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 : | | | port | | CAND | IDATE | | СОМ | 4ITTEE | ✓ | LOBE | SYIST | | | | | | |
|--|-------------------------------------|-------------|-----------------------|---------|---------------|-------|--------|------------|---------------|--------|------------|--------------------|------------------------|-----------|-----------|----------------|--|--|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | | PSS | U LO | OCAL | 668 COI | PE FUN | D | | | | | | | | |
| Street Address: | 2589 INTERS | TATE DE | RIVE | | | | | | | | | | | | | | | |
| City: | HARRISBURG | | | | | | | State: | PA | PA | | | Zip Code: 17110 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | | | | | | AY ARY | POST- | 3. | | AMENDM REPORT | | Yes | No | ~ | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. X | 2ND FRIDA ELECTION | y pri | E- ! | 5. | 30 DA | | POST- | | | | ATION ? | Yes | No | ~ | | |
| report type) | ANNUAL REPORT | 7. | Year 2020 | | FILING METHOD | | | | | | | | | / | DISKE | ГТЕ | | |
| Name of Office S | Name of Office Sought by Candidate: | | | | | | | DATE (| OF ELE | CTIC | N | District Number | Office Code | Par | ty Code | County Code | | |
| | , | | | | | | | МО | DAY | ΥI | AR | rumber | Couc | | | Couc | | |
| | | | | | | | | 1: | L | 3 | 2020 | | (SEE IN | ISTRUCTIO | ONS FOR C | ODES) | | |
| | Receipts and | МО | DAY | YEAR | ł | | | МО | DAY | YI | EAR | FO | R OFFI | CE USE | ONLY | | | |
| Expenditures | from: | | 6 23 | 2 | 020 | Т | 0 | Ġ |) | 14 | 2020 | | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | 61,6 | 541.66 | | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | | \$ | \$ 0.00 | | | | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | | 61,6 | 541.66 | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | | \$ | | | 61,6 | 41.66 | | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | | \$ | | | | 0.00 |] | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedu | le II | () | \$ | | | | 0.00 | | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | • | | | | |
| | | | | AFF | IDA | ٩VI | T SE | CTION | | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign | here. | If th | is is | a Car | ndidate r | eport, | candi | date sig | ın here. | | | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | uding the | attached sc | hedule | s filed | d on | paper | or by elec | tronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , true | | |
| Sworn to and subs | cribed before me this day of | i | 20 | | | | | | | 9 | Signature | of Perso | n Submit | ting Rep | ort | | | |
| | | | _ | | | | - - | | | | | Prin | ted Nam | e | | | | |
| My Commission Ex | Signatu opires | re | | | | | | | | | | Ema | il | | | | | |
| | мо | D | AY | YR | | | _ | | Ar | ea Cod | le | Daytim | e Telepi | none Nu | mber | | | |
| Part II- If this is | a report of a cand | lidate's | authorized | Comn | nitte | e, C | andid | ate shall | sign h | ere. | | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of n | ny knowle | edge and beli | ef this | polit | tical | comm | ittee has | not viola | ted an | y provis | ions of th | e act of J | une 3,1 | 937 (P.L. | 1333, | | |
| Sworn to and subso | ribed before me this | | | | | | | | | | s | ignature o | of Candid | ate | | | | |
| | day of | | | | | | _ | | | | | Printa | d Name | | | | | |
| | Signature | | | | | | - | | | | | | | | | | | |
| My Commission Exp | _ | | | | | | | | | | | Ema | il | | | | | |
| | МО | D | AY | YR | t | | - | | Area | Code | | Da | aytime T | elephon | e Numbe | 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: | 9/14/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) 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 | 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 |) 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 | | | \$ | 0.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting | Period | | | |
|---------------------------------------|----------|-------------------|-----------|--------|------|----|--------|
| | | | From: | | То | : | |
| | | I | | DATE | | | AMOUNT |
| Full Name of Contributing C | ommittee | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

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 of Candidate | | | | Reporting Period From: To: | | | | | |
|---------------------------------------|-----------------|--|--|----------------------------|----------|------|--------|------|--|
| | | | | | From: To | | | | |
| | | | | | DATE | | AMOUNT | | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | Mailing Address | | | | | | \$ | 0.00 | |
| City State Zip Code (Plus 4) | | | | | | | | | |

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

PAGE TOTAL \$ 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 | lame of Filing Committee or Candidate | | | | | | | |
|---------------------------------------|---------------------------------------|----------|-------------|------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scho | edule I, Detailed Sun | nmary 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 Committee or Candidate | Reporting Period | | | | | | | | |
|---|--------------------|---------------|---------|--------|-------|------|---------|--------------------|--|
| | | | Fror | n: | | To | То: | | |
| | | | | D | ATE | | А | MOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plu | s 4) | | | | | | |
| Employer Name | | • | | Occupa | tion | | • | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Coo | de (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed S | ummary Page | Section | on 3. | | | \$ | PAGE TOTAL 0.00 | |

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 | | Repor | ting Perio | od | | | |
|-------------------------------|-------------------------|-----------------|---------|------------|-----|------|----|----------|
| | | | From: | | | To: | | |
| | | | • | D | ATE | | AI | MOUNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | • | | • | • | |
| Enter Grand Total of Part E o | on Schedule I. Detailed | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet | . Jammary rage, | 500.011 | | | | \$ | 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 Pe | riod | |
|--|----------------|-----------------------------|-----------|
| PSSU LOCAL 668 COPE FUND | From: | <u>6/23/2020</u> To: | 9/14/2020 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO |)R | |
| 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 Candid | lame of Filing Committee or Candidate Ro | | | | | | |
|------------------------------------|--|-----------------------|----------|---------------|--------|-----------|------------|
| | From: | | | | | | |
| | | | | DATE | | | AMOUNT |
| 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле Г | | PAGE TOTAL |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , , | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting l | Period | | | |
|--|-------------|---------|------------|---------|--------|-----------|-----------|-------|--------|------------------------|
| | | | | | | om: | | To: | | |
| | | | | | • | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | • | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | iption | of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | | | | |
|--|---------------------------------------|-----------------------------------|------|--------------------------------------|------|----|----------------|--|
| PSSU LOCAL 668 COPE FUND | | | From | From <u>6/23/2020</u> To: <u>9/1</u> | | | | |
| | DATE AMOU | | | | | | | |
| To Whom Paid PENNSYLVANIA SEIU COPE | мо | DAY | YEAR | | | | | |
| Mailing Address 1500 N. 2ND ST. SUITE 11 | | | | 30 | 2020 | \$ | 60,118.73 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | · | otion of Exp | | | NT INSTALLMENT | |
| To Whom Paid PENNSYLVANIA SEIU COPE | | | МО | DAY | YEAR | | | |
| Mailing Address 1500 N. 2ND ST. SUITE 11 | | | 7 | 30 | 2020 | \$ | 1,522.93 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | 1 | otion of Exp | | | NT INSTALLMENT | |

BALANCE