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			Repor Filed I		CANDI	DATE		СОМИ	MITTEE	✓	LOBE	BYIST	
Name of Filing (Committee, Candio	date or Lo	obbyist:			-	668 COP	E FUND)						
Street Address:	2589 INTERS	STATE DR	RIVE												
City:	HARRISBURG	3					State:	PA			Zip Co	de: 17	110		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- PRIMARY 2.X 3				POST- 3.			AMENDMENT REPORT?		Yes	Nc	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					DAY POST- 6. CTION				TERMIN REPORT		Yes	Nc	~ ~
report type)	ANNUAL REPORT	7.	Year 2021				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	ate:	•				DATE O	FELEC	CTIO	N	District Number		Par	ty Code	County Code
							мо	DAY	YE	AR					I
							11		2	2021]	(SEE INS	STRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		3 30	20)21 T	0	5		3	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sched	lule I)	\$;		34,3	29.38					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		34,3	29.38					
D. Total Expen	ditures (From Sch	nedule II	I)			\$;			0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5		34,32	29.38	-				
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedul	e II)	\$	5	0.00							
G. Unpaid Deb	ts And Obligations	s (From S	Schedule IV	/)		\$	5			0.00					
				AFFI	IDAVI	T SE	CTION								
	s a Committee rep		-							_					
I swear (or affirm correct and compl) that this report, inc ete.	cluding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium,	are to t	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me thi day of	is	20						Si	gnature	e of Perso	on Submitt	ing Rep	oort	
		ure				_					Prir	ited Name			
My Commission E	xpires					_					Ema	nil			
	мо	D/	AY	YR				Are	ea Code	9	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, C	andid	late shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowle	edge and beli	ef this (political	comm	ittee has n	ot violat	ed any	, provis	ions of th	e act of Ju	ine 3,19	937 (P.L	1333,
Sworn to and subse	cribed before me this day of	5	20							S	ignature	of Candida	ite		
						-					Printe	ed Name			
My Commission Exp	Signature					-					Ema	nil			
	мо		AY	YR		-		Area	Code		D	aytime Te	elephon	e Numb	er
			••	IK							5	,			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

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

Use this Part to ite	emize all other 0.01 to \$250.0	1 TO \$250.00 r contribution 00 in the repo	s wi ortin	ith an 1g per	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep Froi	orting P m:	eriod	тс):	
					DATE			AMOUNT
								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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00

PAGE 5

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						
PSSU LOCAL 668 COPE FUND			From:	<u>3/3</u>	<u>0/2021</u>	То:	<u>5/3/2021</u>			
				DA	TE		A	MOUNT		
Full Name of Contributing Comm SERVICE EMPLOYEES INTERNA		FUND		мо	DAY	YEAR				
Mailing Address 1800 MASSA	CHUSETTS AVE NW						\$	34,329.38		
City WASHINGTON	State DC	Zip Code 20036	(Plus 4)	4	30	2021				
Enter Grand Total of Part C o	n Schedule I, Detail	ed Summary Pa	ge, Sectio	n 3.		ſ	\$	PAGE TOTAL 34,329.38		

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		АМС	DUNT
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 Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	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 Candidate			Report	ing Perio	d			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		1				1		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4			PAGE TO	TAL
		, i uge,	2221011				\$	0.00

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

SE 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>3/30/2021</u> To:	<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	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 R				Reporting Period					
			From:			То:			
				DATE		АМО	UNT		
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

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

Name of Filing Committee or Candidate					Reporting Period						
							From: To:				
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor						Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

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

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