#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | <b>on</b> 9                 | 9000    | 41        |                        |         |        | port<br>ed B |                | CANDI       | DATE     |        | СОМ        | <b>4ITTEE</b>      | ✓                           | LOB      | BYIST    |          |          |
|--|-----------------------------|---------|-----------|------------------------|---------|--------|--------------|----------------|-------------|----------|--------|------------|--------------------|-----------------------------|----------|----------|----------|----------|
| Name of Filing C                         | Committee, Car              | ndida   | te or Lo  | obbyist:               |         | PSS    | U LO         | OCAL           | 668 SEIL    | J COPE   | FUN    | D          |                    |                             |          |          |          |          |
| Street Address:                          | 2589 INTE                   | ERST    | ATE DR    | l .                    |         |        |              |                |             |          |        |            |                    |                             |          |          |          |          |
| City:                                    | HARRISBU                    | JRG     |           |                        |         |        |              |                | State:      | PA       |        |            | Zip Cod            | ie: 17                      | 7110-9   | 602      |          |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY  |         | 1.        | 2ND FRIDA'<br>PRIMARY  | Y PRE   | -      | 2. <b>X</b>  | 30 DA<br>PRIMA |             | POST-    | 3.     |            | AMENDM<br>REPORT?  | AMENDMENT Yes No<br>REPORT? |          |          |          |          |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION |         | 4.        | 2ND FRIDA'<br>ELECTION | y pre   | ≣-     | 5.           | 30 DA          |             | POST-    | 6.     |            | TERMINA<br>REPORT? | ERMINATION REPORT?          |          | No       | •        | <b>/</b> |
| report type)                             | ANNUAL REPO                 | ORT     | 7.        | <b>Year</b> 2010       |         |        |              |                | NG METHO    |          |        |            | PAPER              | PAPER DISKE                 |          |          |          |          |
| Name of Office S                         | ought by Cand               | lidate  | e:        |                        |         |        |              |                | DATE O      | F ELE    | CTIO   | N          | District<br>Number | rty Code                    | Count    |          |          |          |
|  |                             |         |           |                        |         |        |              |                | МО          | DAY      | YE     | AR         |                    |                             |          |          |          |          |
|  |                             |         |           |                        |         |        |              |                | 11          |          | 2      | 2010       |                    | (SEE IN                     | ISTRUCTI | ONS FOR  | CODES)   |          |
| Summary of Expenditures                  |                             | d       | МО        | DAY                    | YEAR    | ł      |              | _              | МО          | DAY      | YE     | AR         | FO                 | R OFFI                      | CE USE   | ONLY     |          |          |
| Expenditures                             | i i oiii.                   |         |           | 1 1                    | 2       | 010    | Т            | 0              | 5           |          | 3      | 2010       |                    |                             |          |          |          |          |
| A. Amount Bro                            | ught Forward I              | From    | Last Re   | eport                  |         |        |              | \$             |             |          | 18,4   | 156.31     |                    |                             |          |          |          |          |
| B. Total Monet                           | ary Contributio             | ons A   | nd Rece   | eipts (From            | Sche    | dule   | eI)          | \$             |             |          | 17,3   | 396.11     |                    |                             |          |          |          |          |
| C. Total Funds                           | Available (Sun              | n Of L  | Lines A   | and B)                 |         |        |              | \$             |             |          | 35,8   | 352.42     |                    |                             |          |          |          |          |
| D. Total Expend                          | ditures (From               | Sche    | dule III  | I)                     |         |        |              | \$             |             |          | 14,9   | 02.62      |                    |                             |          |          |          |          |
| E. Ending Cash                           | Balance (Subt               | tract   | Line D I  | From Line (            | C)      |        |              | \$             |             |          | 20,9   | 49.80      |                    |                             |          |          |          |          |
| F. Value Of In-                          | Kind Contribut              | ions    | Receive   | ed (From So            | chedu   | le II  | [)           | \$             |             |          |        | 0.00       |                    |                             |          |          |          |          |
| G. Unpaid Debt                           | s And Obligati              | ons (   | From S    | chedule IV             | )       |        |              | \$             |             |          |        | 0.00       |                    |                             | •        |          |          |          |
|  |                             |         |           |                        | AFF     | IDA    | ٩VI          | T SE           | CTION       |          |        |            |                    |                             |          |          |          |          |
| PART I - If this is                      | s a Committee               | repo    | rt, treas | surer sign l           | nere.   | If th  | is is        | a Can          | ndidate re  | eport, o | candi  | date sig   | ın here.           |                             |          |          |          |          |
| I swear (or affirm) correct and comple   |                             | , inclu | ding the  | attached sch           | nedule  | s file | d on         | paper (        | or by elect | ronic m  | edium  | , are to t | he best o          | f my kno                    | wledge   | and beli | ef , tru | ıe       |
| Sworn to and subs                        | cribed before me<br>day of  | this    |           | 20                     |         |        |              |                |             |          | S      | ignature   | of Perso           | n Submit                    | ting Re  | port     |          | _        |
|  | Sign                        | nature  | <u> </u>  | -                      |         |        |              | -<br>-         |             |          |        |            | Prin               | ted Name                    | e        |          |          | -        |
| My Commission Ex                         | -                           |         |           |                        |         |        |              |                |             |          |        |            | Ema                | il                          |          |          |          | -        |
|  | мо                          |         | DA        | ΛΥ                     | YR      |        |              | _              |             | Are      | ea Cod | le         | Daytim             | e Telepi                    | none Nu  | mber     |          |          |
| Part II- If this is                      | a report of a               | candi   | date's a  | authorized             | Comn    | nitte  | e, C         | andida         | ate shall   | sign he  | ere.   |            |                    |                             |          |          |          |          |
| I swear (or affirm)<br>No 320) as amende |                             | of my   | / knowle  | dge 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   | 3,       |
| Sworn to and subsc                       | ribed before me             | this    |           |                        |         |        |              |                |             |          |        | Si         | ignature o         | of Candid                   | ate      |          |          | -        |
|  | day of                      |         |           |                        |         |        |              | _              |             |          |        |            | Printe             | d Name                      |          |          |          | -        |
|  | Signat                      | ure     |           |                        |         |        |              | -              |             |          |        |            |                    |                             |          |          |          | _ [      |
| My Commission Exp                        | _                           |         |           |                        |         |        |              |                |             |          |        |            | Ema                | il                          |          |          |          | -        |
|  | мо                          |         | DA        | ΛΥ                     | YR      | ł      |              | •              |             | Area     | Code   |            | Da                 | aytime T                    | elephor  | ne Numb  | er       | ·        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |              |           |
|--|-----------|----------|--------------|-----------|
| PSSU LOCAL 668 SEIU COPE FUND  | From:     | 1/1/201  | <u>0</u> To: | 5/3/2010  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |           |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 17,396.11 |
| 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  | ) 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 |           |          | \$           | 17,396.11 |

#### **PART A**

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

\$50.01 TO \$250.00

| Name of Filing Committee    | or Candidate |                   | Reporting | Period |      |    |        |
|-----------------------------|--------------|-------------------|-----------|--------|------|----|--------|
|                             |              |                   | From:     |        | То   | :  |        |
|                             |              | <b>I</b>          |           | DATE   |      |    | AMOUNT |
| Full Name of Contributing C | ommittee     |                   | 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 |
|------------|
| \$<br>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 |    |      |      |    |      |
|---------------------------------------|-------|------------------|------------------|----|------|------|----|------|
|                                       |       |                  | Fro              | m: |      | To   | ): |      |
|                                       |       |                  |                  |    | DATE |      | АМ | OUNT |
| 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   | <b>)</b> : |                    |
|   |                    |               |         | D         | ATE   |      | А          | MOUNT              |
| Full Name of Contributor                            |                    |               |         | мо        | DAY   | YEAR |            |                    |
| Mailing<br>Address                                  |                    |               |         |           |       |      | \$         | 0.00               |
| City  | State              | Zip Code (Plu | s 4)    |           |       |      |            |                    |
| Employer Name                                       |                    | •             |         | Occupa    | tion  |      | •          |                    |
| Employer Mailing Address/Principal Plac<br>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<br>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 Co | andidate              |                  | Report  | ting Perio | bd  |      |    |          |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
|                                |                       |                  | From:   |            |     | То:  |    |          |
|                                |                       |                  |         | D          | ATE |      | AN | 10UNT    |
| Full Name                      |                       |                  |         | мо         | DAY | YEAR |    |          |
| Mailing Address                |                       |                  |         |            |     |      | \$ | 0.00     |
| City                           | State                 | Zip Code (       | Plus 4) |            |     |      |    |          |
| Receipt Description            | ·                     | •                |         |            |     |      |    |          |
| Enter Grand Total of Part E or | Schedule T Detaile    | d Summary Page   | Section | 4          |     |      | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Sammary r age, | 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 | d                           |                 |
|--|------------------|-----------------------------|-----------------|
| PSSU LOCAL 668 SEIU COPE FUND  | From:            | <u>1/1/2010</u> <b>To</b> : | <u>5/3/2010</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 Candidat | :e                 |                       | Reporting   | g Period    |       |           |            |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
|                                      |                    |                       | From:       |             |       | То:       |            |
|                                      |                    |                       |             | 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 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               |             |        |               |      | Reporting | Period    |        |       |                 |
|---|-------------|--------|---------------|------|-----------|-----------|--------|-------|-----------------|
|   |             |        |               |      | From:     |           | 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 Plad<br>Business | ce of       | City   | Sta           | ite  | Zip<br>4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch                  | edule II, I | n-Kind | Contributions | Deta | ailed     |           |        |       | PAGE TOTAL      |
| Summary Page, Section 3.                            |             |        |               |      |           |           |        |       | 0.00            |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Can                  | didate             |                                | Reporti | ng Period               |           |          |          |
|--|--------------------|--------------------------------|---------|-------------------------|-----------|----------|----------|
| PSSU LOCAL 668 SEIU COPE FU                      | ND                 |                                | From    | 1/                      | 1/2010    | То:      | 5/3/2010 |
|  |                    |                                |         | DATE                    |           |          | AMOUNT   |
| <b>To Whom Paid</b><br>DISTRICT 1199P            |                    |                                | МО      | DAY                     | YEAR      |          |          |
| Mailing Address 1500 NORTH                       | SECOND ST.         |                                | 4       | 1                       | 2010      | \$       | 49.00    |
| City HARRISBURG                                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 17102 |         | otion of Exp            | oenditure |          |          |
| To Whom Paid PA AFL-CIO COPE                     |                    |                                |         | DAY                     | YEAR      |          |          |
| Mailing Address 319 MARKET                       | 319 MARKET STREET  |                                |         |                         | 2010      | \$       | 350.00   |
| City HARRISBURG State Zip Code (Plus 4) PA 17101 |                    |                                | 1       | otion of Exp            | penditure |          |          |
| To Whom Paid<br>SEIU COPE                        |                    |                                | мо      | DAY                     | YEAR      |          |          |
| Mailing Address 1800 MASSAC                      | CHUSETTS AVE. NW   |                                | 4       | 1                       | 2010      | \$       | 1,929.47 |
| City WASHINGTON                                  | <b>State</b> DC    | <b>Zip Code (Plus 4)</b> 20036 |         | otion of Exp            | penditure |          |          |
| To Whom Paid<br>SEIU COPE                        |                    |                                | МО      | DAY                     | YEAR      |          |          |
| Mailing Address 1800 MASSACHUSETTS AVE. NW       |                    |                                | 4       | 1                       | 2010      | \$       | 6,091.12 |
| City WASHINGTON State Zip Code (Plus 4) DC 20036 |                    |                                | 1       | otion of Exp<br>IBUTION | penditure | <u> </u> |          |
| To Whom Paid COMMITTEE TO ELECT EDDIE DA         | Y PASHINSKI        | ,                              | МО      | DAY                     | YEAR      |          |          |

Zip Code (Plus 4)

18634

**Mailing Address** 

NANTICOKE

City

131 MEADOWCREST DRIVE

State

PΑ

250.00

2010

**Description of Expenditure** 

CONTRIBUTION

|   |   |                    |                                   |  |              |                  |        | 12     |
|---|---|--------------------|-----------------------------------|--|--------------|------------------|--------|--------|
| To Whom Paid FRIEND OF JIM ROEBUCK        |   |                    |                                   | мо                                       | DAY          | YEAR             |        |        |
| Mailing Address 435 S. 46TH STREET        |   |                    | 4                                 | 2  | 2010         | \$               | 250.00 |        |
| City PHILADELPHIA                         | Α   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19143 | Description of Expenditure               |              |                  |        |        |
| To Whom Paid JOHN GALLOWAY FOR STATE REP. |   |                    |                                   | МО                                       | DAY          | YEAR             |        |        |
| Mailing Address 45 VALENTINE LANE         |   |                    | 4                                 | 8  | 2010         | \$               | 250.00 |        |
| <b>City</b> LEVITTOWN                     |   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19054 | Description of Expenditure CONTRIBUTION  |              |                  |        |        |
| To Whom Paid FRIENDS OF THADDEUS KIRKLAND |   |                    | МО                                | DAY                                      | YEAR         |                  |        |        |
| Mailing Address P.O. BOX 755              |   |                    |                                   | 4  | 8            | 2010             | \$     | 300.00 |
| City CHESTER                              |   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19013 | Description of Expenditure CONTRIBUTION  |              |                  |        |        |
| To Whom Paid<br>CITIZENS TO RE-ELEC       | CT MIKE O'BRIEN                               |                    |                                   | МО                                       | DAY          | YEAR             |        |        |
| Mailing Address 714 N. 3RD STREET         |   |                    | 4                                 | 8  | 2010         | \$               | 500.00 |        |
| City PHILADELPHIA                         | Α   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19123 | Description of Expenditure CONTRIBUTIONS |              |                  |        |        |
| To Whom Paid FRIENDS OF MIKE O'PAKE       |   |                    | МО                                | DAY                                      | YEAR         |                  |        |        |
| Mailing Address P.O. BOX 12264            |   |                    | 4                                 | 8  | 2010         | \$               | 500.00 |        |
| City READING                              |   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19612 | Description of Expenditure CONTRIBUTION  |              |                  |        |        |
|   | To Whom Paid STEVE SANTARSIERO FOR STATE REP. |                    |                                   |  |              |                  |        |        |
|   | FOR STATE REP.                                |                    |                                   | мо                                       | DAY          | YEAR             |        |        |
| STEVE SANTARSIERO                         | FOR STATE REP.                                |                    |                                   | <b>MO</b> 4                              | <b>DAY</b> 8 | <b>YEAR</b> 2010 | \$     | 250.00 |

| To Whom Paid SEIU COPE  |                                     |                    |  | мо                                       | DAY                   | YEAR                |    |        |        |
|---|-------------------------------------|--------------------|--|--|-----------------------|---------------------|----|--------|--------|
| Mailing Address 1800 MASSACHUSETTS AVE. NW                    |                                     |                    | 4  | 8  | 2010                  | \$                  |    | 689.00 |        |
| City WASHINGT   | ON State Zip Code (Plus 4) DC 20036 |                    |  | 1  | otion of Exp          | penditure           |    |        |        |
| To Whom Paid COMMITEE TO RE-ELECT JOSEPH PRESTON, JR.         |                                     |                    |  | МО                                       | DAY                   | YEAR                |    |        |        |
| Mailing Address 600 N. 2ND STREET, SUITE 305                  |                                     |                    | 4  | 15                                       | 2010                  | \$                  |    | 250.00 |        |
| City HARRISBU   | RG                                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 17101           | Description of Expenditure CONTRIBUTION  |                       |                     |    |        |        |
| To Whom Paid SEIU COPE  |                                     |                    | МО                                       | DAY                                      | YEAR                  |                     |    |        |        |
| Mailing Address 1800 MASSACHUSETTS AVE. NW                    |                                     |                    |  | 4  | 15                    | 2010                | \$ |        | 339.03 |
| City WASHINGT   | ГОМ                                 | <b>State</b> DC    | <b>Zip Code (Plus 4)</b> 20036           | Description of Expenditure CONTRIBUTIONS |                       |                     |    |        |        |
| To Whom Paid<br>FRIENDS OF JOE S                              | SPANIK COMMITTEE                    |                    |  | МО                                       | DAY                   | YEAR                |    |        |        |
| Mailing Address P.O. BOX 294                                  |                                     |                    | 4  | 15                                       | 2010                  | \$                  |    | 250.00 |        |
| City BEAVER   |                                     | State              | Description of Expenditure CONTRIBUTIONS |  |                       |                     |    |        |        |
|   |                                     | PA                 | 15009                                    |  |                       | enditure            |    |        |        |
| To Whom Paid PEOPLE FOR MATZ                                  | 'IE                                 | РА                 | 15009                                    |  |                       | YEAR                |    |        |        |
|   | ZIE<br>315 WILSON AVENU             |                    | 15009                                    | CONTR                                    | IBUTIONS              | \                   | \$ |        | 250.00 |
| PEOPLE FOR MATZ   | 315 WILSON AVENU                    |                    | <b>Zip Code (Plus 4)</b> 15003           | MO 4 Descrip                             | DAY                   | <b>YEAR</b> 2010    | \$ |        | 250.00 |
| PEOPLE FOR MATZ  Mailing Address  City AMBRIDGE  To Whom Paid | 315 WILSON AVENU                    | E<br>State<br>PA   | Zip Code (Plus 4)                        | MO 4 Descrip                             | DAY 22                | <b>YEAR</b> 2010    | \$ |        | 250.00 |
| PEOPLE FOR MATZ  Mailing Address  City AMBRIDGE  To Whom Paid | 315 WILSON AVENU                    | E<br>State<br>PA   | Zip Code (Plus 4)                        | MO  4  Descrip CONTR                     | DAY  22  ption of Exp | YEAR 2010 penditure | \$ |        | 250.00 |

|   |                    |                                   |  |     |      |            | 17.02 14  |
|---|--------------------|-----------------------------------|--|-----|------|------------|-----------|
| To Whom Paid SEIU COPE  |                    |                                   | мо                                       | DAY | YEAR |            |           |
| Mailing Address 1800 MASSACHUSETTS AVE. NW                              |                    |                                   | 4  | 22  | 2010 | \$         | 1,405.00  |
| City WASHINGTON   | <b>State</b><br>DC | <b>Zip Code (Plus 4)</b> 20036    | Description of Expenditure CONTRIBUTIONS |     |      |            |           |
| To Whom Paid COMMITTEE TO RE-ELECT JOHN WOZNIAK                         |                    |                                   | мо                                       | DAY | YEAR |            |           |
| Mailing Address P.O. BOX 5133   |                    |                                   | 4  | 22  | 2010 | \$         | 500.00    |
| <b>City</b> JOHNSTOWN   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15904 | Description of Expenditure CONTRIBUTIONS |     |      |            |           |
| To Whom Paid PHYLLIS MUNDY STATE REP. COMM                              | 1ITTEE             |                                   | МО                                       | DAY | YEAR |            |           |
| Mailing Address 157 NORTH GATES AVENUE                                  |                    |                                   | 4  | 29  | 2010 | \$         | 250.00    |
| City KINGSTON   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18704 | Description of Expenditure CONTRIBUTIONS |     |      |            |           |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |                                   |  |     |      | PAGE TOTAL |           |
|   |                    |                                   | -  |     |      | \$         | 14,902.62 |