 |            |         |      |                 |            |
|   | PA                     | 16436                             |            |         |      |                 |            |
| Full Name of Contributing Committee                     | e                      |                                   | МО         | DAY     | YEAR | \$              | 300.00     |
| Mailing Address 501 S. 31ST STF                         | REET                   |                                   | 9          | 4       | 2018 |                 |            |
| City CAMP HILL  | State                  | Zip Code (Plus 4)                 |            |         |      |                 |            |
|   | PA                     | 17001                             |            |         |      |                 |            |
| Full Name of Contributing Committee TAXPAYERS FOR TOMMY | e                      |                                   | МО         | DAY     | YEAR | \$              | 500.00     |
| Mailing Address 97 SANKEY LN                            |                        |                                   | 10         | 5       | 2018 | ]               | 200.00     |
| City OSCEOLA MILLS                                      | State<br>PA            | <b>Zip Code (Plus 4)</b><br>16666 |            |         |      |                 |            |
| Full Name of Contributing Committee                     | e                      |                                   | МО         | DAY     | YEAR |                 |            |
| ASSOCIATED BUILDERS AND CONT                            | RACTORS OF WPA PAC     |                                   | 1-10       |         | ILAK | ] <sub>\$</sub> | 1,000.00   |
| Mailing Address 2360 VENTURE [                          | OR.                    |                                   |            | 1       |      |                 | •          |
| City GIBSONIA   | State                  | Zip Code (Plus 4)                 |            |         |      |                 |            |
|   | PA                     | 15044                             |            |         |      |                 |            |
|   |                        | _                                 |            |         |      |                 | PAGE TOTAL |
| <b>Enter Grand Total of Part C on Se</b>                | chedule I, Detailed Su | ımmary Page, Seci                 | ion 3.     |         | - 1  | _               |            |

3,800.00

### 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          |                |               | Кер  | orting Pe | riod     |               |           |            |
|--|----------------|---------------|------|-----------|----------|---------------|-----------|------------|
| FRIENDS OF CRIS DUSH C/O PAMELA                | D. AMES        |               | Fron | n:        | 9/18/2   | <u>018</u> To | <b>:</b>  | 10/22/2018 |
|  |                |               |      | DA        | ATE      |               | АМ        | OUNT       |
| Full Name of Contributor                       |                |               |      | мо        | DAY      | YEAR          |           | 1 000 00   |
| CANDICE POWELL                                 |                |               |      | 110       | DAI      | ILAK          | \$        | 1,000.00   |
| Mailing Address 1740 RINGGOLD TI               | MBLIN RD       |               |      | 8         | 21       | 2018          |           |            |
| City TIMBLIN                                   | State          | Zip Code (Plu | s 4) |           |          |               |           |            |
|  | PA             | 15778         |      |           |          |               |           |            |
| Employer Name SELF-EMPLOYED                    |                |               |      | Occupat   | ion      | REAL ES       | STATE     |            |
| Employer Mailing Address/Principal Plac        | e of Business  | City          |      |           | State    |               | Zip Code  | (Plus 4)   |
| 1740 RINGGOLD TIMBLIN RD                       |                | TIMBLIN       |      |           | PA       |               | 15778     |            |
| Full Name of Contributor                       |                | -             |      | М0        | DAY      | VEAD          |           |            |
| DAN BROWNLEE                                   |                |               |      | МО        | DAY      | YEAR          | <b>\$</b> | 2,000.00   |
| Mailing Address 2641 HAZEN RICHA               | RDSVILLE RD    |               |      | 8         | 24       | 2018          | 1         |            |
| City BROOKVILLE                                | State          | Zip Code (Plu | s 4) | 1 "       | 24       | 2010          |           |            |
|  | PA             | 15825         |      |           |          |               |           |            |
| Employer Name SELF-EMPLOYED                    |                |               |      | Occupat   | ion      | LUMBER        | R/TIMBER  |            |
| Employer Mailing Address/Principal Place       | e of Business  | City          |      |           | State    |               | Zip Code  | (Plus 4)   |
| 2641 HAZEN RICHARDSVILLE RD                    |                | BROOKVI       | LLE  |           | PA       |               | 15825     |            |
| Full Name of Contributor                       |                | <u>'</u>      |      |           | <u>'</u> |               |           |            |
| DIANE BUCK                                     |                |               |      | МО        | DAY      | YEAR          | \$        | 300.00     |
| Mailing Address 5 PENNSYLVANIA A               | <br>VF         |               |      |           |          |               | 7         |            |
| City BROOKVILLE                                | T T            | Zip Code (Plu | s 4) | 9         | 28       | 2018          |           |            |
| BROOKVILLE                                     | 1              | 15825         | ,    |           |          |               |           |            |
| Employer Name JEFFERSON MANOR                  | 1              | 15025         |      | Occupat   | ion      | NURSE         |           |            |
| Employer Mailing Address/Principal Plac        | e of Business  | City          |      | 1         | State    | TOROL         | Zip Code  | (Plus 4)   |
| 417 RT 28 N                                    |                | BROOKVI       | HE   |           | PA       |               | 15825     | (1.00.1)   |
|  |                | DROOKVI       | LLL  |           | 117      |               | 13023     |            |
| Full Name of Contributor<br>  BLAIR H. HINDMAN |                |               |      | мо        | DAY      | YEAR          | <b>\$</b> | 300.00     |
| Mailing Address 415 WOOD ST                    |                |               |      |           |          |               | 7         |            |
| City CLARION                                   | State          | Zip Code (Plu | s 4) | 10        | 16       | 2018          |           |            |
| , comment                                      | 1              | 16214         | ,    |           |          |               |           |            |
| Employer Name SELF-EMPLOYED                    | 1 173          | 10211         |      | Occupat   | ion      | ATTORN        | IFY       |            |
| Employer Mailing Address/Principal Place       | ce of Business | City          |      | 1         | State    | , tr roiti    | Zip Code  | (Plus 4)   |
| 415 WOOD ST                                    |                | CLARION       |      |           | PA       |               | 16214     | /          |
| 1  |                | 1             |      |           | 1        |               |           |            |

| Full Name of Contributor                |               |                   | мо      | DAY      | YEAR | 1 000 00          |
|---|---------------|-------------------|---------|----------|------|-------------------|
| DAVID V. BURTNER                        |               |                   | MO      | DAI      | ILAK | \$ 1,000.00       |
| Mailing Address 1288 TURNER RD          |               |                   | 10      | 16       | 2018 | 1                 |
| City BROOKVILLE                         | State         | Zip Code (Plus 4) |         | 10       | 2010 |                   |
|   | PA            | 15825             |         |          |      | 1                 |
| Employer Name RETIRED                   |               |                   | Occupat | SS OWNER |      |                   |
| Employer Mailing Address/Principal Plac | e of Business | City              |         | State    |      | Zip Code (Plus 4) |
|   |               |                   |         |          |      |                   |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| PAGE TOTAL     |  |
|----------------|--|
| \$<br>4,600.00 |  |

## 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 o  | or Candidate              |               | Report  | ting Peri | od  |      |            |
|-----------------------------|---------------------------|---------------|---------|-----------|-----|------|------------|
|                             |                           |               | From:   |           |     | To:  |            |
|                             |                           |               |         | D         | ATE |      | AMOUNT     |
| Full Name                   |                           |               |         | мо        | DAY | YEAR | \$<br>0.00 |
| Mailing Address             |                           |               |         |           |     |      |            |
| City                        | State                     | Zip Code (    | Plus 4) |           |     |      |            |
| Receipt Description         | •                         | <b>,</b>      |         |           | I   |      |            |
|                             |                           |               |         | _         |     |      | PAGE TOTAL |
| Enter Grand Total of Part I | t on Schedule I, Detailed | Summary Page, | Section | 4.        |     |      | \$<br>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 Pe   | riod                  |            |  |  |  |  |  |  |  |
|--|--|-----------------------|------------|--|--|--|--|--|--|--|
| FRIENDS OF CRIS DUSH C/O PAMELA D. AMES  | From:  | 9/18/2018 <b>To</b> : | 10/22/2018 |  |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTO   | )R                    |            |  |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)  | \$                    | 20.00      |  |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | 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)  | \$                    | 2,636.41   |  |  |  |  |  |  |  |
| 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, | •  | \$                    | 2,656.41   |  |  |  |  |  |  |  |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

| Name of Filing Committee or Candidate          |                    |                     | Reporting | g Period |      |          |            |      |
|--|--------------------|---------------------|-----------|----------|------|----------|------------|------|
|  |                    |                     | From:     |          |      | To:      |            |      |
|  |                    |                     |           | DATE     |      |          | AMOUNT     |      |
| Full Name of Contributor                       |                    |                     | мо        | DAY      | YEAR |          |            |      |
| Mailing Address                                |                    | _                   |           |          |      | <b> </b> |            | 0.00 |
| City   | State              | Zip Code (Plus 4)   |           |          |      |          |            |      |
| Description of Contribution:                   |                    | •                   | •         | •        |      | •        |            |      |
|  |                    |                     |           |          |      |          |            |      |
| Enter Grand Total of Part F on Sche Section 2. | dule II, In-Kind ( | Contributions Detai | iled Sum  | mary Pag | je,  |          | PAGE TOTAL |      |
|  |                    |                     |           |          |      | \$       | (          | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                     |                |    |                  | Rep                    | porting                | Period                      |                          |                                       |  |  |
|---|----------------|----|------------------|------------------------|------------------------|-----------------------------|--------------------------|---------------------------------------|--|--|
| FRIENDS OF CRIS DUSH C/O PAMELA D. AMES                   |                |    |                  | Fro                    | m:                     | 9/18/20:                    | 18 <b>To:</b> 10/22/2018 |                                       |  |  |
|   |                |    |                  |                        |                        | DATE                        |                          | AMOUNT                                |  |  |
| Full Name of Contributor                                  |                |    |                  |                        | мо                     | DAY                         | YEAR                     |                                       |  |  |
| CHAD HORNER   |                |    |                  |                        |                        |                             |                          | <b>\$</b> 398.78                      |  |  |
| Mailing Address 217 ISHMAN LN PO                          | BOX 47         |    |                  |                        | 10                     | 13                          | 2018                     | 350.76                                |  |  |
| City OLIVEBURG  | State          |    | Zip Code(Plus 4) | )                      |                        |                             |                          |                                       |  |  |
|   | PA             |    | 15764            |                        |                        |                             |                          |                                       |  |  |
| Employer of Contributor PA HOUSE                          | OF REPRESENT   |    | !                |                        | Occup                  | ation R                     | EGIONAL                  | . COORDINATOR                         |  |  |
| Employer Mailing Address/Principal Plac                   | e of Business  | Ci | ty               | State                  | e Zip                  | Code(Plus 4)                | 1                        |                                       |  |  |
|   |                | НА | ARRISBURG        | PA                     |                        |                             |                          | S, PLATES, COFFEE,<br>RWARE, SUPPLIES |  |  |
| Full Name of Contributor RICK HORNER                      |                |    |                  |                        | мо                     | DAY                         | YEAR                     |                                       |  |  |
| Mailing Address PO BOX 37                                 |                |    |                  |                        | 10                     | 13                          | 2018                     | \$ 1,012.63                           |  |  |
| City OLIVEBURG  | State          |    | Zip Code(Plus 4) | )                      | 1                      |                             |                          |                                       |  |  |
|   | PA             |    | 15764            |                        |                        |                             |                          |                                       |  |  |
| Employer of Contributor H&H S                             | UPPLY INC      |    | <u> </u>         |                        | Occup                  | ation B                     | JSINESS                  | OWNER                                 |  |  |
| Employer Mailing Address/Principal Plac                   | e of Business  | Ci | ty               | State                  | State Zip Code(Plus 4) |                             |                          | Description of Contribution           |  |  |
| 990 N. MAIN ST  |                | PL | JNXSUTAWNEY      | PA                     | 15                     | 767                         | FOOD                     |                                       |  |  |
| Full Name of Contributor                                  |                | _  |                  |                        | Luc                    | DAY                         | VEAD                     |                                       |  |  |
| HRCC  |                |    |                  |                        | МО                     | DAY                         | YEAR                     |                                       |  |  |
| Mailing Address PO BOX 11787                              |                |    |                  |                        | 10                     | 12                          | 2018                     | \$ 1,225.00                           |  |  |
| City HARRISBURG   | State          |    | Zip Code(Plus 4) | )                      |                        |                             |                          |                                       |  |  |
|   | PA             |    | 17108            |                        |                        |                             |                          |                                       |  |  |
| Employer of Contributor                                   | !              |    | !                |                        | Occup                  | ation                       | I                        |                                       |  |  |
| Employer Mailing Address/Principal Place of Business City |                |    | ty               | State Zip Code(Plus 4) |                        | Description of Contribution |                          |                                       |  |  |
|   |                |    |                  |                        |                        |                             | DATA,<br>POSTO           | LISTS &<br>CARDS                      |  |  |
| Enter Grand Total of Part G on Sch                        | edule II In-Ki | nd | Contributions D  | etaile                 | ad a                   |                             |                          | PAGE TOTAL                            |  |  |
| Summary Page, Section 3.                                  |                |    |                  | Cuile                  |                        |                             |                          | 2,636.4                               |  |  |
|   |                |    |                  |                        |                        |                             | 1                        |                                       |  |  |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate   | Reporting Period |           |     |            |  |  |  |
|---|------------------|-----------|-----|------------|--|--|--|
| FRIENDS OF CRIS DUSH C/O PAMELA D. AMES | From             | 9/18/2018 | То: | 10/22/2018 |  |  |  |

|                            |              |                   |                            | DATE        |          |          | AMOUNT |  |  |
|----------------------------|--------------|-------------------|----------------------------|-------------|----------|----------|--------|--|--|
| To Whom Paid               |              |                   | МО                         | DAY         | YEAR     |          |        |  |  |
| CARL GOTWALD               |              |                   |                            |             |          |          |        |  |  |
| Mailing Address 2725 ROUT  | E 36         |                   | 6                          | 16          | 2018     | \$       | 332.40 |  |  |
| City PUNXSUTAWNEY          | State        | Zip Code (Plus 4) | Description of Expenditure |             |          |          |        |  |  |
|                            | PA           | 15767             | PARADE                     | CANDY       |          |          |        |  |  |
| To Whom Paid               |              |                   | мо                         | DAY         | YEAR     |          |        |  |  |
| INDIANA COUNTY CHAMBER O   | F COMMERCE   |                   | 1-10                       |             | 1 = Aux  |          |        |  |  |
| Mailing Address 1019 PHILA | DELPHIA ST.  |                   | 7                          | 9           | 2018     | \$       | 89.00  |  |  |
| City INDIANA               | State        | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |          |        |  |  |
|                            | PA           | 15701             | DUES -                     | 2018 TO 2   | 019      |          |        |  |  |
| To Whom Paid               |              |                   | мо                         | DAY         | YEAR     |          |        |  |  |
| COMMUNITY ACTION, INC      |              |                   | 1-10                       |             | 1 Z/IIX  |          |        |  |  |
| Mailing Address 105 GRACE  | WAY          |                   | 7                          | 15          | 2018     | \$       | 60.00  |  |  |
| City PUNXSUTAWNEY          | State        | Zip Code (Plus 4) | Description of Expenditure |             |          |          |        |  |  |
|                            | PA           | 15767             | 1/8 PAGE AD                |             |          |          |        |  |  |
| To Whom Paid               |              |                   | мо                         | DAY         | YEAR     |          |        |  |  |
| JEFFERSON COUNTY LIVESTOC  | CK ACTION    |                   | 1-10                       |             | 1 = Aux  |          |        |  |  |
| Mailing Address 186 MAIN S | ST. SUITE 3  |                   | 7                          | 19          | 2018     | \$       | 318.75 |  |  |
| City BROOKVILLE            | State        | Zip Code (Plus 4) | Description of Expenditure |             |          |          |        |  |  |
|                            | PA           | 15825             | PURCHA                     | ASED 4-H    | GOAT     |          |        |  |  |
| To Whom Paid               |              |                   | мо                         | DAY         | YEAR     |          |        |  |  |
| CARL GOTWALD               |              |                   | 1-10                       |             | i Zaux   |          |        |  |  |
| Mailing Address 2725 ROUT  | E 36         |                   | 7                          | 20          | 2018     | \$       | 55.40  |  |  |
| City PUNXSUTAWNEY          | State        | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |          |        |  |  |
|                            | PA           | 15767             | PARADE                     | CANDY       |          |          |        |  |  |
| To Whom Paid               |              |                   | мо                         | DAY         | YEAR     |          |        |  |  |
| LABUE PRINTING             |              |                   | 140                        |             | ILAK     |          |        |  |  |
| Mailing Address 140 MCCRA  | CKEN RUN RD. |                   | 7                          | 26          | 2018     | \$       | 100.70 |  |  |
| City DU BOIS               | State        | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure | <u> </u> |        |  |  |
|                            | PA           | 15801             | 300 8X                     | 11 FLYERS   |          |          |        |  |  |
|                            |              | -                 | -                          |             |          |          |        |  |  |

|                                   |         |                   |                            |             |          | PAGE | 16     |  |
|-----------------------------------|---------|-------------------|----------------------------|-------------|----------|------|--------|--|
| To Whom Paid                      |         |                   | мо                         | DAY         | YEAR     |      |        |  |
| AMER. CANCER SOC INDIANA GROC     |         |                   | 7_7.1.1                    |             |          |      |        |  |
| Mailing Address 475 BEN FRANKLIN  | 7       | 27                | 2018                       | \$          | 100.00   |      |        |  |
| City INDIANA                      | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |      |        |  |
|                                   | PA      | 15701             | DONATI                     | ON          |          |      |        |  |
| To Whom Paid                      |         |                   | мо                         | DAY         | YEAR     |      |        |  |
| HRCC                              |         |                   | 1-10                       |             | 1 = Aux  |      |        |  |
| Mailing Address PO BOX 11787      |         |                   | 7                          | 31          | 2018     | \$   | 700.00 |  |
| City HARRISBURG                   | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |      |        |  |
|                                   | PA      | 17108             | CORSA                      | PROGRAM     |          |      |        |  |
| To Whom Paid                      |         |                   | мо                         | DAY         | YEAR     |      |        |  |
| GREEN TWP FAIR C/O SUSAN BELFORD  | )       |                   | МО                         |             | ILAK     |      |        |  |
| Mailing Address 1384 PIONEER LAK  | E RD.   |                   | 8                          | 14          | 2018     | \$   | 125.00 |  |
| City COMMODORE                    | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |      |        |  |
|                                   | PA      | 15759             | 4' X 8' (                  | CAMPAIGN    | SIGN     |      |        |  |
| To Whom Paid                      |         |                   | мо                         | DAY         | YEAR     |      |        |  |
| BROOKVILLE AREA CHAMBER OF COMI   | 4       |                   | МО                         |             | ILAK     |      |        |  |
| Mailing Address 278 MAIN ST.      |         |                   | 8                          | 15          | 2018     | \$   | 125.00 |  |
| City BROOKVILLE                   | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |      |        |  |
|                                   | PA      | 15825             | 2018 DI                    | JES         |          |      |        |  |
| To Whom Paid                      |         |                   | мо                         | DAY         | YEAR     |      |        |  |
| ARMSTRONG CO. JR. LIVESTOCK SALE  |         |                   | 1-10                       |             | 1 = Aux  |      |        |  |
| Mailing Address 120 S. GRANT AVE. | SUITE 1 |                   | 8                          | 16          | 2018     | \$   | 732.25 |  |
| City KITTANNING                   | State   | Zip Code (Plus 4) | Description of Expenditure |             |          |      |        |  |
|                                   | PA      | 16201             | PURCHA                     | ASED 4-H (  | GOAT     |      |        |  |
| To Whom Paid                      |         |                   | мо                         | DAY         | YEAR     |      |        |  |
| HRCC                              |         |                   |                            |             |          |      |        |  |
| Mailing Address PO BOX 11787      |         |                   | 8                          | 23          | 2018     | \$   | 285.00 |  |
| City HARRISBURG                   | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |      |        |  |
|                                   | PA      | 17108             | VOTER A                    | ADDRESS     | LABELS   |      |        |  |
| To Whom Paid                      |         |                   | мо                         | DAY         | YEAR     |      |        |  |
| DIST. 9 PIAA C/O ROBERT TONKIN    |         |                   |                            |             |          |      |        |  |
| Mailing Address 62 OAK STREET     |         |                   | 8                          | 29          | 2018     | \$   | 125.00 |  |
| City BROOKVILLE                   | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |      |        |  |
|                                   | PA      | 15825 1/4 PG AD   |                            |             |          |      |        |  |
| To Whom Paid                      |         |                   |                            | DAY         | YEAR     |      |        |  |
| FRANK GLUNZ                       |         |                   |                            |             |          |      |        |  |
| Mailing Address 244 MANOR RD      |         |                   | 8                          | 30          | 2018     | \$   | 150.00 |  |
| City PENN RUN                     | State   | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |      |        |  |
|                                   | PA      | 15765             | INDIANA COUNTY DAIRY 4-H   |             |          |      |        |  |
|                                   |         |                   |                            |             |          |      |        |  |

| To Whom Paid                                     |          |                   | МО                         | DAY              | YEAR          |         |          |  |
|--|----------|-------------------|----------------------------|------------------|---------------|---------|----------|--|
| LABUE PRINTING                                   |          |                   | М                          |                  | ILAK          |         |          |  |
| Mailing Address 140 MCCRACKEN                    | RUN RD   |                   | 8                          | 31               | 2018          | \$      | 355.00   |  |
| City DU BOIS                                     | State    | Zip Code (Plus 4) | Descrip                    | tion of Exp      |               |         |          |  |
|  | PA       | 15801             | CAMPAI                     | GN LITERA        | ATURE         |         |          |  |
| To Whom Paid                                     |          |                   | мо                         | DAY              | YEAR          |         |          |  |
| INDIANA JR LIVESTOCK SALE                        |          |                   | МО                         |                  | ILAK          |         |          |  |
| Mailing Address PO BOX 22                        |          |                   | 8                          | 31               | 2018          | \$      | 1,032.06 |  |
| City CLYMER                                      | State    | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      |         |          |  |
|  | PA       | 15728             | PURCHA                     | ASE 4-H LI       | VESTOCK       |         |          |  |
| To Whom Paid  JEFF. CO. TWP OFFICERS ASSN        |          |                   | МО                         | DAY              | YEAR          |         |          |  |
| Mailing Address 3520 BELSHAZZA                   | AR RD.   |                   | 9                          | 7                | 2018          | \$      | 60.00    |  |
| City BROOKVILLE                                  | State    | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp | l<br>enditure |         |          |  |
| J. BROOKVILLE                                    | PA       | 15825             | 1                          | 1/2 PG AD        |               |         |          |  |
| To Whom Paid                                     |          |                   |                            | l nav            | VEAD          |         |          |  |
| JEFF. CO. TWP OFFICERS ASSN                      |          |                   | МО                         | DAY              | YEAR          |         |          |  |
| Mailing Address 3520 BELSHAZZA                   | AR RD    |                   | 9                          | 7                | 2018          | \$      | 60.00    |  |
| City BROOKVILLE                                  | State    | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      |         |          |  |
|  | PA       | 15825             | 2018 - 3                   | 1/2 PG AD        |               |         |          |  |
| To Whom Paid                                     |          |                   | МО                         | DAY              | YEAR          |         |          |  |
| THE PUNXSUTAWNEY SPIRIT                          |          |                   |                            |                  |               |         |          |  |
| Mailing Address 510 PINE ST. PO                  | BOX 444  |                   | 9                          | 8                | 2018          | \$      | 85.00    |  |
| City PUNXSUTAWNEY                                | State    | Zip Code (Plus 4) | Description of Expenditure |                  |               |         |          |  |
|  | PA       | 15767             | 3 X 2.5                    | ACTIVE D         | UTY AD        |         |          |  |
| <b>To Whom Paid</b> RAGLEY'S TRUE VALUE HARDWARE |          |                   | МО                         | DAY              | YEAR          |         |          |  |
| Mailing Address 248 N. FINDLEY S                 | ST.      |                   | 9                          | 10               | 2018          | \$      | 95.38    |  |
| City PUNXSUTAWNEY                                | State    | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp | l<br>enditure |         |          |  |
| , c.m.com  | PA       | 15767             | 1                          | VHEELBAR         |               | R GIFTS |          |  |
| To Whom Paid                                     | <b>'</b> | <u> </u>          | мо                         | DAY              | YEAR          |         |          |  |
| STEVE'S GREEHOUSE & amp; FLOWE                   | RS       |                   |                            |                  |               |         |          |  |
| Mailing Address 109 CLEVELAND                    | ST.      |                   | 9                          | 10               | 2018          | \$      | 17.90    |  |
| City PUNXSUTAWNEY                                | State    | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      |         |          |  |
|  | PA       | 15767             | FLOWERS FOR WHEELBARROWS   |                  |               |         |          |  |
| To Whom Paid                                     |          |                   | МО                         | DAY              | YEAR          |         |          |  |
| LABUE PRINTING                                   |          |                   |                            |                  |               |         |          |  |
| Mailing Address 140 MCCRACKEN                    | RUN RD   |                   | 9                          | 17               | 2018          | \$      | 50.00    |  |
| City DU BOIS                                     | State    | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure      |         |          |  |
|  | PA       | 15801             | CAMPAI                     | GN THANK         | YOU'S         |         |          |  |

| To Whom Paid                              |                |                          |                            |                            |          |         |               |  |  |
|---|----------------|--------------------------|----------------------------|----------------------------|----------|---------|---------------|--|--|
| S&T BANK                                  |                |                          | МО                         | DAY                        | YEAR     |         |               |  |  |
| Mailing Address 256 MAIN ST               | 9              | 25                       | 2018                       | \$                         | 18.00    |         |               |  |  |
| City BROOKVILLE                           | State          | Zip Code (Plus 4)        | Descrip                    | tion of Exp                | enditure |         |               |  |  |
|   | PA             | 15825                    | CHECKS                     | 6                          |          |         |               |  |  |
| To Whom Paid USPS                         |                |                          | МО                         | DAY                        | YEAR     |         |               |  |  |
| Mailing Address SIGEL POST OFF            | ICE            |                          | 9                          | 27                         | 2018     | \$      | 496.50        |  |  |
| City SIGEL State Zip Code (Plus 4)        |                |                          |                            | Description of Expenditure |          |         |               |  |  |
|   | PA             | 15860                    | 993 1S                     | Γ CLASS PO                 | OSTAGE   |         |               |  |  |
| To Whom Paid                              |                |                          | мо                         | DAY                        | YEAR     |         |               |  |  |
| LABUE PRINTING                            |                |                          |                            |                            | 12       |         |               |  |  |
| Mailing Address 140 MCCRACKEN             | RUN RD         |                          | 10                         | 1                          | 2018     | \$      | 201.40        |  |  |
| City DU BOIS                              | State          | Zip Code (Plus 4)        | Descrip                    | tion of Exp                | enditure |         |               |  |  |
|   | PA             | 15801                    | POSTCARDS & ENVELOPES      |                            |          |         |               |  |  |
| To Whom Paid MARILYN MCGINNIS             |                |                          | мо                         | DAY                        | YEAR     |         |               |  |  |
| Mailing Address P.O. BOX 151              |                |                          | 10                         | 4                          | 2018     | \$      | 55.00         |  |  |
| City PUNXSUTAWNEY State Zip Code (Plus 4) |                |                          | Description of Expenditure |                            |          |         |               |  |  |
|   | PA             | 15767                    | REIMBL                     | IRSE FOR [                 | OITANOC  | N TO SA | ALVATION ARMY |  |  |
| Futou Count Tatal of Form                 | <b>D</b> d D   |                          |                            |                            |          |         | PAGE TOTAL    |  |  |
| Enter Grand Total of Expenditure          | s on Page 1, R | eport Cover Page, Item D | •                          |                            |          | \$      | 5,824.74      |  |  |

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate Reporting                         |   |             | Reporting Period |                             |             |      |             |                          |
|---|---|-------------|------------------|-----------------------------|-------------|------|-------------|--------------------------|
| FRIENDS OF CRIS DUSH C/O PAMELA D. AMES From:                           |   |             |                  | <u>9/18/2018</u> <b>To:</b> |             |      | 10/22/2018  |                          |
|   |   |             |                  |                             | DATE        |      |             | standing<br>ance of Debt |
| Name of Creditor CRIS DUSH  |   |             |                  | мо                          | DAY         | YEAR |             |                          |
| Mailing Address 18807 ROUTE   | 322   |             |                  | 10                          | 3           | 2018 | \$          | 1,355.80                 |
| City BROOKVILLE   | State   | Zip Code (P | lus 4)           | Descrip                     | tion of Deb | t    | •           |                          |
|   | PA 15825 300 CAMPAIGN SIGNS & amp; 400 H FRAM |             |                  |                             |             |      | 00 H FRAMES |                          |
|   |   |             |                  |                             |             |      |             | PAGE TOTAL               |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |   |             |                  |                             |             |      | \$          | 1,355.80                 |