Campaign Finance Report

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

															-		
Filer Identificat Number :	tion 990	0041			Report Filed B		CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST			
Name of Filing	Committee, Candi	date or L	obbyist:		PSSU LO	CAL	668 SEIl	J COPE	FUN	D							
Street Address:																	
City:	HARRISBURG	3					State: PA					Zip Code: 17110-9602					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 DA PRIM		POST-	3.		AMENDM REPORT		Yes	✓ N	0		
(place X to the right of	6TH TUESDAY PRE-ELECTION						30 DAY POST- 6. X ELECTION				TERMINA REPORT		Yes	N	0	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2022				ILING METHOD) CHECK ONE						\checkmark	DISK	ETTE		
Name of Office	Sought by Candida	ate:					DATE O	FELE	стіо	N	District Number	Office Code	Pai	ty Code	e Cour Code		
							мо	DAY	YE	AR							
							11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	;)	
Summary of Receipts and MO DAY YEAR							мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY			
Expenditure	S ITOIII:		10 25	5 2	022 T	0	11	2	28	2022							
A. Amount Bro	ought Forward Fro	m Last F	Report			\$			13,0	41.00	_						
B. Total Monet	tary Contributions	And Red	ceipts (Fron	n Sche	dule I)	\$		0.00									
C. Total Funds	s Available (Sum C	f Lines A	A and B)			\$			13,0	41.00							
D. Total Exper	nditures (From Scl	nedule II	[])			\$			1,0	00.00							
E. Ending Casl	h Balance (Subtra	ct Line D	From Line	C)		\$			12,0	41.00							
F. Value Of In	-Kind Contributior	is Receiv	ved (From S	chedu	le II)	\$				0.00							
G. Unpaid Deb	ots And Obligation	s (From	Schedule I\	/)		\$				0.00							
				AFF	IDAVI	T SE	CTION										
	is a Committee rep) that this report, inc	•	-					•		-	-	6	dedae	and hal			
correct and comp		cluaing th	e attached sc	nequie	s mea on	paper	or by elect	ronic me	earum,	are to t	the best o	г ту кном	neage	and bei	ier, tr	ue	
Sworn to and sub	scribed before me th day of	is	20						Si	ignature	e of Perso	n Submitt	ing Re	port		_	
	Signat	ure				_					Prin	ted Name				-	
My Commission E	Expires					_					Ema	il				_	
	мо	D	YAY	YR				Are	ea Cod	e	Daytim	e Teleph	one Nu	mber			
Part II- If this is	s a report of a car	didate's	authorized	Com	nittee, C	andid	ate shall	sign he	ere.								
I swear (or affirm No 320) as amend) that to the best of led.	my knowl	edge and bel	ief this	s political	comm	ittee has n	ot viola	ted any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,	
Sworn to and subs	cribed before me this day of	5								s	ignature o	of Candida	te			-	
						-					Printe	d Name				-	
	Signature					-		Email						_			
My Commission Ex	pires					_											
	МО	D	YAY	YR	L			Area	Code		Da	aytime Te	elephor	ne Num	ber	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Reporting Period						
From:	<u>10/25/2</u>	022 To:	<u>11/28/2022</u>			
ıg Period	(1)	\$	0.00			
		\$	0.00			
All Other Contributions (Part B)						
g Period	(2)	\$	0.00			
		\$	0.00			
		\$	0.00			
g Period	(3)	\$	0.00			
)						
ıg Period	(4)	\$	0.00			
		\$	0.00			
	From: ag Period ag Period ag Period ag Period ag Period	From: 10/25/24	From: 10/25/2022 To: ag Period (1) \$ ag Period \$ \$ ag Period (2) \$ ag Period (2) \$ ag Period (3) \$ ag Period (3) \$ ag Period (4) \$ and enter amount \$ \$			

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				Reporting Period				
				m:				
		·			DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								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 Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					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, Detail	ed Summary Pag	je, Se	ection 2	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						
				То:					
				DA	TE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	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					
Fro				From:			To:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

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			Reporting Period						
			From: To:						
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·								
		_	.					PAGE TOT	AL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	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 Perio	d	
PSSU LOCAL 668 SEIU COPE FUND	From:	<u>10/25/2022</u> то:	<u>11/28/2022</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 PART	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 Re			Reporting	Period	·			
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate			Rep	Reporting Period				
						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 Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Nam	Name of Filing Committee or Candidate				Reporting Period					
PSSU LOCAL 668 SEIU COPE FUND					<u>10/2</u>	<u>11/28/2022</u>				
					AMOUNT					
Το W	hom Paid			мо	DAY	YEAR				
Gree	n for Safe and Accountable	2								
Maili	ng Address			11	16	2022	\$	1,000.00		
City	Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure						
		Donatio	n							
								PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D				D.			\$	1,000.00		