### **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 :										LOBI	BYIST							
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		LOCA	AL (	712	IBEW C	OPE									
Street Address:	217 SASSAFR	AS LAN	E															
City:	BEAVER				State:			P	Α			Zip Cod	le: 15	5009-0	000			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		POS	ST- 3	3.		AMENDM REPORT?		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	≣- 5	5.	30 DA		POS	ST- 6	5.		TERMINATION Yes REPORT?			No	•	<b>\</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2023					NG METH CHECK					PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE	OF	ELEC.	TIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	D.	AY	YE	AR			•			
								1	1	7	7	2023		(SEE IN	STRUCTI	ONS FOR (	CODES	)
	Receipts and	МО	DAY	YEAR	ł			МО	D	AY	YE.	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:	1	11 28	2	023	Т	0	1	2	3:	1	2023						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			9	16,5	20.36						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				3,8	73.86	86					
C. Total Funds Available (Sum Of Lines A and B) \$ 920,394.22																		
D. Total Expend	ditures (From Sch	edule II	I)				\$				5,0	05.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line (	C)			\$			91	15,38	39.22						
F. Value Of In-	Kind Contributions	Receive	ed (From Se	chedu	le II)	)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$					0.00			1			
				AFF	IDA	VI	T SE	CTION										
	s a Committee rep	•	_						-	•		_						
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached scl	nedule	s filed	on	paper	or by ele	ctron	nic med	lium,	are to t	he best o	f my kno	wledge	and beli	ef , tru	ue
Sworn to and subs	cribed before me this	•	20						_		Si	gnature	of Perso	n Submit	ting Rep	ort		_
	Signatu						- -		_				Prin	ted Name	e			-
My Commission Ex	•	ie							_				Ema	il				-
	мо	DA	AY	YR			_			Area Code Daytime Telephone Number								_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	andid	ate shal	l sig	sign here.								
I swear (or affirm) No 320) as amende		ny knowle	edge and beli	ef this	politi	ical	comm	ittee has	not	violate	ed any provisions of the act of June 3,1937 (P.L. 1333,						3,	
Sworn to and subsc	ribed before me this								_	Signature of Candidate							-	
	day of ————————————————————————————————————						-		Printed Name								-	
	Signature						-		_									_
My Commission Exp	_												Ema	il				
	МО	D/	AY	YR	1		•		_	Area C	ode		Da	aytime T	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
LOCAL 0712 IBEW COPE	From:	11/28/20	23 To:	12/31/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	3,820.31
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)			\$	53.55
TOTAL for the Reporting	) Period	(2)	\$	53.55
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			\$	3,873.86

#### **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	Period			
			Fre	om:		То	:	
		<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 or Candidate

**Reporting Period** 

LOCAL 0712 IBEW COPE

From: 1

DATE

11/28/2023 **To:** 

12/31/2023

AMOUNT

Full Name of Contributor William Young Jr.	МО	DAY	YEAR			
Mailing Address 3374 Princeton Road						<b>\$</b> 53.55
City New Castle	<b>State</b> PA	Zip Code (Plus 4) 16101	12	6	2023	

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

**PAGE TOTAL \$** 53.55

#### **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		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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	nme of Filing Committee or Candidate			Rep	orting Pe	riod				
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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 Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	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 Per	iod	
LOCAL 0712 IBEW COPE	From:	<u>11/28/2023</u> <b>To:</b>	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
LOCAL 0712 IBEW COPE			From <u>11/28/2023</u> To:				12/31/2023	
		1	DATE AMO					
<b>To Whom Paid</b> Huntington Bank			мо	DAY	YEAR			
Mailing Address PO Box 1558 EA1W37				15	2023	\$	5.00	
City Columbus	<b>State</b> OH	<b>Zip Code (Plus 4)</b> 43216	Description of Expenditure  Bank Service Charge					
<b>To Whom Paid</b> Beaver County Democratic C	ommittee		МО	DAY	YEAR			
Mailing Address 426 Adan	ns Street, Suite 2		12	18	2023	\$	5,000.00	
<b>City</b> Rochester	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15074	Description of Expenditure Sponsorship					
	·	l .					PAGE TOTAL	

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

5,005.00