Campaign Finance Report

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

Filer Identificat	ion 8000	0367			Repo Filed		:	CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST	
Name of Filing (Committee, Candic	date or L	obbyist:		Local (0712	2 IB	EW COP	E							
Street Address:	217 SASSAFI	RAS LAN	IE													
City:	BEAVER							State:	PA			Zip Co	de: 15	009		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					D DA RIMA		POST- 3.			AMENDM REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	ELECTION				0 DAY POST- LECTION			POST- 6.		TERMIN/ REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X	Year 200	5				IG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	ate:						DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YE	AR			DEN	1	04
11										8	2005		(SEE INS	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YI	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:		1	1	1	то		12		31	2005					
A. Amount Bro	ught Forward Fro	m Last F	Report				\$			14,0	065.17					
B. Total Monet	ary Contributions	And Red	ceipts (Fro	m Sche	dule I))	\$			1,1	179.87					
C. Total Funds	Available (Sum O	f Lines A	A and B)				\$			15,2	245.04					
D. Total Expen	ditures (From Sch	nedule II	II)				\$			3,9	900.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	≅ C)			\$			11,3	45.04	-				
F. Value Of In-	Kind Contribution	s Receiv	ved (From	Schedu	le II)		\$				0.00					
G. Unpaid Deb	ts And Obligations	s (From	Schedule 1	(V)			\$				0.00					
				AFF	IDAV	ΊT	SE	CTION								
	s a Committee rep		-						• •		_	-				
I swear (or affirm correct and compl) that this report, inc ete.	cluding th	e attached s	schedule	s filed o	n paj	per o	or by elect	ronic me	edium	, are to i	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me thi day of	is	20							S	Gignature	e of Perso	n Submitt	ing Rep	oort	
	Signati	ure				_						Prin	ted Name			
My Commission E	-											Ema	il			
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorize	d Comn	nittee,	Can	dida	ate shall	sign he	ere.						
No 320) as amend		-	ledge and be	elief this	; politica	il co	ommi	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of	•	20								S	ignature o	of Candida	ite		
												Printe	ed Name			
My Commission Exp	Signature											Ema	il			
	мо		DAY	YR	,				Area	Code			aytime Te	elephon	e Numh	er
		U		TR	•								.,			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Local 0712 IBEW COPE From: To: 12/31/2005 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 1,179.87 **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)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting 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 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 \$ 1,179.87 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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 l	Period				
Fro					From: To:				
					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.

0.00

\$

PART B 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 Candidat	e		Rep Froi	oorting P m:	eriod	Τα):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00									

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 Com	mittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	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		АМ	OUNT
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 P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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	Name of Filing Committee or Candidate			ting Perio	od				
				From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
		i Suillillai y Page,	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 Period		
Local 0712 IBEW COPE	From:	То:	<u>12/31/2005</u>
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	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 Re				Period			
	From:			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 Schedule II, In-Kind Contributions Detai Section 2.				mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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

Name of Filing Committee or Candidate					Rej	oorting P	eriod			
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor			•			Occupat	tion			
Employer Mailing Address/Principal Place of City State					Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cano	didate		Reporti	ng Period			
Local 0712 IBEW COPE			From			То:	<u>12/31/2005</u>
				DATE			AMOUNT
To Whom Paid Beaver County Labor Council			мо	DAY	YEAR		
Mailing Address P.O. Box A			12	1	2005	\$	700.00
CityBeaverStateZip Code (Plus 4)PA15009				ption of Exp iser	penditure		
To Whom Paid Committee ro Re-Elect Nancy Coz	zzucoli Werme		мо	DAY	YEAR		
Mailing Address 1301 Corpora	tion Street		12	1	2005	\$	200.00
City Beaver	State PA	Zip Code (Plus 4) 15009	Descrip Fundra	ption of Exp iser	penditure		
To Whom Paid I.B.E.W. Cope			мо	DAY	YEAR		
Mailing Address 900 Seventh S	Street N.W.		12	16	2005	\$	3,000.00
City Washington	State DC	Zip Code (Plus 4) 200013886	2005 A	ption of Exp Innual Mem embers @\$	nbership		on
Enter Grand Total of Expendit	ures on Page 1 Re	nort Cover Page Item [<u> </u>				PAGE TOTAL
		port cover r age, rtem z				\$	3,900.00