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 g	99000	41				Repo Filed		· :	CAI	NDII	DATE		СОМ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Ca	ndidat	te or Lo	bbyis	t:	P	PSSU	LO	CAL	668 (COPE	FUNI)							
Street Address:																				
City:	HARRISB	URG								State	:	PA			Zip Cod	le: 17	110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	1.	2ND F PRIMA		PRE-	2.		0 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND F ELECT		PRE-	- 5.2		0 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL REP	ORT 7	7.	Year	2021					IG ME CHEC					PAPER	√	DISK	ETTE		
Name of Office S	Sought by Can	didate):							DAT	E O	F ELE	СТІС	ON	District Number	Office Code	Pai	ty Code	Code	
										МО		DAY	Y	EAR						
											11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		d	МО	DA	Y	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
				9	14	20	21	TO)		10	:	18	2021						
A. Amount Bro	ught Forward	From	Last Re	eport					\$				35,	935.38						
B. Total Moneta	ary Contributi	ons Ar	nd Rece	eipts (From	Sched	lule I)	\$					0.00						
C. Total Funds	Available (Su	m Of L	ines A	and B)				\$					0.00						
D. Total Expend	ditures (From	Sched	lule III	[)					\$					0.00						
E. Ending Cash	Balance (Sub	tract I	Line D	From I	Line C	:)		_	\$				35,9	935.38						
F. Value Of In-	Kind Contribu	tions I	Receive	ed (Fr	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obligat	ions (From S	chedu	le IV))			\$					0.00		,				
						AFFI	[DAV	/IT	SE	CTIC	N									
PART I - If this is		=	•		_									_						
I swear (or affirm) correct and comple		t, includ	ding the	attach	ed sch	edules	filed o	n pa	aper (or by e	electr	onic m	ediun	ı, are to t	he best of	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before m day of	e this		20										Signature	of Persor	n Submitt	ing Re	oort		
	- Sic	gnature						_							Print	ted Name				-
My Commission Ex	_	,									•				Emai	il				-
	мо		DA	λY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's a	autho	rized (Commi	ittee,	Car	ndida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge an	d belie	f this p	politica	al co	ommi	ittee h	as no	ot viola	ted aı	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		this												s	ignature o	f Candida	ite			-
	day of —— ——			20 -				_							Printa	d Name				_
	Signa	ture						_			_									_
My Commission Exp	_										-				Emai	il				
	МС	<u> </u>	DA	ΑY		YR						Area	Code		Da	ytime Te	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSSU LOCAL 668 COPE FUND	From:	9/14/202	<u>1</u> To:	10/18/2021
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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j 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 Candidat	Name of Filing Committee or Candidate			Reporting Period					
		F	rom:		То	:			
				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.

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 Commi	ttee or Candidate	F	Reporting Period					
			From: To) :		
		•		DATE			AMOUNT	
Full Name of Contributo	r		МО	DAY	YEAR			
Mailing Address						\$	0.00	
Mailing Address						I		
City	State	Zip Code (Plus 4)						

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

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	ne of Filing Committee or Candidate			Reporting Period						
						n: To:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00	
Mailing Address							+	U	.00	
City	State	Zip Code	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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	9			Rep	orting Pe	riod				
				Fror	From:					
					DATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State	Zi	p Code (Plus	s 4)						
Employer Name	•				Occupation					
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 Sumr	mary 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 Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	d	
PSSU LOCAL 668 COPE FUND	From:	<u>9/14/2021</u> To:	10/18/2021
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 Cand	idate	ame of Filing Committee or Candidate Re				Reporting Period					
						То:					
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						7 \$	0.00				
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•	•						
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL				
Section 2.						\$	0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period					
				From			То:		
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL		
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00		