Campaign Finance Report

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

| Filer Identificati Number : | on 8000 | 367 | | | Repo Filed | | : | CANDI | DATE | | СОМ | MITTEE | ✓ | LOBE | BYIST | | |
|---|----------------------------------|------------|-----------------------|----------|---------------|-------|--------------|--------------|----------|-------------|------------------------|------------------------|----------------|--------------|---------|--------------|--------------|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | | | - | | BEW CO | PE | | - | | | | | | |
| Street Address: | 217 SASSAFR | AS LAN | E | | | | | | | | | | | | | | |
| City: | BEAVER | | | | | | | State: | PA | | | Zip Code: 15009 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. | |) DA RIMA | | POST- | 3. X | | AMENDM REPORT | | Yes | N | D | \checkmark |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | ≣- 5. | |) da .ect | Y F TON | POST- 6. | | TERMINATION REPORT? | | Yes | N | C | \checkmark | |
| report type) | ANNUAL REPORT | 7. | Year 2000 | | | | | IG METHO | | | | PAPER | | \checkmark | DISK | ETTE | |
| Name of Office S | L Sought by Candida | te: | | | | | | DATE O | F ELE | CTIC | N | District Number | Office Code | Par | ty Code | Cour | |
| | | | | | | | | мо | DAY | YI | EAR | | | DEN | 1 | 04 | |
| | | | | 11 | | 7 | 2000 | | (SEE INS | TRUCTIO | ONS FOR | CODES |) | | | | |
| | Receipts and | мо | DAY | YEAR | 2 | | | мо | DAY | Y | EAR | FC | R OFFIC | E USE | ONLY | | |
| Expenditures | s from: | | 1 1 | | 1 | то | | 4 | 2 | 24 | 2000 | | | | | | |
| A. Amount Bro | ught Forward Fror | n Last R | eport | | | | \$ | | | 46,9 | 970.51 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (Fron | n Sche | dule I) |) | \$ | | 4,424.16 | | | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | 51,3 | 394.67 | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | 5,8 | 350.00 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | | \$ | | | 45,5 | 544.67 | - | | | | | |
| F. Value Of In- | Kind Contributions | s Receiv | ed (From S | chedu | le II) | | \$ | | | | 0.00 | - | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV | /) | | | \$ | | | | 0.00 | | | | | | |
| | | | | AFF | IDAV | IT S | SE | CTION | | | | | | | | | |
| | s a Committee rep | | - | | | | | | • • | | - | - | | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | luding the | e attached sc | hedule | s filed o | n pap | per o | or by electi | ronic me | edium | , are to f | the best o | f my know | vledge | and bel | ief , tr | ue |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | | S | Signature | e of Perso | n Submitt | ing Rep | ort | | - |
| | Signatu | re | | | | _ | | | | | | Prin | ted Name | | | | - |
| My Commission Ex | - | - | | | | | | | | | | Ema | il | | | | _ |
| | МО | D | AY | YR | | | | | Are | ea Coc | le | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized | Comn | nittee, | Can | dida | ate shall : | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of n ed. | ny knowle | edge and beli | ief this | politica | il co | mmi | ttee has n | ot viola | ted an | ıy provis | ions of th | e act of Ju | ine 3,19 | 937 (P. | L. 133 | з, |
| Sworn to and subso | ribed before me this day of | | 20 | | | | | | | | s | ignature o | of Candida | ite | | | - |
| | | | | | | | | | | | | Printe | ed Name | | | | - |
| My Commission Exp | Signature | | | | | _ | | | | | | Ema | il | | | | - |
| | | | | | | | | | | | | | | | | | - |
| | МО | D | AY | YR | 2 | | | | Area | Code | | D | aytime Te | elephon | e Numi | ber | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LOCAL 0712 IBEW COPE From: To: 4/24/2000 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 4,424.16 **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 \$ 4,424.16 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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.

PART A

| Name of Filing Committee or Candid | Name of Filing Committee or Candidate | | | | Period | | | | |
|-------------------------------------|---------------------------------------|------------------|----|----------|--------|------|-----|------------|--|
| | | | | From: To | | | То: | | |
| | | · | | | DATE | | | AMOUNT | |
| Full Name of Contributing Committee | | | м | 10 | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4 | 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 | | Rep | 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 | | АМ | OUNT |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal P Business | lace of | | City | | State | | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3. | | Γ | PA | GE TOTAL |
| | , | | , . <u>.</u> | - | | | \$ | 0.00 |

I

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 C | andidate | | Report | ting Perio | bd | | | | |
|-------------------------------|------------------------|----------------|---------|------------|-----|------|----|----------|------|
| | | | | | | То: | : | | |
| | | | I | D | ATE | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | i | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | I | | | | 1 | | | | |
| Enter Grand Total of Part E o | - Schadula I. Datailac | l Summary Page | Section | 4 | | | | PAGE TOT | AL |
| | i Schedule 1, Detailet | summary raye, | 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 | Reporting Period | | |
|---|------------------|-----|------------------|
| LOCAL 0712 IBEW COPE | From: | То: | <u>4/24/2000</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or 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 Sche | dule II, In-Kind Co | ontributions Deta | iled Sum | mary Pag | je, | PAG | E TOTAL |
| Section 2. | | | | | 4 | ; | 0.00 |

0.00

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

| Name of Filing Committee or Candi | idate | | | | Re | porting P | eriod | | | |
|--|-------|--|--------------|--|-----|-----------|----------------|------|------|------------|
| | | | | | Fro | om: | | То: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 | |
| City | State | | Zip Code(Plu | ıs 4) | | | | | | |
| Employer of Contributor | I | | 1 | | | Occupat | tion | | | |
| Employer Mailing Address/Principal Place of City State Business | | | | Zip Code(Plus 4) Description of Co | | | f Contribution | | | |
| | | | | _ | | | | | | PAGE TOTAL |

| - 1 | Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | PAG |
|-----|--|-----|

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candida | me of Filing Committee or Candidate | | | ng Period | | | |
|---|-------------------------------------|-----------------------------------|------|---------------------------------|------|-----|------------------|
| LOCAL 0712 IBEW COPE | | | From | | | То: | <u>4/24/2000</u> |
| | | | | DATE | | | AMOUNT |
| To Whom Paid RE ELECT VIC LESCOVITZ COMMITTE | E | | мо | DAY | YEAR | | |
| Mailing Address P O BOX 543 | | | 3 | 31 | 2000 | \$ | 500.00 |
| City MIDWAY State Zip Code (Plus 4) PA 15060 | | | | stion of Exp IGN CONT | | | |
| To Whom Paid MIKE GRUITZA RE ELECTION COMMI | TTEE | | мо | DAY | YEAR | | |
| Mailing Address 229 FAIRMONT DR | RIVE | | 4 | 14 | 2000 | \$ | 250.00 |
| City HERMITAGE | State PA | Zip Code (Plus 4) 16148 | - | ition of Exp IGN CONT | | | |
| To Whom Paid I B E W COPE | | | мо | DAY | YEAR | | |
| Mailing Address 1125 15TH STREE | TNW | | 4 | 14 | 2000 | \$ | 5,000.00 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20005 | | tion of Exp | | 1 | |
| To Whom Paid I B E W 3RD DISTRICT COPE | | | мо | DAY | YEAR | | |
| Mailing Address 500 CHERRINGTO | N PARKWAY STE | 325 | 4 | 14 | 2000 | \$ | 100.00 |
| CityCORAOPOLISStateZip Code (Plus 4)PA15108 | | | | tion of Exp NDRAISIN | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | |). | | | | PAGE TOTAL |
| | | | | | | \$ | 5,850.00 |