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 800	0367			Repo Filed		:	CANDI	ANDIDATE COMMITTEE \(\square\) LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist:		Local	071	2 IE	SEW COP	Έ								
Street Address:	217 SASSAF	RAS LAN	E														
City:	BEAVER							State:	PA			Zip Cod	de: 15	5009			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.		0 DA RIMA		POST-	3.		AMENDM REPORT		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.)		0 DA LECT	Y ION	POST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7.	Year 2007					IG METH				PAPER		V	DISKE	TTE	
Name of Office S	ought by Candida	ate:	•		-	-		DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								мо	DAY	YE	AR		10000			55.00	
								11		6	2007		(SEE IN	STRUCTI	ONS FOR O	ODES)
	Receipts and	МО	DAY Y	'EAR				МО	DAY	YI	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	20	007	то)	10		22	2007						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			9,1	180.25						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule I)	\$			1,7	757.06						
C. Total Funds Available (Sum Of Lines A and B) \$ 10,937.31																	
D. Total Expend	ditures (From Sch	nedule II	I)				\$			3,8	375.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$			7,0	62.31						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			'			
			,	AFF	IDAV	ΊΤ	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	f this	is a	Can	didate r	eport, e	candi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, inc ete.	cluding the	attached sche	dules	filed o	n pa	per o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me th day of	is	20							S	ignature	of Perso	n Submit	ting Re _l	oort		_
	Signate	ure				_						Prin	ted Name	e			_
My Commission Ex	rpires					_						Ema	il				_
	МО	D	AY	YR					Ar	ea Coc	le	Daytim	ie Telepl	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	omm	ittee,	Can	dida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politica	ıl co	mmi	ittee has r	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	i									S	ignature (of Candid	ate			-
	day of —— ————					_						Printe	ed Name				-
	Signature					_						Ema					_
My Commission Exp	ires																_
	МО	D	AY	YR					Area	Code		D	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:	1/1/200	<u>7</u> To:	10/22/2007
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	1,757.06
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)	\$	0.00		
TOTAL for the Reporting	(2)	\$	0.00	
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			\$	1,757.06

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting				
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Filling Committee of Candidate			Reporting Period From: To:					
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL \$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 Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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 Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
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/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule 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	bd			
			From:			To:		
				D	ATE		AM	OUNT
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			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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:	<u>1/1/2007</u> To:	10/22/2007						
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 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
Local 0712 IBEW COPE	From	1/1	<u>1/2007</u>	То:	10/22/2007	
		DATE			AMOUNT	
To Whom Baid						

				DATE		AMOUNT
To Whom Paid Committee to Re-Elect Nancy Cozzucc	li Werme		мо	DAY	YEAR	
Mailing Address 1301 Corporation 9	Street		10	1	2007	\$ 100.00
City Beaver	State PA	Zip Code (Plus 4) 15009	Descrip Fundra	otion of Exp	penditure	
To Whom Paid Dan Vogler Campaign Account			МО	DAY	YEAR	
Mailing Address 532 Cunningham Lane			10	1	2007	\$ 100.00
City New Castle State PA 2ip Code (Plus 4) 16105			1	otion of Exp ign Contrib		
To Whom Paid Center Democratic Committee			МО	DAY	YEAR	
Mailing Address 118 Mulberry Lane			10	10	2007	\$ 100.00
City Monaca	State PA	Zip Code (Plus 4) 15061	Descrip Fundra	otion of Exp	penditure	
To Whom Paid Christine Donahue for Superior Court	Committee		МО	DAY	YEAR	
Mailing Address The Pit Building 21	3 Smithfield St., 9	Suite 300	10	10	2007	\$ 100.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	1	otion of Exp		
To Whom Paid Committee to Elect Jesse White			МО	DAY	YEAR	
Mailing Address 3855 Millers Run R	oad P.O. Box 384		10	10	2007	\$ 100.00
City Cecil State Zip Code (Plus 4) PA 15321			1	otion of Exp ign Contrib		

To Whom Paid Friends of David A. Rossi			мо	DAY	YEAR		
Mailing Address 922 Marshall Road			10	10	2007	\$	125.00
City Monaca	State PA	Zip Code (Plus 4) 15061	Description of Expenditure Fundraiser				
To Whom Paid Mercer Area Democratic Committee			МО	DAY	YEAR		
Mailing Address P.O. Box 49			10	10	2007	\$	250.00
City Sharon	State PA	Zip Code (Plus 4) 16146	Description of Expenditure Fundraiser				
To Whom Paid I.B.E.W. Cope			МО	DAY	YEAR		
Mailing Address 900 Seventh Street N.W.			10	22	2007	\$	3,000.00
City Washington	State DC	Zip Code (Plus 4) 20001-388	Description of Expenditure 2007 Annual Membership				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 3,875.00