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 8000	0367			Repor Filed		:	CANDI	DATE		СОМИ	MITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candie	date or L	obbyist:			-		IBEW CO	PE								
Street Address:	217 SASSAF	RAS LAN	E														
City:	BEAVER							State:	PA			Zip Co	de: 15	009-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.) DA RIMA		POST- 3.			AMENDN REPORT	Yes	ſ	10	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X) da .ect	Y P TON	POST- 6.			TERMIN/ REPORT	Yes	٦	10	\checkmark		
report type)	ANNUAL REPORT	Γ7.	Year 2023			FILING METHOD () CHECK ONE						PAPER		\checkmark	DIS	ETTE	
Name of Office S	L Sought by Candida	ate:						DATE O	F ELEC	CTIC	ON	District Number	Office Code	Par	ty Cod	e Cou Cod	
								мо	DAY	Y	EAR						
								11		7	2023]	(SEE INS	TRUCTI	ONS FO	R CODE	S)
	Receipts and	мо	DAY	YEAR				мо	DAY	Y	EAR	FC	R OFFIC	E USE	ONL	(
Expenditures	s from:		9 19	20	023 1	Ю		10	2	3	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$		ç	919,	797.76						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Schee	dule I)		\$			4,	185.48						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$		ç	923,	983.24						
D. Total Expen	ditures (From Sch	nedule II	1)				\$			9,	505.00						
E. Ending Cash	Balance (Subtrac	ct Line D	From Line	C)		+	\$		9	14,4	478.24	-					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II)	_	\$				0.00	-					
G. Unpaid Debt	s And Obligations	s (From S	Schedule IV	/)			\$				0.00						
				AFF	IDAV	IT S	SE	CTION									
	s a Committee rep	•	-						• •		-						
correct and comple) that this report, ind ete.	cluding the	e attached sc	nedules	s filed on	рар	oer o	or by electi	ronic me	aium	i, are to i	the best o	т ту кпоч	leage	and be	eller , t	rue
Sworn to and subs	cribed before me th day of 	is	20							9	Signature	e of Perso	n Submitt	ing Rep	oort		
	Signati	ure				_						Prin	ted Name				
My Commission Ex	cpires											Ema	il				
	мо	D/	AY	YR					Are	a Co	de	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, (Cano	dida	ate shall :	sign he	re.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ief this	political	cor	mmi	ittee has n	ot violat	ed ar	ny provis	ions of th	e act of Ju	ine 3,1	937 (P	.L. 133	33,
Sworn to and subso	ribed before me this day of	5	20								S	ignature (of Candida	ite			-
						_						Printe	ed Name				-
My Commission Exp	Signature					_						Ema	il				-
						_							=				_
	МО	D	AY	YR					Area (ode		D	aytime Te	elephon	e Nun	iber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LOCAL 0712 IBEW COPE From: <u>9/19/2023</u> To: 10/23/2023 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 4,079.15 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 106.33 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 106.33 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 4,185.48 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				porting	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.

\$

PAGE 3

Use this Part to ite	emize all other 0.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s w ortir	ith an ng peri	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep	orting Po	eriod			
LOCAL 0712 IBEW COPE			Fro	m:	<u>9/19/</u>	: <u>10/23/2023</u>		
					DATE			AMOUNT
Full Name of Contributor John Brandt				МО	DAY	YEAR		
Mailing Address 1174 Greenfield Rc	ad			10		2022	\$	52.67
City Hermitage	State PA	Zip Code (Plus 4) 16148		10	2	2023		
Full Name of Contributor Fred Cowie				мо	DAY	YEAR		
Mailing Address 1089 Chapel Road				10			\$	53.66
City _{Monaca}	State PA	Zip Code (Plus 4) 15061		10	2	2023		
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, So	ection 2	-		\$	PAGE TOTAL 106.33

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				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	Name of Filing Committee or Candidate			ing Perio	d				
From:			From:	rom: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	Section				\$		0.00

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

E 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		
LOCAL 0712 IBEW COPE	From:	<u>9/19/2023</u> то:	<u>10/23/2023</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 PAR	TF)		
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Period			
F						То:	
				DATE		АМС	DUNT
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 Sche	dule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAG	E TOTAL
Section 2.					4	;	0.00

0.00

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

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting P	eriod			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupat	tion			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch	nedule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL

Summary Page, Section 3.	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period					
LOCAL 0712 IBEW COPE			From	<u>9/19</u>	9/2023	То:	<u>10/23/2023</u>			
				DATE			AMOUNT			
To Whom Paid Amadio for Commissioner			мо	DAY	YEAR					
Mailing Address 263 Patton Drive			9	25	2023	\$	300.00			
City Aliquippa	State PA	Zip Code (Plus 4) 15001		tion of Exp to Fundra						
To Whom Paid Friends for Tracey Antoline-Patton			мо	DAY	YEAR					
Mailing Address 235 Biskup Lane			9	25	2023	\$	200.00			
CityMonacaStateZip Code (Plus 4)PA15061				Description of Expenditure Tickets to Fundraiser						
To Whom Paid Friends of Jim Marshall			мо	DAY	YEAR					
Mailing Address 1220 Shenango Ro	ad		9	25	2023	\$	1,000.00			
City Darlington	State PA	Zip Code (Plus 4) 16115		otion of Exp orship for F						
To Whom Paid Mercer County Democratic Party			мо	DAY	YEAR					
Mailing Address P.O. Box 1213			9	25	2023	\$	500.00			
City Hermitage	State PA	Zip Code (Plus 4) 16148		otion of Exp orship for F						
To Whom Paid Chris Sainato Campaign Committee			мо	DAY	YEAR					
Mailing Address 607 Barker Avenue	Mailing Address 607 Barker Avenue			26	2023	\$	1,000.00			
City New Castle	State PA	Zip Code (Plus 4) 16101	Descrip Contrib	otion of Exp oution	benditure					

							AGE IZ
To Whom Paid Elect Spielvogel Commissioner			мо	DAY	YEAR		
Mailing Address 1753 Eastbrook Road			9	26	2023	\$	1,000.00
City New Castle	State PA	Zip Code (Plus 4) 16101	Description of Expenditure Contribution				
To Whom Paid Elect Jill Beck			мо	DAY	YEAR		
Mailing Address P.O. Box 81583			10	11	2023	\$	5,000.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15217	Description of Expenditure Contribution				
To Whom Paid Friends of Kim Ward			мо	DAY	YEAR		
Mailing Address P.O. Box 203			10	11	2023	\$	500.00
City Greensburg	State PA	Zip Code (Plus 4) 15601	Description of Expenditure Contribution				
To Whom Paid Huntington Bank			мо	DAY	YEAR		
Mailing Address P.O. Box 1558 EA1W37			10	16	2023	\$	5.00
City Columbus	State OH	Zip Code (Plus 4) 43216	Description of Expenditure Bank Service Charge				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 9,505.00