### **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 990	0041			Repo Filed			CAI	NDI	COMMITTEE COBBISI								
Name of Filing C	Committee, Candi	date or L	obbyist:	,	PSSU	J LO	CAL	668 C	ОР	E FUNI	D							
Street Address:													_					
City:	HARRISBUR	3						State	:	PA			Zip Code: 17		7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		30 DA PRIMA		P	POST-	3.		AMENDN REPORT		Yes		No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.		30 DA		P	POST-	6.		TERMIN/ REPORT		Yes		No	<b>\</b>
report type)	ANNUAL REPOR	7.	<b>Year</b> 2021			1		IG ME					PAPER		$  \cdot  $	DI	SKETT	E
Name of Office S	Sought by Candid	ate:						DAT	ΕO	F ELE	СТІО	N	District Number	Office Code	Pa	rty C	ode C	ounty ode
								МО		DAY	YE	AR		•	•			
									11		2	2021		(SEE IN	STRUCT	IONS	FOR COI	DES)
	Receipts and	МО	DAY	YEAR	l			МО		DAY	YI	AR	FC	R OFFI	CE US	E ON	ILY	
Expenditures	from:		3 30	20	021	T	<b>O</b>		5		3	2021						
A. Amount Bro	ught Forward Fro	m Last F	Report				\$					0.00						
B. Total Monet	ary Contributions	And Red	eipts (Fron	n Sche	dule 1	I)	\$				34,3	329.38						
C. Total Funds Available (Sum Of Lines A and B)							\$				34,3	329.38						
D. Total Expen	ditures (From Sc	hedule II	II)				\$					0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$				34,3	29.38						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	ts And Obligation	s (From	Schedule I\	/)			\$					0.00			'			
				AFF	'IDA	VIT	SE	CTIC	N									
	) that this report, in	-	_							-		_		f my kno	wledge	and	belief	, true
correct and comple	ete. scribed before me th	io																
	day of	lis .	20								S	ignature	of Perso	n Submit	ting Re	port		
	Signat	ure					•						Prin	ted Name	В			
My Commission Ex	·								•				Ema	il				
	МО	D	AY	YR						Are	ea Coc	le	Daytin	ie Teleph	none N	umbe	er	
Part II- If this is	•					•				_							<b></b>	
No 320) as amende		·	eage and bei	ier tnis	politic	caic	comm	ittee n	as n	ot viola	ted an	y provis	ions of th	e act or J	une 3,	1937	(P.L. 1	333,
Sworn to and subsc	ribed before me thi day of	5	20									s	ignature (	of Candid	ate		_	
													Printe	d Name				_
My Commission Exp	Signature pires	•											Ema	il				-
	МО	D	AY	YR						Area	Code		D	aytime T	elepho	ne N	umber	- $ $

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
PSSU LOCAL 668 COPE FUND	From:	3/30/202	<u>1</u> To:	<u>5/3/2021</u>
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)			\$	34,329.38
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	34,329.38
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			\$	34,329.38

#### **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 Candidat	Name of Filing Committee or Candidate			Reporting Period							
		F	rom:		То	I					
		•		DATE			AMOUNT				
Full Name of Contributing Committee			МО	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)									

PAGE TOTAL
0.00

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

### **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.

Name of Filing Comm	ittee or Candidate		Rep	orting F	Period			
			Froi	m:		To	<b>)</b> :	
		I			DATE			AMOUNT
Full Name of Contributo	r			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	<u>.</u>							PAGE TOTAL
								PAGE TOT/

#### **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 P	eriod		
PSSU LOCAL 668 COPE FUND	From:	3/30/2021	То:	<u>5/3/2021</u>

DATE AMOUNT

Full N	Full Name of Contributing Committee				DAY	YEAR		
SERV	ICE EMPLOYEES INTERNATIONAL (	JNION COPE FUND		МО	DAI	IEAR	\$	34,329.38
Mailin	Mailing Address			4	30	2021	·	.,
City	WASHINGTON	State	Zip Code (Plus 4)	]	30	2021		
		DC	20036					

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

**PAGE TOTAL \$** 34,329.38

### 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	1			Repo	orting Pe	riod				
				Fron	n:		To	То:		
					D	ATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zi	p Code (Plus	s 4)	4)					
Employer Name		•			Occupa	tion				
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary 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			Report	ing Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address		_					
City	State	Zip Code (	Plus 4)				
Receipt Description	•	•			•	•	
		_		_			PAGE TOTAL
inter Grand Total of Part E on Schedule I, Detailed Summary 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 DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od	
PSSU LOCAL 668 COPE FUND	From:	3/30/2021 <b>To:</b>	<u>5/3/2021</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 Car	ndidate		Reporting Period					
			From:			To		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions De					PAGE TOTAL		
Section 2.						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	ployer Mailing Address/Principal Place of Business City State Zip Code(Plus 4) Description of Cont					of Contribution			
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng 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 Crand Total of Evnenditures					PAGE TOTAL			
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00	