### **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 :		Report		CANDIDATE COMMI		4ITTEE	<b>✓</b>	LOBI	BYIST							
Name of Filing C	Committee, Candid	ate or L	obbyist:	P	SSU L	OCAL	668 COP	E FUNI	D			-				
Street Address:																
City:	HARRISBURG	ı					State:	PA			Zip Cod	de: 1	7110			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2. <b>X</b>	30 DA		POST-	3.		AMENDM REPORT		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	•	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG METHO				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	Sought by Candida	te:					DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
							МО	DAY	YE	AR						
							11		8	2022		(SEE IN	ISTRUCTI	ONS FOR C	ODES)	١
Summary of Expenditures	Receipts and	МО	DAY YEA				МО	DAY		AR	FO	R OFFI	CE USE	ONLY		
-		<u> </u>		202	22	о —	5		2	2022						
	ught Forward From		<u>-</u>		-17\	\$		37,488.28								
	ary Contributions			ea	ule 1)	\$				0.00						
	Available (Sum Of					\$				188.28						
D. Total Expend	ditures (From Sch	edule II	I)			\$			11,0	76.60						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			26,4	11.68						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sched	lule	· II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00						
			AF	FΙ	DAVI	T SE	CTION									
	s a Committee rep	•	-													
correct and comple	) that this report, inc ete.	luaing the	attached schedul	es t	ilea on	paper	or by elect	ronic m	eaium	, are to t	ne best o	т ту кпо	wieage	and belle	er , tru	ie.
Sworn to and subs	cribed before me this day of	S	20						S	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	ıre				_					Prin	ted Nam	e			_
My Commission Ex	cpires					_					Ema	il				
	МО	D	AY Y	R				Are	ea Cod	e	Daytim	e Telepi	hone Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Com	ımi	ttee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief th	is p	olitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this day of		20							S	ignature o	of Candid	late			_
						-					Printe	d Name				-
My Commission Exp	Signature					-					Ema	il				-
,	·-					_										_
	МО	D.	AY Y	′R				Area	Code		Da	aytime T	elephor	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:	3/29/202	<u>2</u> To:	5/2/2022
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	J 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	y 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 Ca	andidate	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Commi	ittee		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.

### 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 C	andidate		Re	eporting P	eriod			
			Fr	rom:		To	):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip	Code (Plus 4)					
						•	$\overline{}$	DACE TOTAL

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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>*</b>	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	n Schedule I, Detailed	d Summary 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	2			Rep	orting Pe	riod			
				Fror	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s <b>4</b> )					
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 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:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` <b>!</b>	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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 Period	i	
PSSU LOCAL 668 COPE FUND	From:	3/29/2022 <b>To:</b>	5/2/2022
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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Car	Name of Filing Committee or Candidate Rep					Reporting Period				
			From:			To	:			
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b>7</b> \$	C	0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•						
					-					
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	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 <sub>l</sub>	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

## STATEMENT OF EXPENDITURES

_								
Name	of Filing Committee or Candidate	•		Reporti	ng Period			
PSSU	LOCAL 668 COPE FUND			From	<u>3/29</u>	9/2022	То:	5/2/2022
					DATE			AMOUNT
To Wh	om Paid			МО	DAY	YEAR		
PARAG	GON PAYMENT SOLUTIONS			110				
Mailin	g Address			4	4	2022	\$	23.60
City	SCOTTSDALE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		AZ	85257	PARAGO	ON SERVIC	E CHARG	E/FEE	
To Whom Paid  GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES, C/O MONICA DJERASSI			мо	DAY	YEAR			
Mailin	g Address			4	7	2022	\$	10,000.00
City	PHILADELPIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19129	CANDIE	ATE DONA	ATION FO	R RONI	GREEN
To Wh	om Paid			МО	DAY	YEAR		
PA AF	L-CIO COPE			110		1 = 7 1.1		
Mailin	g Address			4	29	2022	\$	1,050.00
City	HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17101	CONTRI	BUTION F	OR EVEN	T TICKE	ΓS
To Wh	om Paid			мо	DAY	YEAR		
CITIZ	ENS BANK			1-10				
Mailin	iling Address			4	29	2022	\$	3.00
City	PROVIDENCE State Zip Code (Plus 4)		Descrip	tion of Exp	enditure			
		RI	02940	BANK F	EE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

11,076.60

\$