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				port		CANDI	IDIDATE COMMITTEE V LOBBYIST									
Name of Filing C	Committee, Candi	date or L	obbyist:		Loca	al 07	712 IE	BEW COP	E									
Street Address:	Street Address: 217 SASSAFRAS LANE																	
City:	BEAVER							State:	PA			Zip Code: 15009						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST- 3. X			AMENDM REPORT?		Yes	No	`		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pri	≣-	5.	30 DA ELECT		POST- 6. TERMINATION REPORT?					Yes	No	`		
report type)	ANNUAL REPORT	7.	Year 2010					IG METHO		PAPER	PAPER DISKE			TTE				
Name of Office S	Sought by Candid	ate:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	Count Code	у	
	, cargara,							МО	DAY	YE	AR	Number	code	<u> </u>		coue		
								11		2	2010		(SEE IN	ISTRUCTI	ONS FOR (CODES)		
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	s trom:		1 1	2	010	Т	0	6		7	2010							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		14,7	733.88							
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	: I)	\$			Ġ	919.30							
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			15,6	553.18							
D. Total Expend	ditures (From Scl	nedule II	I)				\$				0.00							
E. Ending Cash	Balance (Subtra	ct Line D	From Line (C)			\$			15,6	53.18							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	()	\$				0.00							
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			•				
				AFF	IDA	۱۷۶	T SE	CTION										
PART I - If this is			_								_						Ц	
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached scl	hedule	s file	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	e,	
Sworn to and subs	cribed before me th day of	is	20							S	ignature	of Perso	n Submit	ting Re	port		-	
							- -					Prin	ted Name	e			-	
My Commission Ex	Signat opires	ure										Ema	il				-	
	мо	D	AY	YR			_		Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber		-	
Part II- If this is	a report of a car	ididate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,		
Sworn to and subsc	ribed before me this	5									Si	ignature o	of Candid	ate			-	
	day of						_										-	
	Signature						-					Printe	d Name					
My Commission Exp	_											Ema	il				1	
	МО	D	AY	YR	1		-		Area	Code		Da	aytime T	elephor	ne Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
Local 0712 IBEW COPE	From: <u>1/1/2010</u> To:							
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting) Period	(1)	\$	0.00				
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	\$	0.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	919.30				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting) Period	(3)	\$	919.30				
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			\$	919.30				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate			Re	porting	Period			
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contribution	ng 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 Canadate				Reporting Period From: To:				
					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 Peri			
Local 0712 IBEW COPE	From:	1/1/2010	То:	6/7/2010

DATE AMOUNT

Full Name of Contributing Committee Local 0712 IBEW COPE	МО	DAY	YEAR			
Mailing Address 217 Sassafras Lane						\$ 919.30
City Beaver	State PA	6	3	2010		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 919.30

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						
			Fror	From: To:							
				D	ATE		А	MOUNT			
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plu	s 4)								
Employer Name		•		Occupa	tion		•				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	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	Name of Filing Committee or Candidate			ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	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:	<u>1/1/2010</u> To:	<u>6/7/2010</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candid	Name of Filing Committee or Candidate			Reporting Period						
			From:			To:				
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL			
Section 2.						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	Reporting Period					
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule 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				
			From			То:		
			DATE				AMOUNT	
To Whom Paid			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
						\$	0.00	