### **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 9900	041				port		CANI	DID	ATE		СОММ	IITTEE	<b>✓</b>	LOBBYIST			
Name of Filing C	Committee, Candid	ate or L	obbyist:		PSS	U L	OCAL	668 SE	IU (	COPE	FUN	D						
Street Address:	2589 INTERS	TATE DE	₹															
City:	HARRISBURG							State:	P	PA			Zip Cod	le: 17	7110-9	602		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		РО	ST-	3.		AMENDM REPORT?		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	≣-	5.	30 DA		РО	ST-	6.		TERMINA REPORT		Yes	No	•	<b>/</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2000					NG MET CHECK					PAPER DISI					
Name of Office S	Sought by Candida	te:	•					DATE	OF	ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Count	ty
	,							МО	D	DAY	YE	AR	Number	Code			coue	
								1	.1		7	2000		(SEE IN	STRUCTIO	ONS FOR O	CODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	C	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1		1	Т	0	1	12	3	31	2000						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	_			5,4	73.61						
B. Total Monetary Contributions And Receipts (From Schedule							\$	\$ 9,220.26										
C. Total Funds Available (Sum Of Lines A and B)							\$				14,6	93.87						
D. Total Expenditures (From Schedule III)							\$				3	94.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$				14,2	99.87						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$					0.00						
				AFF	IDA	٩VI	T SE	CTIO	V									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. :	If th	is is	a Car	ndidate	rep	ort, c	andio	late sig	n here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached scl	hedule	s file	d on	paper	or by ele	ctro	nic me	dium	are to t	he best o	f my kno	wledge	and belie	ef , tru	ie.
Sworn to and subs	cribed before me this day of	•	20						_		s	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu						- -		_				Prin	ted Name	e			-
My Commission Ex	•	·							_				Ema	il				-
	мо	D	AY	YR					_	Are	a Cod	e	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	II si	gn he	re.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	tical	comm	ittee has	not	violat	ed an	y provisi	ons of the	e act of J	une 3,19	937 (P.L	. 1333	,
Sworn to and subsc	ribed before me this								-			Si	gnature o	of Candid	ate			-
	day of 						_		_				Printe	d Name				-
	Signature						-		_									_
My Commission Exp	<del>-</del>												Ema	il				
	МО	D	AY	YR	1		-		_	Area (	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
PSSU LOCAL 668 SEIU COPE FUND	From:	To:	12/31/2000
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	9,220.26
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	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
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	g Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	9,220.26

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Committe	e or Candidate		Reporting				
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing (	Committee		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	

## 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 Fining Committee of Candidate			Reporting Period From: To:						
				m:		):			
					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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	<b>4</b> )						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (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	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		
PSSU LOCAL 668 SEIU COPE FUND	From:	То:	12/31/2000
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	<b>\$</b>	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	eriod (2)	<b>\$</b>	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	<b>\$</b>	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 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	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candida	te				Re	porting	Period				
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
PSSU LOCAL 668 SEIU COPE FU	JND		From			То:	12/31/2000
		•		DATE			AMOUNT
<b>To Whom Paid</b> DISTRICT 1199P			мо	DAY	YEAR		
Mailing Address 1402 S. ATH	ERTON AVENUE		11	28	2000	\$	251.00
City STATE COLLEGE	1	otion of Exp			'D IN ERROR		
<b>To Whom Paid</b> DISTRICT 1199P			МО	DAY	YEAR		
Mailing Address 1402 S. ATH	ERTON AVENUE		12	15	2000	\$	83.00
City STATE COLLEGE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16801	Description of Expenditure REIMBURSE FOR COPE FUNDS REC'D IN ERROR				
<b>To Whom Paid</b> FULTON BANK			МО	DAY	YEAR		
Mailing Address 200 NATION	WIDE DRIVE		12	15	2000	\$	60.00
City HARRISBURG State Zip Code (Plus 4) PA 17110				otion of Exp RPORATE I			RN (FORM 1120-
 Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	<b>PAGE TOTAL</b> 394.00