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 800	0367				port		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		LOC	CAL (0712	IBEW CO	PE .								
Street Address:	217 SASSAF	RAS LAN	E														
City:	BEAVER							State:	PA			Zip Cod	ie: 15	5009-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	≣- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2020					NG METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candid	ate:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	у
								МО	DAY	YE	AR						
								11		3	2020		(SEE IN	STRUCTIO	ONS FOR (ODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
			5 19	2	020	I	0	6	-	22	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			307,3	351.81						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			5,7	715.82						
C. Total Funds Available (Sum Of Lines A and B) \$ 313,067.63																	
D. Total Expenditures (From Schedule III) \$ 5.00																	
E. Ending Cash	Balance (Subtra	ct Line D	From Line (C)			\$		3	313,0	62.63						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Se	chedu	le II	i)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			1			
				AFF	IDA	\VI	T SE	CTION									
	s a Committee re		_						-								
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached scl	hedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , tru	e _.
Sworn to and subs	cribed before me th day of	is	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
	Signat	ure					- -					Prin	ted Name	e			-
My Commission Ex	•											Ema	il				-
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Telepl	none Nu	mber		-
Part II- If this is	a report of a car	ididate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333	,
Sworn to and subso	ribed before me this	5									s	ignature o	of Candid	ate			-
	day of		_ 20				_					Printe	d Name				-
	Signature						-					Finite	a Haine				
My Commission Exp	_											Ema	il	_	_		
	МО	D	AY	YR	l		-		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	J Period		
LOCAL 0712 IBEW COPE	From:	5/19/202	<u>:0</u> To:	6/22/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	2,877.60
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)			\$	1,780.13
TOTAL for the Reporting	Period	(2)	\$	1,780.13
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)			\$	1,058.09
TOTAL for the Reporting	Period	(3)	\$	1,058.09
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	5,715.82

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions recommend with an aggregate value from \$50.01 to \$1.00 Name of Filing Committee or Candidate													
Name of Fining Committee of Canadate			From:			То	:						
					DATE			AMOUNT					
Full Name of Contribut	ing Committee			МО	DAY	YEAR							
Mailing Address							\$	0.00					
City	State	Zip Code (Plus 4))										
	!	I	!		<u> </u>			DAGE TOTAL					

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

PAGE TOTAL
\$ 0.00

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 Candidate				Reporting Period							
LOCAL 0712 IBEW COPE			From	n:	<u>5/19/</u>	2020 T o):	6/22/2020			
					DATE			AMOUNT			
Full Name of Contributor William Liggett				мо	DAY	YEAR					
Mailing Address 157 Trotter Road							\$	153.30			
City Bessemer	State PA	Zip Code (Plus 4) 16112		6	2	2020					
Full Name of Contributor Ryan Adkins				МО	DAY	YEAR					
Mailing Address 305 Walnut Street						2020	\$	51.15			
City Leetonia	State OH	Zip Code (Plus 4) 44431		6	2	2020					
Full Name of Contributor Rene Lefebvre				МО	DAY	YEAR					
Mailing Address 13 Briermoor Cr (Ottawa, ON K1T3G6						\$	114.77			
City	State	Zip Code (Plus 4)		6	2	2020					
Full Name of Contributor	-										
Matthew Fennuik				МО	DAY	YEAR					
Mailing Address 3024 Sandstowe C	Cres West Kelowa, E			c	2	2020	\$	144.29			
City	State	Zip Code (Plus 4)		6	2	2020					
Full Name of Contributor	1	l	_								
Mark Mochon				МО	DAY	YEAR					
Mailing Address 391 Scottsdale Av	e Guelph, ON N1G2	W6					\$	62.27			
City	State	Zip Code (Plus 4)		6	2	2020					

								PAGE 5
Full Name of Conti	ibutor							
Kyle Jones				МО	DAY	YEAR		
Mailing Address	483 Five Points Roa	ad					\$	51.90
City Edinburg		State	Zip Code (Plus 4)	6	:	2020)	
		PA	16116					
Full Name of Contr Joel Morey	ibutor			мо	DAY	YEAR		
Mailing Address	353 Bella Rose Dr						\$	84.00
City Evans		State	Zip Code (Plus 4)	6	:	2020)	
		GA	30809					
Full Name of Control	ibutor			МО	DAY	YEAR		
Mailing Address	225 Tall Maples Dri	ve					\$	212.18
City New Castle	9	State	Zip Code (Plus 4)	6	:	2 2020)	
		PA	16101					
Full Name of Contr Jeffrey J Hill	ibutor			МО	DAY	YEAR		
Mailing Address	1239 Chestnut Stre	eet					\$	50.14
City Monaca		State	Zip Code (Plus 4)	6	:	2020)	
		PA	15061					
Full Name of Contr James Martin	ibutor			МО	DAY	YEAR		
Mailing Address	O Amabibate Duty 5						_	0.4.00
	9 Archidald Drive 1	Paradise, NL A1L2V7	7				\$	91.99
City	y Archibald Drive 1	State	Zip Code (Plus 4)	6	:	2 2020		91.99
Full Name of Conti				мо	DAY	2 2020 YEAR		91.99
Full Name of Contr					DAY	YEAR	\$	91.99
Full Name of Control Harold Riddle Mailing Address	ibutor 156 Lovelace Dr				DAY		\$	
Full Name of Control Harold Riddle Mailing Address	ibutor 156 Lovelace Dr	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$	

Full Name of Contri	ibutor						
Gregory Laird				МО	DAY	YEAR	
Mailing Address	1599 Hofius Lane						\$ 225.34
City Hermitage		State	Zip Code (Plus 4)	6	2	2020	
		PA	16148				
Full Name of Contri Gerald Hackett	ibutor			мо	DAY	YEAR	
Mailing Address	23 Legend Lane Qu	uispamsis, NB E2E5	B8				\$ 93.71
City		State	Zip Code (Plus 4)	6	2	2020	
Full Name of Contri Derrick Odem	ibutor			МО	DAY	YEAR	
Mailing Address	62 Covert Avenue						\$ 94.31
City Sharpsville		State	Zip Code (Plus 4)	6	2	2020	
		PA	16150				
Full Name of Contri David Strickland	ibutor			МО	DAY	YEAR	
Mailing Address	9326 176 Ave Edm	nonton, AB T5Z2C3					\$ 105.17
City		State	Zip Code (Plus 4)	6	2	2020	
Full Name of Contri	ibutor			МО	DAY	YEAR	
David Flaten							
Mailing Address	1742 Atlin Ave. Pri				2	2020	\$ 63.47
City		State	Zip Code (Plus 4)	6	2	2020	
Full Name of Contri David Miller	ibutor	<u> </u>		МО	DAY	YEAR	
Mailing Address	143 River Lane						\$ 89.89
City Leeper		State	Zip Code (Plus 4)	6	2	2020	
reebei		PA	16233				
			·		I		

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

PAGE TOTAL \$ 1,780.13

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 Candi	nme of Filing Committee or Candidate Repo			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00		

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Commit	ame of Filing Committee or Candidate Re				Rep	eporting Period					
LOCAL 0712 IBEW CO	OPE				Fror	n:	<u>5/19/2</u>	<u>2020</u> T	o:	6/22/2020	
						DA	ATE			AMOL	JNT
Full Name of Contribut Austin Miller	tor					МО	DAY	YEAR	2		
Mailing 511	7 Glenwall Drive								_ 	\$	253.54
City Aliquippa		State	Ziı	p Code (Plus	4)	6	2	202	0		
/qu.ppu		PA	15	5001							
Employer Name Bruce & Merrilees Electric Company				Occupat	tion	Electric	ian				
Employer Mailing Address/Principal Place of Business City					State		Zip	p Code (I	Plus 4)		
930 Cass Street New Castle			PA				16101				
Full Name of Contributor Daniel Woods					МО	DAY	YEAR	2			
Mailing 4010	0 Fairway Drive									\$	281.95
City Aliquippa		State	Zi _l	p Code (Plus	; 4)	6	2	202	0		
7qa.ppa		PA	15	5001							
Employer Name Grea	at Arrow Builders,	LLC				Occupation Electrician					
Employer Mailing Addre	ess/Principal Place	e of		City			State		Zip	p Code (I	Plus 4)
1413 Ninth Avenue				Beaver F	alls		PA		1	5010	
Full Name of Contribut	tor					МО	DAY	YEAR			
Timothy Aliff											
Mailing 4149	9 Canfield Rd.									\$	522.60
City Canfield		State	Zi _l	p Code (Plus	34)	6	2	202	0		
		ОН	44	1406							
Employer Name J.W. Didado Electric, LLC			Occupation Electrician								
Employer Mailing Address	ess/Principal Place	e of		City		State Zip Co			p Code (Plus 4)		
580 Wooster Ave.				Akron			ОН		4	4307	

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

PAGE TOTAL

\$ 1,058.09

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 Co	andidate		Reporting Period						
			From:			То:			
				D	ATE		AN	10UNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
Receipt Description	·	•							
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL	
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Perio	od	
LOCAL 0712 IBEW COPE	From:	<u>5/19/2020</u> To:	<u>6/22/2020</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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candida	ate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
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 So	chedule II In-Vir	nd Contributions Deta	iled Sum	mary Pag			DACE TOTAL	
Section 2.	iledule 11, 111-Kii	id Contributions Deta	neu Sum	illial y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period							
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Place of Business		City		State	Zip 4)		Zip Code(Plus 4)		ription of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
LOCAL 0712 IBEW COPE	From	5/19/2020	То:	6/22/2020		
	DATE			AMOUNT		

				DATE			AMOUNT
To Whom Paid Huntington Bank charge Bank			МО	DAY	YEAR		
Mailing Address P.O. Box 1558 EA1W37			6	15	2020	\$	5.00
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 5.00