Campaign Finance Report

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

Filer Identificat Number :	ion 9900	0041			Report Filed E		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST			
Name of Filing	Committee, Candio	late or Lo	obbyist:	I			668 COP	E FUND								
Street Address:																
City:	HARRISBURG	ì					State: PA Zip Co					de: 17110				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIM		POST- 3.		AMENDMENT REPORT?		Yes	No	, 🔨		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	Y PRE	- 5.		30 DAY POST- 6. ELECTION			TERMIN REPORT		Yes	No	· 🗸		
report type)	ANNUAL REPORT	7.	Year 2020	ar 2020 FILING METHOD () CHECK ONE						PAPER		\checkmark	DISKE	TTE		
Name of Office	L Sought by Candida	nte:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code		
							мо	DAY	YEAR							
							11	3	3 2020		(SEE INS	STRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	1		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY			
Expenditures	s from:		6 23	20	020 T	0	9	14	4 2020							
A. Amount Bro	ought Forward Fro	m Last R	eport			\$			61,641.66							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$	5	0.00								
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			61,641.66							
D. Total Expen	ditures (From Sch	edule II	1)			\$;	(61,641.66							
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)		\$			0.00	4						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$			0.00	-						
G. Unpaid Deb	ts And Obligations	s (From S	Schedule IV	()		\$	\$ 0.00									
				AFF	IDAVI	t se	CTION									
	s a Committee rep) that this report, inc		-							-		vladaa	and holi	of true		
correct and compl		luuning the	e attached sc	neuules	s meu on	рареі	of by elect		ium, are to	the best t	n niy knov	vieuge		er, tiue		
Sworn to and sub	scribed before me thi day of	S	20						Signatur	e of Perso	on Submitt	ing Rep	oort			
		ıre				_				Prir	nted Name					
My Commission E	-					_				Ema	ail					
	мо	D/	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, C	andid	late shall	sign her	re.							
No 320) as amend		-	edge and beli	ef this	political	comm	nittee has n	ot violate	ed any provis	sions of th	e act of Ju	ine 3,1	937 (P.I	1333,		
Sworn to and subs	cribed before me this day of	i	20						S	Signature	of Candida	ite				
						_				Printe	ed Name					
My Commission Ex	Signature pires					-				Ema	ail					
	мо	D/	AY	YR		-		Area C	ode	D	aytime Te	elephon	e Numb	er		

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSSU LOCAL 668 COPE FUND	From:	<u>6/23/202</u>	<u>0</u> To:	<u>9/14/2020</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
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	g Period	(3)	\$	0.00
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			\$	0.00

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 Candidate				Reporting Period					
				From: To:			:		
		·			DATE			AMOUNT	
Full Name of Contributing Committee			м	10	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 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 Candida	te		Rep	orting P	eriod				
			Fror	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, Detail	ed Summary Pag	je, Se	ection 2	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					
				То:				
				DA	TE		A	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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 Candidat	e		Report	ing Perio	d				
			From: To:				1		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	•				•				
		_	o .:					PAGE TO	TAL
Enter Grand Total of Part E on Scheo	iule I, Detailed Sum	imary Page,	Section	4.			\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
PSSU LOCAL 668 COPE FUND	From:	<u>6/23/2020</u> то:	<u>9/14/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	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			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address] \$	0.0)0
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	le,	P	AGE TOTAL	_
						\$	0.0	0

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

Name of Filing Committee or Candidate				Reporting Period				
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	ation			
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Fili	ng Committee or Candidate			Reporti	ng Period				
PSSU LOCA	PSSU LOCAL 668 COPE FUND			From	From <u>6/23/2020</u>			<u>9/14/2020</u>	
				DATE AMOU					
To Whom Pai	id			мо	DAY	YEAR			
PENNSYLVA	NIA SEIU COPE								
Mailing Addr	ess			7	30	2020	\$	60,118.73	
City HARF	RISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17102	2020 JC	DINT RESO	URCE AG	REEM	ENT INSTALLMENT	
To Whom Pai	id			мо	DAY	YEAR			
PENNSYLVA	NIA SEIU COPE			MO					
Mailing Addr	ess			7	30	2020	\$	1,522.93	
City HARF	RISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		РА	17102	2020 JC BALANC		URCE AG	REEM	ENT INSTALLMENT	
								PAGE TOTAL	
Enter Gran	d Total of Expenditures o	n Page 1, Report C	Cover Page, Item I	D .			\$	61,641.66	