

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate <input checked="" type="checkbox"/>	Committee <input type="checkbox"/>	Lobbyist <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		DOUGLAS RUSH		
Street Address		585 GIBSON AVE		
City	State	Zip Code		
KINGSTON	Pa	18704		

Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
05/18/2021		2021	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	03/24/21	5/6/21	MAY 7 AM 9:42 LUZERNE COUNTY PA	
A. Amount Brought Forward From Last Report	\$	0		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0		
C. Total Funds Available (Sum of Lines A and B)	\$	0		
D. Total Expenditures (From Schedule III)	\$	715.50		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

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, is to the best of my knowledge and belief true, correct and complete.
 Sworn to and subscribed before me this

7 day of May 2021	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Cayla Cordes, Notary Public Edwardsville Boro, Luzerne County My Commission Expires May 25, 2021	Signature of Person Submitting report Douglas Rush Printed Name 570 817-1457 Area Code Daytime Telephone Number
My Commission expires May 25 2021	MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	

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.

7 day of May 2021	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Cayla Cordes, Notary Public Edwardsville Boro, Luzerne County My Commission Expires May 25, 2021	Signature of Candidate Douglas Rush Printed Name 570 817-1457 Area Code Daytime Telephone Number
My Commission expires May 25 2021	MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	

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.

Filer Identification Number						Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$

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 over \$250.00 in the reporting period.

File Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer/Identification Number:	
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Full Name								
House #	Street Address							
City		State	Zip Code	Date [MM/DD/YYYY]		\$		
Receipt Description								
Full Name								
House #	Street Address							
City		State	Zip Code	Date [MM/DD/YYYY]		\$		
Receipt Description								
Full Name								
House #	Street Address							
City		State	Zip Code	Date [MM/DD/YYYY]		\$		
Receipt Description								
Full Name								
House #	Street Address							
City		State	Zip Code	Date [MM/DD/YYYY]		\$		
Receipt Description								
Full Name								
House #	Street Address							
City		State	Zip Code	Date [MM/DD/YYYY]		\$		
Receipt Description								
Full Name								
House #	Street Address							
City		State	Zip Code	Date [MM/DD/YYYY]		\$		
Receipt Description								
Full Name								
House #	Street Address							
City		State	Zip Code	Date [MM/DD/YYYY]		\$		
Receipt Description								

**SCHEDULE H
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250**

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution						

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution						

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution						

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution						

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution						

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid	MOZIP				Date [MM/DD/YYYY]	3	
House #	41-43	Street Address	N GATES AVE		Description of Expenditure		
City	KINGSTON	State	Pa	Zip Code	18704	POLITICAL SIGNS	
To Whom Paid					Date [MM/DD/YYYY]	3	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	3	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	3	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	3	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	3	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	3	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

MOZIP GRAPHICS
 MANUFACTURERS
 41-43 N. Gates Ave.
 Kingston, PA 18704

570-288-6624 • 570-288-9562
 email: jjmoses@mozip.biz

INVOICE

Invoice #: 22-0321060
 Date: 3/24/2021

Doug Rush for Kingston Council

Contact DOUG

Customer ID 570-817-1457	P.O. #	Payment Terms	
Salesperson	Shipping Method Pickup	Date Billed 3/24/2021	Delivered Date 3/24/2021

Quantity	Item #	Description	Unit Price	Extension
100		Yard signs with step stakes Copy as follows: Elect Boug Rush Kingston Council Paid for by the candidate BUG	5.50	550.00
1000		PALM CARDS Copy as follows: Elect Boug Rush Kingston Council Paid for by the candidate BUG		125.00

Shipping and Handling:

Thank you for your business!

Sales Tax: \$40.50

Total: \$715.50

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