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 :	ion	80003	367			Rep File			CANDI	DATE		СОММ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Ca	andida	ate or L	obbyist:				-	IBEW CO	PE								
Street Address:	Street Address: 217 SASSAFRAS LANE																	
City:	BEAVER								State:	PA Zip Code: 15009								
TYPE OF REPORT	6TH TUESDAN PRE-PRIMARY		1.	2ND FRID PRIMARY					AY F ARY				AMENDM REPORT	Yes	Ν	lo	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	ELECTION				30 DA ELEC		POST- 6.			TERMIN/ REPORT	Yes	Ν	lo	\checkmark	
report type)	ANNUAL REI	PORT	7. X	Year 2004	1				NG METHO CHECK O				PAPER			DISK	ETTE	
Name of Office S	L Sought by Car	ndidat	e:						DATE O	F ELEC	TIO	N	District Number	Office Code	Par	ty Cod	e Cou Cod	
									мо	DAY	YE	AR						-
									11		2	2004		(SEE INS	NSTRUCTIONS FOR CODES)		5)	
Summary of		nd	мо	DAY	YEAF	ર			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY	r	
Expenditures	s from:			1	1	1	Т	0	12	3	1	2004						
A. Amount Bro	ught Forward	d From	ı Last R	eport				\$			9,1	61.25						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 2,258.03																		
C. Total Funds	Available (Su	um Of	Lines A	and B)				\$			11,4	19.28						
D. Total Expen	ditures (Fron	n Sche	edule II	1)				\$				0.00						
E. Ending Cash	Balance (Su	btract	Line D	From Line	C)			\$			11,41	9.28						
F. Value Of In-	Kind Contrib	utions	Receiv	ed (From	Schedu	le II))	\$				0.00						
G. Unpaid Debt	ts And Obliga	tions	(From §	Schedule I	V)			\$				0.00						
					AFF	FIDA	VI	T SE	CTION									
PART I - If this is		-	•	-						• •		-						
I swear (or affirm) correct and comple		rt, incli	uding the	e attached s	cnedule	s filed	on	paper	or by elect	ronic me	aium,	are to t	ne best o	т ту кпоч	leage	and be	lier, ti	rue
Sworn to and subs	cribed before r day of	ne this		20							Si	gnature	e of Perso	n Submitt	ing Rep	oort		
	Si	ignatur	e					_					Prin	ted Name				_
My Commission Ex	xpires	-						_					Ema	il				
	мо		D	AY	YR					Area	a Code		Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	a cand	idate's	authorize	d Comr	nittee	e, C	andid	ate shall	sign he	re.							
I swear (or affirm) No 320) as amende		st of m	y knowl	edge and be	lief this	s politi	ical	comm	ittee has n	ot violate	ed any	provis	ions of th	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subso	ribed before m day of	e this		20								S	ignature (of Candida	ite			-
								-					Printe	ed Name				-
Signature My Commission Expires								-					Ema	il				-
								-										_
	м	0	D	AY	YR	2				Area C	ode		D	aytime Te	elephon	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
LOCAL 0712 IBEW COPE	From:	То:	<u>12/31/2004</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	2,258.03
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)		\$	0.00
TOTAL for the Reporting	g 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
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	9 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 Pa		\$	2,258.03

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 Candidate					Reporting Period					
	om:		То	:						
			•		DATE			AMOUNT		
Full Name of Contributing Committe	e			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

0.00

\$

5/9/2024 3:53:04 AM

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				
From: To:									
					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 Candidate			Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	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 Candidat	Name of Filing Committee or Candidate				bd				
			From:			То:			
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR			
Mailing Address							4	\$	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						1			
Enter Grand Total of Part E on Sche	lule T. Detailed	Summary Page	Section	4				PAGE TO	TAL
	ale 1, Detailed	Summary ruge,	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>12/31/2004</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 R				Reporting Period					
	From:	То:							
				DATE		АМО	UNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address	Mailing Address					\$	0.00		
City	State	Zip Code (Plus 4)	,						
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

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

Name of Filing Committee or Candidate						Reporting Period					
					Fro	om:		То:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(P	lus 4)							
Employer of Contributor			I			Occupat	tion	_	I		
Employer Mailing Address/Prine Business	cipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	
				_		_				PAGE TOTAL	

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
			DATE				AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00