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	367			Repo Filed		:	CANDI	DATE		СОМІ	AITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		LOCAL	_ 07	712	IBEW CO	PE							-	
Street Address:	217 SASSAFR	AS LAN	E														
City:	BEAVER							State:	PA			Zip Co	de: 15	009			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY PR					NY F Ary	POST- 3.			AMENDM REPORT	Yes	٩	lo	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION							POST-	6. X		TERMIN/ REPORT		Yes	٩	lo	\checkmark	
report type)	report type) ANNUAL REPORT 7. Year 2000 FILING METHO () CHECK O										PAPER		\checkmark	DISK	ETTE		
Name of Office S	L Sought by Candida	te:						DATE O	F ELE(CTIC	N	District Number	Office Code	Par	ty Cod	e Cou Cod	
								мо	DAY	Y	EAR		10000			100-	
								11		7	2000	·	(SEE INS	TRUCTI	ONS FO	R CODE	S)
	Receipts and	мо	DAY	YEAR	2			мо	DAY	Y	EAR	FC	R OFFIC	E USE	ONL	(
Expenditures	from:		1 1		1	тс)	11	2	27	2000						
A. Amount Bro	ught Forward From	n Last R	eport				\$			43,	906.24						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$			2,	105.77						
C. Total Funds Available (Sum Of Lines A and B) \$ 46,012.01																	
D. Total Expen	ditures (From Sch	edule II	I)				\$			5,	700.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			40,3	312.01	-					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Deb	s And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	IDAV	/IT	SE	CTION									
	s a Committee rep		-						• •		-						
I swear (or affirm correct and compl) that this report, incl ete.	luding the	e attached sc	hedules	s filed o	n pa	aper	or by elect	ronic me	edium	i, are to i	the best o	f my know	vledge	and be	elief , t	rue
Sworn to and subs	cribed before me this day of	5	20							:	Signature	e of Perso	n Submitt	ing Rep	oort		
	Signatu	re				_						Prin	ted Name				_
My Commission E	cpires											Ema	il				
	мо	D	AY	YR					Are	a Co	de	Daytim	e Teleph	one Nu	mber		
	a report of a cand that to the best of n ed.								-		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										s	ignature o	of Candida	ite			-
	day of											Printe	d Name				_
	Signature																_
My Commission Exp	pires											Ema					
	мо	D	AY	YR	2	_			Area	Code		D	aytime Te	elephon	e Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LOCAL 0712 IBEW COPE From: To: 11/27/2000 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 2,105.77 \$ **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 \$ 2,105.77 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			Reportin	g Period			
			From:		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.

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	orting P	eriod			
			Froi	m:		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 S	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 Can	Name of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n 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			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	·····	-	,				\$		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		Report	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	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai 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:	To:	<u>11/27/2000</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	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, 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 Re						
	From:						
				DATE		АМО	UNT
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 Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rej	oorting P	eriod			
					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 Business State 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 Ca	andidate		Reporti	ng Period			
LOCAL 0712 IBEW COPE			From			То:	<u>11/27/2000</u>
				AMOUNT			
To Whom Paid BEAVER COUNTY YOUNG DEMO	DCRATS		мо	DAY	YEAR		
Mailing Address 1401 IMPERIAL DRIVE			10	24	2000	\$	500.00
City ALIQUIPPA	State PA	Zip Code (Plus 4) 15001	-	ntion of Exp AISER FRU			
To Whom Paid I B E W C O P E			мо	DAY	YEAR		
Mailing Address 1125 15TH	STREET N W		10	27	2000	\$	5,000.00
City WASHINGTON	State DC	Zip Code (Plus 4) 20005	Descrip DONAT	ition of Exp ION	penditure		
To Whom Paid NEW CASTLE NEWS			мо	DAY	YEAR		
Mailing Address			11	10	2000	\$	200.00
City NEW CASTLE	State PA	Zip Code (Plus 4)	Descrip POLITI	tion of Exp CAL AD	penditure		
Enter Grand Total of Expend	ditures on Page 1. Pe	nort Cover Page Item [<u> </u>				PAGE TOTAL
	intures on Fage 1, Re	port cover rage, item i				\$	5,700.00