Commonwealth of Pennsylvania

RECEIVED 2-8-16

Campaign Finance Report

198755

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

Filer Identification Number :	8700109	**Report Filed By :**	**CANDIDATE**		**COMMITTEE**	✓	**LOBBYIST**				
Name of Filing Committee, Candidate or Lobbyist:	LOCAL 0420 IRONWORKERS - IPAL										
Street Address:	1645 FAIRVIEW ST										
City:	READING			**State:**	PA		**Zip Code:**	19606-0000			

TYPE OF REPORT (place X to the right of report type)										
	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓
	ANNUAL REPORT	7. X	**Year** 2015		**FILING METHOD ( ) CHECK ONE**		**PAPER**	✓	**DISKETTE**	

Name of Office Sought by Candidate:	**DATE OF ELECTION**			**District Number**	**Office Code**	**Party Code**	**County Code**
	MO	**DAY**	**YEAR**				
	11	3	2015				
				(SEE INSTRUCTIONS FOR CODES)			

Summary of Receipts and Expenditures from:	**MO**	**DAY**	**YEAR**		**MO**	**DAY**	**YEAR**	**FOR OFFICE USE ONLY**
	11	24	2015	**TO**	12	31	2015	

A. Amount Brought Forward From Last Report	$	15,120.15
B. Total Monetary Contributions And Receipts (From Schedule I)	$	4,940.93
C. Total Funds Available (Sum Of Lines A and B)	$	20,061.08
D. Total Expenditures (From Schedule III)	$	0.00
E. Ending Cash Balance (Subtract Line D From Line C)	$	20,061.08
F. Value Of In-Kind Contributions Received (From Schedule II)	$	0.00
G. Unpaid Debts And Obligations (From Schedule IV)	$	0.00

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Annette Stoudt, Notary Public
City of Pottsville, Schuylkill County
My Commission Expires July 7, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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 filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete.

Sworn to and subscribed before me this 5 day of February 20 16

Signature

My Commission Expires 4 7 2019 (MO DAY YR)

Carl Baskin
Signature of Person Submitting Report

CARL BASKIN
Printed Name

610 373-7090
Area Code Daytime Telephone Number

Email

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

day of 20

Signature

My Commission Expires

MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
LOCAL 0420 IRONWORKERS - IPAL	From: 11/24/2015 To: 12/31/2015

1. Unitemized Contributions Received - $ 50.00 or Less Per Contributor		
TOTAL for the Reporting Period (1)	$	4,940.93

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	$	4,940.93

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	Reporting Period From: To:

Full Name of Contributing Committee			MO	DAY	YEAR	DATE AMOUNT
Mailing Address						$ 0.00
City	State	Zip Code (Plus 4)				

PAGE TOTAL
$ 0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Candidate	Reporting Period From: To:

Full Name of Contributor			MO	DAY	YEAR	DATE AMOUNT
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 Period From: To:

Full Name of Contributing Committee			DATE MO	DAY	YEAR	AMOUNT
Mailing Address						$ 0.00
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
$ 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: To:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						$ 0.00
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business	City		State		Zip Code (Plus 4)	

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

PAGE TOTAL
$ 0.00

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	Reporting Period From: To:

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
Mailing Address						$ 0.00
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
$ 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 0420 IRONWORKERS - IPAL	From: 11/24/2015 To: 12/31/2015

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	**(1)**	$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.01 TO $250.00 (FROM PART F)		
TOTAL for the Reporting Period	**(2)**	$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER $250.00 (FROM PART G)		
TOTAL for the Reporting Period	**(3)**	$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		$ 0.00

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period From: To:

Full Name of Contributor			DATE MO	DAY	YEAR	AMOUNT
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 Detailed Summary Page, Section 2.	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: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE TOTAL 0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From To:

To Whom Paid			DATE MO	DAY	YEAR	AMOUNT
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