

Campaign Finance Report

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

Filer Identification Number:	20150138	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.		
Name of Filing Committee, Candidate or Lobbyist: SEIU Healthcare PA COPE										
Street Address: 1500 N 2nd St Ste 12										
City: Harrisburg			State: PA		Zip Code: 17102					
TYPE OF REPORT	6th Tuesday Pre-Primary	1. X	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	X
Other	Annual Report	7.	YEAR	2019						
Name of Office Sought by Candidate:			DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:	
			MO.	DAY	YEAR					
			5	21	2019					
Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2019	To	4	1	2019	2019 APR 15 P 2:21 COUNTY BLDG OF COMMISSIONERS OF ELECTIONS CITY COMMISSIONERS	
A. Amount Brought Forward From Last Report								\$74,079.49		
B. Total Monetary Contributions and Receipts (From Schedule I)								\$17.29		
C. Total Funds Available (Sum of Lines A and B)								\$74,096.78		
D. Total Expenditures (From Schedule III)								\$22,550.00		
E. Ending Cash Balance (Subtract Line D from Line C)								\$51,546.78		
F. Value of In-Kind Contributions Received (From Schedule II)								\$0.00		
G. Unpaid Debts and Obligations (From Schedule IV)								\$0.00		
AFFIDAVIT SECTION										
PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.										
I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this										
10 th	day of	April	20	Commonwealth of Pennsylvania			Signature of Person Submitting Report			
Signature		Notarial Seal			Signature of Person Submitting Report					
Signature		SHARMIKA-LYNN FARGEN - Notary Public			Michele Ali					
My Commission expires		MO. DAY YEAR			Printed Name					
MO. DAY YEAR		2021			231-3102					
MO. DAY YEAR		2021			Area Code Daytime Telephone Number					
AFFIDAVIT SECTION										
PART II - If this is a report of a Candidate's Authorized Committee , candidate shall sign here.										
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No 320) as amended. Sworn to and subscribed before me this										
Signature		MO. DAY YEAR			Signature of Person Submitting Report					
Signature		MO. DAY YEAR			Printed Name					
My Commission expires		MO. DAY YEAR			Area Code Daytime Telephone Number					
MO. DAY YEAR		MO. DAY YEAR			Area Code Daytime Telephone Number					

Department of State Bureau of Commissions, Elections and Legislation
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