

Campaign Finance Report

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

Filer Identification Number : 8000367		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: LOCAL 0712 IBEW COPE											
Street Address: 217 SASSAFRAS LANE											
City: BEAVER					State: PA		Zip Code: 15009-0000				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	5	2019				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					10	22	2019				TO
					11	25	2019				
A. Amount Brought Forward From Last Report					\$ 123,567.94						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 17,057.02						
C. Total Funds Available (Sum Of Lines A and B)					\$ 140,624.96						
D. Total Expenditures (From Schedule III)					\$ 1,305.80						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 139,319.16						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
LOCAL 0712 IBEW COPE	From: <u>10/22/2019</u> To: <u>11/25/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 16,599.95

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 457.07
TOTAL for the Reporting Period (2)	\$ 457.07

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 17,057.02
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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 Candidate	Reporting Period
LOCAL 0712 IBEW COPE	From: <u>10/22/2019</u> To: <u>11/25/2019</u>

DATE	AMOUNT
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Full Name of Contributor				MO	DAY	YEAR	\$50.18
Troy Haines							
Mailing Address				10	31	2019	
35 Fitch Lane							
City	Greensburg	State	PA	Zip Code (Plus 4)	15061		

Full Name of Contributor				MO	DAY	YEAR	\$ 50.70
James Copley							
Mailing Address				10	31	2019	
301 South 7th Street		City	State				Zip Code (Plus 4)
Youngwood		PA	15697				

Full Name of Contributor				MO	DAY	YEAR	\$61.20
Adam Schmitt							
Mailing Address				10	31	2019	
663 Judith Drive		City	State				Zip Code (Plus 4)
Pittsburgh		PA	15236				

Full Name of Contributor				MO	DAY	YEAR	\$51.60
Harold Riddle							
Mailing Address				10	31	2019	
156 Lovelace Dr		State	Zip Code (Plus 4)				
City	Fall Branch	TN	37656				

Full Name of Contributor				MO	DAY	YEAR	\$	55.66
Albert Miller								
Mailing Address				10	31	2019		
372 Frank Street		City	Sharon				State	PA

Full Name of Contributor			MO	DAY	YEAR	\$74.82
Manny Dipietro						
Mailing Address			10	31	2019	
923 Warren Avenue						
City	New Castle	State				
		PA				
		Zip Code (Plus 4)				
		16101				

Full Name of Contributor			MO	DAY	YEAR	\$58.31
Manuel Zavala						
Mailing Address			10	31	2019	
3315 Water Oak Drive						
City	Edinburg	State				
		TX				
		Zip Code (Plus 4)				
		78542				

Full Name of Contributor			MO	DAY	YEAR	\$54.60
Joel Murey						
Mailing Address			10	31	2019	
353 Bella Rose Dr						
City	Evans	State				
		GA				
		Zip Code (Plus 4)				
		30809				

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

PAGE TOTAL
\$ 457.07

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 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: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)

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

PAGE TOTAL
\$ 0.00

PART E
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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: <u>10/22/2019</u> To: <u>11/25/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
LOCAL 0712 IBEW COPE	From <u>10/22/2019</u> To: <u>11/25/2019</u>

DATE				AMOUNT		
To Whom Paid Team for Dee Dixon			MO	DAY	YEAR	\$ 200.00
Mailing Address 172 Princeton Drive			10	28	2019	
City Aliquippa	State PA	Zip Code (Plus 4) 15001	Description of Expenditure Contribution			
To Whom Paid Amadio for Commissioner			MO	DAY	YEAR	\$ 500.00
Mailing Address 263 Patton Drive			11	13	2019	
City Aliquippa	State PA	Zip Code (Plus 4) 15001	Description of Expenditure Contribution			
To Whom Paid Friends of Lori Bohach			MO	DAY	YEAR	\$ 200.00
Mailing Address 1520 Dupont Street			11	13	2019	
City Conway	State PA	Zip Code (Plus 4) 15027	Description of Expenditure 8 tickets to fundraiser			
To Whom Paid John Kochanowski			MO	DAY	YEAR	\$ 15.00
Mailing Address 623 Frankfort Road			11	13	2019	
City Monaca	State PA	Zip Code (Plus 4) 15061	Description of Expenditure Reimburse notary fee for campaign finance report			
To Whom Paid Vogel for Senate			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. Box 23			11	13	2019	
City Beaver	State PA	Zip Code (Plus 4) 15009	Description of Expenditure Contribution to fundraiser			

To Whom Paid Brindle Printing Company			MO	DAY	YEAR	
Mailing Address P.O. Box 994			11	13	2019	
City New Castle	State PA	Zip Code (Plus 4) 16103	Description of Expenditure New COPE authorization cards			

To Whom Paid Huntington Bank			MO	DAY	YEAR	
Mailing Address P.O. Box 1558 EA1W37			11	15	2019	
City Columbus	State OH	Zip Code (Plus 4) 43216	Description of Expenditure Bank service charge			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,305.80

