Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 8000367 Number :					Repo Filed		:	CANDI	DATE		СОМ	MITTEE 🗸		LOBBYIST			
Name of Filing C	Committee, Candid	late or L	obbyist:	L	OCAL	. 07	12 I	BEW CO	PE								
Street Address:	217 SASSAFF	RAS LAN	E														
City:	BEAVER							State:	PA			Zip Cod	ie: 15	5009-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PE PRIMARY	RE-	2.		DA RIMA		POST-	3.		AMENDM REPORT	No		\		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	5.		DA ECT	Y F TON	POST-	6.		TERMINATION Yes REPORT?					/
report type)	ANNUAL REPORT	7. X	Year 2022					IG METHO				PAPER / DIS					
Name of Office S	Sought by Candida	ite:	•					DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО	DAY	YI	AR	Number	code			code	
								11		8	2022		(SEE IN	STRUCTI	ONS FOR	CODES))
	Receipts and	МО	DAY YE	٩R				МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		11 29	20	22	то		12	;	31	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			920,5	593.80						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 5,689.7										589.71							
C. Total Funds Available (Sum Of Lines A and B) \$ 926,								283.51									
D. Total Expenditures (From Schedule III)							\$				20.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$		ġ	926,2	63.51						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	lule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
			AF	FI	DAV	IT :	SE	CTION									
	s a Committee rep	•							-								
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	e attached schedu	les	filed o	n pap	per c	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ue.
Sworn to and subs	cribed before me thi day of	s	20							S	Signature	of Perso	n Submit	ting Rep	oort		_
	Signati	ıre										Prin	ted Name	e			-
My Commission Ex	•											Ema	il				-
	мо	D.	AY Y	'R					Are	ea Cod	le	Daytim	e Telepi	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Con	nmi	ittee,	Can	dida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief th	nis p	politica	ıl co	mmi	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										s	ignature o	of Candid	ate			-
	day of					_			Printed Name							-	
	Signature					_											_
My Commission Exp	_											Ema	il				
	мо	D	AY	YR		_			Area	Code		Da	aytime T	elephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
LOCAL 0712 IBEW COPE	From:	11/29/202	<u>2</u> To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	5,207.31
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)	\$	482.40		
TOTAL for the Reporting	\$	482.40		
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			\$	5,689.71

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting				
			From: To) :		
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			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.

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			Rep	orting Po	eriod			
LOCAL 0712 IBEW COPE			Froi	m:	11/29/	2022 T o) :	12/31/2022
					DATE			AMOUNT
Full Name of Contributor Robert Allison				МО	DAY	YEAR		
Mailing Address 2202 14th Sreet							\$	55.89
City Beaver Falls	State PA	Zip Code (Plus 4) 15010		12	2	2022		
Full Name of Contributor James Biskup					DAY	YEAR		
Mailing Address 1582 Old Brodhead City Monaca	Road State PA	Zip Code (Plus 4) 15061		12	2	2022	\$	55.43
Full Name of Contributor Joseph Bugar				МО	DAY	YEAR		
Mailing Address 119 Isaac Lane							\$	50.93
City Renfrew	State PA	Zip Code (Plus 4) 16053		12	2	2022		
Full Name of Contributor Edwin Gerber				МО	DAY	YEAR		
Mailing Address 215 Sumner Avenu City New Castle	e State PA	Zip Code (Plus 4) 16105		12	2	2022	\$	57.83
Full Name of Contributor Daniel Halaja				МО	DAY	YEAR		
Mailing Address 105 Smith Lane						\$	66.38	
City Beaver Falls	State PA	Zip Code (Plus 4) 15010		12	2	2022		

Full Name of Contributor Robert Kovaleski	ert Kovaleski					
Mailing Address 159 Rosslyn	Blvd.					\$ 51.15
City Steubenville	State OH	Zip Code (Plus 4) 43952	12	2	2022	
Full Name of Contributor Tyler Mitchell	МО	DAY	YEAR			
Mailing Address 105 Columb	Mailing Address 105 Columbus Avenue					\$ 93.75
City Midland	State PA	Zip Code (Plus 4) 15059	12	2	2022	
Full Name of Contributor Zahoor Raja					YEAR	
Mailing Address 280 B Service Creek Road					\$ 51.04	
City Aliquippa	State PA	Zip Code (Plus 4) 15001	12	2	2022	

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

PAGE TOTAL \$ 482.40

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 Candidat	ame of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	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 Sci	nedule I, Detail	ed 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	me of Filing Committee or Candidate			Rep	orting Pe	riod				
				From:				То:		
					D	ATE		А	MOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address State Zin Code (Plus 4)								\$	0.00	
City	State	Zi	p Code (Plus	4)						
Employer Name	•	•			Occupa	tion		•		
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	Section				\$	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 Peri	od							
LOCAL 0712 IBEW COPE	From:	11/29/2022 To :	12/31/2022						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
ull Name of Contributor				DAY	YEAR		
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					Reporting	Period				
					From:		То:):		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address							\$	0.00		
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occupa	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL	
Summary Page, Section 3.									0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
LOCAL 0712 IBEW COPE			From	11/29	То:	12/31/2022	
				DATE	AMOUNT		
To Whom Paid John Kochanowski	мо	DAY	YEAR				
Mailing Address 623 Frankfort Road			12	14	2022	\$	15.00
City Monaca	State PA	Zip Code (Plus 4) 15061	Description of Expenditure Reimburse Notary Fee for Campaign Finance Re				
To Whom Paid Huntington Bank			МО	DAY	YEAR		
Mailing Address P.O. Box 1558 EA1W37			12	16	2022	\$	5.00
City Columbus State Zip Code (Plus 4) OH 43216				Description of Expenditure Bank Service Charge			

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

PAGE TOTAL

20.00